



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Flanshaw Lodge

**102 Flanshaw Lane
Wakefield
WF2 9JE**

Lead Inspector
Dawn Navesey

Key Unannounced Inspection
16th March 2009 10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Flanshaw Lodge
Address	102 Flanshaw Lane Wakefield WF2 9JE
Telephone number	01924 302250
Fax number	
Email address	tpayne@wakefield.gov.uk
Provider Web address	www.wakefield.gov.uk
Name of registered provider(s)/company (if applicable)	Wakefield MDC
Name of registered manager (if applicable)	Mrs Tina Payne
Type of registration	Care Home
No. of places registered (if applicable)	26
Category(ies) of registration, with number of places	Dementia - over 65 years of age (26)

SERVICE INFORMATION

Conditions of registration:

1. Can provide accommodation and care for 8 named service users in OP category.

Date of last inspection 22nd March 2007

Brief Description of the Service:

Flanshaw Lodge is situated in a residential area of Wakefield. This Local Authority run home is registered to provide residential care for 26 people who are suffering from dementia, including respite and interim care.

Set back in its own grounds, the home provides car parking to the rear and a large well developed, enclosed garden area to the side and front of the home. The home has a number of lounges, one of which is provided for people who smoke. There is a large dining room and a number of smaller quiet lounges and dining areas, available on both floors.

All people who live at the home are provided with single bedrooms situated on the ground or first floor and there is a shaft lift to the first floor if required. All bedrooms are personalised and people are encouraged to bring their own furniture.

The home has access to transport for organised outings and provides activities within the home on a regular basis.

A visiting hairdresser attends on a weekly basis. People's' spiritual needs are met, either by visiting clergy or by visits to their chosen places of worship.

The charges for living at the home as of March 2009 are £108.10 to £494.51 per week with extra charges made for hairdressing, newspapers etc.

Information about the home is available within the Statement of Purpose and the Service User Guide, both of which are given to all people living at the home and people who enquire about living at the home. Details of the Commission for Social Care Inspection are included within the Service User Guide, as is the summary of the last inspection report.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **2 star**. This means the people who use this service experience **good** quality outcomes.

The Commission for Social Care Inspection (CSCI) inspects services at a frequency determined by how the service has been risk assessed. The inspection process has now become a cycle of activity rather than a series of one-off events. Information is gathered from a variety of sources, one being a site visit. More information about the inspection process can be found on our website www.csci.org.uk

This was an unannounced visit by one inspector who was at the home from 10am until 4:15pm on 16 March 2009.

The purpose of the inspection was to make sure the home was providing a good standard of care for the people who use the service. Before the inspection, evidence about the home was reviewed. This included looking at any reported incidents, accidents or complaints. This information was used to plan the visit. The manager of the home completed an Annual Quality Assurance Assessment (AQAA) before the visit to provide additional information. This was well completed and gave us all the information we asked for.

We looked at a number of documents during the visit and visited areas of the home used by the people who live there. We spent a good proportion of time talking with the people at the home, staff and the manager. Comments made to us during the day appear in the body of the report.

Survey forms were sent to people living at the home and staff. Information from those returned is reflected in this report.

Feedback at the end of the visit was given to the manager.

What the service does well:

When asked to summarise what the home does well, the manager said, 'We are a warm and welcoming home which prides itself on the person centred care it delivers to residents. We do not dwell on weakness and cognitive losses but build on strengths and quality of life.'

We also asked staff what they thought the home does well. Comments included:

- Meet the needs of people with dementia.
- Promoting independence.
- Person centred care.
- Ensuring privacy and dignity.

People who use the service and their relatives were positive about their choice of home. Comments included:

- Not been here long but I like it.
- A good choice from day one, very homely.
- Very happy with the home, see the benefit of a specialist unit, all staff trained in dementia and have a very good approach.

A visiting health professional spoke highly of the service. They said, "They are wonderful here, liase well with us, well organised, a good home".

Staff have very good knowledge of people's individual support needs and can describe people's routines well.

A relative said, "This gentleman prides himself on his appearance and he is enabled to continue in this way with very individual support from care staff".

People who use the service and their relatives spoke highly of the care received. These are some of the things they said:

- We are absolutely happy with the care, they keep him very smart.
- They involve me in Mum's care, ask my advice and keep me well informed.
- Always ring me if she is poorly.
- We are well looked after.
- They are very good, only have to ask and you get, they see you are alright.
- They do a great job for us.

Staff always seemed to have time to sit and chat with people or just give a reassuring hold of the hand as they sat with people. People who use the service really responded well to this sort of interaction.

Staff said they felt they had enough staff, that they never felt rushed and could meet people's needs well. They also said they were well trained and given updates when needed.

The home has an experienced manager who also works alongside staff to make sure of good practice. This shows she has good leadership skills. Staff and people who use the service spoke highly of the support they get from the manager. Their comments included:

- They are good managers, they have been good to me.
- It's a great place to work, good team, good manager.

- She is a good leader, delegates, gives us a chance to use our skills.
- Good manager, can talk to her anytime.
- Open door policy, good communication.

What has improved since the last inspection?

In the AQAA the manager said, 'All planned admissions and respite admissions have had one or two pre-visits prior to admission. All intermediate care admissions from hospital now keep the same social worker until discharge from the home. Sensory/ relaxation room completed. New carpets for lounges and bedrooms purchased. New commodes and chairs purchased.

All staff undergone training in dementia care. Manager completed Diploma in dementia studies. Two members of staff completed dementia mapping training.

Sensory/ relaxation room now completed and in use. Member of staff with allocated hours to organise activities.

Small conservatory now complete and sensory/ relaxation room in use. New carpets for corridors and some bedrooms. A number of bedrooms have been decorated and the downstairs dining room.'

What they could do better:

In the AQAA, the manager said she wanted to improve the service, saying, 'Continue to train all staff in dementia care and raise the standard of care we provide by listening to residents, families and gaining ideas from the media and other resources. Liaise with other agencies to ensure we are up to date with care practices, policies, procedures, government regulations and best practice. Train all staff on Mental Capacity Act and the deprivation of liberty.'

The administration of creams and ointments must be recorded and clear directions for their use must also be recorded. This will make sure administration is safe.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

3 (standard 6 is not applicable)

People who use the service experience **good** quality outcomes in this area.

We have made this judgement using available evidence including a visit to this service.

People who use the service can be sure that the home will meet their needs following assessment.

EVIDENCE:

In the AQAA, the manager said, 'We receive a full assessment including mental health assessment (where appropriate) from the care management team. A day visit is arranged where possible for the prospective resident to come and see the home, sample the food and generally get a "feel of things" and see if they would like to come on a permanent basis. This also gives the prospective

resident and their families/carers the opportunity to ask any questions prior to admission.

We study all relevant information to ensure we can meet the needs of the prospective resident prior to admission. We complete our own assessment and life history and from this information we compile our initial care plan. We complete a full care plan within the first 6 weeks of admission ensuring that it contains information on values, beliefs, likes, dislikes and significant individuals involved in their life.

We carry out the same procedure for our prospective respite residents i.e comprehensive assessment, mental health assessment(where applicable), day visit etc and we carry out our own assessment during the first respite and compile a care plan which is reviewed on each visit.'

We looked at pre-admission assessments for some people. People are referred to the home through the care management process. The home obtains a copy of the comprehensive assessment carried out by people's care manager. They then assess this information and develop a mini care plan from it. This makes sure they have information on how to meet people's needs fully.

People who use the service and their relatives were positive about their choice of home. Comments included:

- Not been here long but I like it.
- A good choice from day one, very homely.
- Very happy with the home, see the benefit of a specialist unit, all staff trained in dementia and have a very good approach.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8,9,10

People who use the service experience **good** quality outcomes in this area.

We have made this judgement using available evidence including a visit to this service.

The health and personal care that people receive is based on their individual needs. The principles of respect, dignity and privacy are put into practice.

EVIDENCE:

In the AQAA, the manager said, 'All residents are registered with a local G.P of their or their families' choice. District nurses visit the home as necessary. Appointments are made at the community dentist if the resident does not have a dentist. Chiropodist visits the home regularly. Occupational Therapists and physiotherapists visit the home as necessary. Dieticians and speech therapists are involved when there are issues around nutrition. A nutritional assessment is completed for all residents and reviewed if there are concerns around weight/ poor diet intake etc. A falls chart is completed to monitor falls and those at risk of falling. Residents who are at risk of pressure sores are monitored closely. All this information is recorded in each individual care plan.

The care plan also includes details of individual strengths and weaknesses. Full details are recorded regarding how much help an individual needs, what they like e.g. "lots of bubbles in the bath". This is to ensure that we help residents to be as independent as possible but never leave them struggling.

Care plans are reviewed on a monthly basis and amended as necessary. The resident and families are involved in this procedure when ever possible.

All staff responsible for the administration of medication has to undergo accredited training. Weekly audits are carried out on medication.'

The manager also said the service had improved and that, 'All staff undergone training in dementia care. Manager completed Diploma in dementia studies. Two members of staff completed dementia mapping training. All staff up to date on first aid and moving and handling training.'

Over the next 12 months the manager is going to be planning for all staff to undertake palliative care training so they are competent in end of life care.

A visiting health professional spoke highly of the service. They said, "They are wonderful here, liase well with us, well organised, a good home".

We looked at care plan and risk assessment records for some people who live at the home. We found them, in the main, to be person centred and individual to each person. Some plans had clear and detailed instruction on how the needs of people who use the service are to be met. They had some good information about how people should be supported with personal care, communication, social and health needs. For example, one plan said a person enjoyed company at meal times. Another stated what a person likes to wear for bed and if they like a light on at night. This is good person centred information and makes sure staff can give the care and support that people want.

There were some minor shortfalls with the care plans and risk assessments. The manager said she checked care plans regularly and was aware of some that needed to be updated. Some plans did not give the detail of how care needs are carried out. Terms such as 'prompt' do not tell staff how much support a person needs and could lead to needs being overlooked. However, staff had very good knowledge of people's individual support needs and could describe people's routines well.

A relative said, "This gentleman prides himself on his appearance and he is enabled to continue in this way with very individual support from care staff".

Staff have also gathered information on people's life history. Staff said it was good to have this information to be able to talk to people about their families and friends and past lives. This is good person centred practice.

People who use the service and their relatives spoke highly of the care received. These are some of the things they said:

- We are absolutely happy with the care, they keep him very smart.
- They involve me in Mum's care, ask my advice and keep me well informed.
- Always ring me if she is poorly.
- We are well looked after.
- They are very good, only have to ask and you get, they see you are alright.
- They do a great job for us.

Help and advice is sought from health care professionals to make sure that people get the special help they need to maintain their health. People are escorted to appointments or health care professionals such as district nurses, attend the home as required.

Staff said they have been trained to meet the specific health needs of people who use the service. They showed they had good knowledge in meeting people's nutritional needs and those at risk from pressure ulcers. All staff we spoke to commented on how they had been able to put their skills into practice after completing training in dementia care, especially regarding people's communication needs.

The home uses a monitored dosage, pre-packed system for medication. All staff who have responsibility for the administration of medication have been trained to do so. A record is kept in the home of medication ordered. This is checked against medication delivered and recorded as correct before any medicines are dispensed.

However, some people were prescribed creams and ointments and the records for these did not at times give directions for their use or show they had been administered. The manager was advised that a separate MAR sheet could be used and kept with the creams in the person's room to make sure they are properly administered and recorded.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12,13,14,15

People who use the service experience **good** quality outcomes in this area.

We have made this judgement using available evidence including a visit to this service.

People who use the service are able to make choices about their lifestyle. Social, educational, cultural and recreational activities meet people's expectations. They also benefit from a good, healthy and varied diet.

EVIDENCE:

In the AQAA the manager said, 'Cultural and personal preferences are taken into account when compiling menus and these are reviewed regularly. All mealtimes are flexible and if there is nothing on the menu which the resident likes the cook will always prepare something else to the residents liking.

Activities are arranged on a daily basis, however we do not overlook the fact that a key worker assisting a resident to bath, chose their own toiletries, clothes and assist with hairdressing can be as rewarding and stimulating for that resident (and staff member) as an organised activity. This is because the care worker is spending quality time with the resident, away from any interruptions which in turn enhances the resident's sense of well being. The

resident feels valued as an individual and the member of staff feels a sense of achievement.

We recognise the importance of organised activities but also the importance of respecting each person's individual personhood. Activities may be done on a one to one basis, cards, dominoes, hand massages or simply looking at a magazine together. All these are part of the daily routine to provide a stimulating environment.

Sensory/ relaxation room now completed and in use. Member of staff with allocated hours to organise activities. To liaise with activity worker from department who will come in once per week. Motivation and music classes run every two weeks by outside agency. Activity champions to be recruited from existing staff who can lead activities on every shift and ensure evidence is recorded. Most residents have a life diary/history.

The manager also told us in the AQAA that all care staff and the cook have received training on malnutrition and care and assistance with eating. This enables them to provide support in a dignified manner when helping people with their meals.

A relative said, "A number of activities are organised but of course more would be very helpful to maintain a good level of appropriate stimulation". Another said, "They do what they can, always something happening".

Staff always seemed to have time to sit and chat with people or just give a reassuring hold of the hand as they sat with people. People who use the service really responded well to this sort of interaction. Staff said they felt they have enough staff on duty to be able to meet people's needs well and provide stimulating activity that meets people's individual needs.

People who use the service told us they sometimes have entertainers come to the home. One person said, "I enjoy it when there's a turn on". Others said,

- I brought my budgie in with me, he's enough for me.
- Always plenty to do here, I had a lovely party for my 90th.
- We have a good time on an evening, chatting, singing.

On the day of the visit, people were out in the garden picking daffodils to display around the home, having a game of dominoes, reading magazines and chatting.

The atmosphere in the home is relaxed and life seems to go at the pace of people who use the service. People are free to move about the home as they wish and are able to have their things around them. Everyone we spoke to said it felt like home.

Meal times are not rushed and are seen as a social occasion. The daily menu is displayed on a large board in the dining room. Menus are arranged based on likes and dislikes of people. This information is gained from people at the home, their relatives and staff. If people refuse food, alternatives can be prepared quickly for them. Meals can be served in people's bedrooms, sitting rooms or in the dining areas. Staff are sensitive to the needs of people who find it difficult to eat and need help and encouragement with this. Staff sit with people helping them feel comfortable and unhurried which helps people relax and respond in time. Food looked appetizing and people were offered as many choices as required to encourage them to eat.

Refreshments and snacks are available throughout the day. The manager said food can be provided at any time of day for people if this is what they need.

People said they enjoyed the food. One said, "It's always lovely".

People who live at the home were encouraged and given support to make choices throughout the day. Staff said they always ask people what they want to do, what to wear and make sure people can get up and go to bed when they want. Staff said there are no rigid routines for people. This is good person centred practice.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

16,18

People who use the service experience **good** quality outcomes in this area.

We have made this judgement using available evidence including a visit to this service.

People who use the service are able to express their concerns and are protected from abuse.

EVIDENCE:

In the AQAA the manager said, 'The home has a clear and concise complaints procedure. It is available in a number of formats on request. It sets out clearly the stages and timescales for the process. We also welcome suggestions from residents, families', carers and other professionals. This helps to address issues before they become complaints.

The management operates an open door policy where residents, families, carers, professionals and staff can discuss their concerns at any time.

All staff are trained in Safeguarding adults procedure. All incidents of abuse or alleged abuse (of any kind) are referred to Social Care Direct and notified to CSCI. The appropriate procedures are then followed. The Whistle Blowing policy and No Secrets policy is cascaded to staff in Induction and supervision.

Advocates can be accessed if there are any issues which need their input and may be brought in when there are issues regarding a persons "capacity" to ensure their rights are protected.

If there are complex problems around ascertaining residents views on a major decision and there is no family or there is an issue with the family then an IMCA (Independent Mental Capacity Advocate) would be contacted.'

The manager also said they were planning to improve the service by 'Further training for all staff on Mental Capacity Act and Deprivation of Liberty.' This will make sure people's rights are further protected.

Staff were able to say what action they would take if they suspected abuse or had an allegation of abuse made to them. They were also able to describe the different types of abuse. All staff were clear on their responsibility to report abuse or allegations of abuse. The manager is familiar with the local authority safeguarding referral system. This means people are properly protected.

There have been four safeguarding adults issues in the last year. These have been referred properly and addressed by the home.

People who live at the home said they knew who to speak to if they were unhappy about anything. One person said, "I have no worries but if I did I would tell the manager".

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

19,26

People who use the service experience **good** quality outcomes in this area.

We have made this judgement using available evidence including a visit to this service.

The environment is homely, comfortable and safe for people who live at the home.

EVIDENCE:

In the AQAA the manager said, 'The home is well maintained and there is a rolling programme of decorating in progress. All rooms meet the national minimum standards and are single occupancy. Residents are encouraged to bring small personal items of furniture into the home as long as they meet the relevant safety standards. We actively encourage residents and families to personalise individual rooms.'

Strict procedures regarding infection control are in place including the Essential Steps To Safe Clean Care. Clinical waste is disposed of in-line with policy and procedures.'

A tour of the building was carried out. Communal areas, bathrooms and bedrooms were visited. The home was clean, tidy and homely. Staff work hard to make sure the home is kept clean. There are no malodours in the home. There are good cleaning routines in place to make sure the home is clean and fresh smelling.

People who live at the home were pleased with their bedrooms and had personalised them with their own things such furniture and pictures. Some bedroom doors had pictures on them to help people who have memory loss to orientate themselves. Bathroom and toilet doors are painted in contrasting colour to assist people further with their orientation around the home.

There are a number of lounges available for people to sit in. This means that people can socialise in small groups. They are also able to receive and entertain their visitors here.

A relative said, "The home in general has a very high level of cleanliness. Bedrooms are kept fresh and clean and individual to people's needs". Another said, "The home is spotless".

The kitchen is clean and proper procedures were being followed to promote safe food hygiene practices. In a visit from Environmental Health in January 2009, the home was awarded five out of a possible five stars for hygiene practices.

The home has separate laundry facilities to attend to people's personal clothing. Clinical waste is properly managed and staff wear protective clothing when attending to the personal care needs of people who live at the home.

Staff have received training in infection control as part of their induction and were able to say what infection control measures are in place. Hand washing and hand drying facilities were available in all areas of the home. Liquid soap or paper towels were available. This ensures good hygiene practice.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27,28,29,30

People who use the service experience **good** quality outcomes in this area.

We have made this judgement using available evidence including a visit to this service.

Staff in the home are trained, skilled and in sufficient numbers to support people who use the service and to support the smooth running of the home.

EVIDENCE:

In the AQAA, the manager said, 'Training is provided for mandatory courses such as moving and handling, first aid etc, however we pride ourselves on the development of staff in all areas of dementia care. Training is provided both in-house and external. Most of the staff have now completed their training in dementia care. Staff are much more aware of equality and diversity issues especially in connection with dementia.'

The staff rota is modified to meet the changing needs of the residents and to ensure there is sufficient cover at peak times. Agency staff is used very sparingly and we have been in the enviable position of not needing to use agency staff for a number of years. Any staff shortages have been covered either by overtime or pool staff who know the residents well.'

She also said she was planning to make improvements to the service by, 'All staff to do refresher of induction standards on line. Recruit handy person.'

Recruit another senior care. Manager to commence degree in dementia studies. All staff to register for palliative care.'

Staff said they felt they had enough staff, that they never felt rushed and could meet people's needs well. They also said they were well trained and given updates when needed. Records showed that the manager makes sure staff receive the training that they need to do their job properly. Well over half of the staff team have achieved an NVQ (National Vocational Qualification) in level 2 or above. Staff said they are then given opportunity to go on to level 3 if they wish. This is good practice and means the home keeps staff that are qualified to carry out their job and know how to look after people properly.

A relative said, "The level of experience of this caring staff group is very obvious". Another said, "Staff are remarkable, kind, caring and patient".

Staff were able to talk with confidence about how training had affected their practice. One said, they felt much better equipped to support people who have dementia since doing the awareness training. They said, "It tells you how dementia affects people, how best to communicate and how important it is for people to keep active".

We looked at the recruitment process for people working at the home. The files had the relevant information to confirm these recruitment processes were properly managed. This included application forms, references and CRB (Criminal Records Bureau) checks.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31,33,35,38

People who use the service experience **good** quality outcomes in this area.

We have made this judgement using available evidence including a visit to this service.

The home is well managed. The interests of people who use the service are seen as important to the manager and staff and are safeguarded and respected.

EVIDENCE:

In the AQAA the manager said, 'The management team have many years experience working in residential care and have undergone training in the specialist field of dementia care. The Manager has NVQ level 4 in care, MCI in management and has recently completed the Diploma in Dementia studies at Bradford University. The assistant manager has completed the Dementia care module run by protocol which is ASET accredited. The assistant manager is

presently completing a management course. All the management team undertake regular training in line with CSCI requirements and Wakefield Family Services policies and procedures.

Financial and administration systems are in place in the home to ensure it runs smoothly. Strict financial regulations are in place to safeguard the money of those who can not look after their own finances.

Supervision is carried out on a regular basis to ensure all staff are aware of the high standards which are set in the home; to offer support, ensure staff are following policies and procedures and give constructive feedback. Training needs are also addressed during supervision and appraisals.

Monitoring systems have been set in place in regard to care planning, and the administration of medication to ensure policies and procedures are followed. Areas are delegated to different members of the team to ensure all health and safety issues are covered.

Yearly quality audits are carried out. This entails a questionnaire sent out to families and other professionals. The information is then collated and an action plan produced to address any shortcomings.'

When asked to summarise what the home does well, the manager said, 'We are a warm and welcoming home which prides itself on the person centred care it delivers to residents. We do not dwell on weakness and cognitive losses but build on strengths and quality of life.'

We also asked staff what they thought the home does well. Comments included:

- Meet the needs of people with dementia.
- Promoting independence.
- Person centred care.
- Ensuring privacy and dignity.

The home has an experienced manager who also works alongside staff to make sure of good practice. This shows she has good leadership skills. Staff and people who use the service spoke highly of the support they get from the manager. Their comments included:

- They are good managers, they have been good to me.
- It's a great place to work, good team, good manager.
- She is a good leader, delegates, gives us a chance to use our skills.
- Good manager, can talk to her anytime.
- Open door policy, good communication.

The manager sends out annual questionnaires to relatives of people who live at the home asking for their views on any improvements that could be made. She then develops an improvement plan from any suggestions that people have made.

Arrangements are in place to make sure of safe working practices. The home has a comprehensive range of health and safety policies and procedures in place. In the AQAA, the manager said that all policies were reviewed and up to date. She also said that all equipment used in the home has been serviced or tested as recommended by the manufacturer or other regulatory body. For example, the hoist and electrical wiring.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	x
2	x
3	3
4	x
5	x
6	N/a

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	2
10	3
11	x

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	x
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	x
21	x
22	x
23	x
24	x
25	x
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	4
32	4
33	3
34	x
35	3
36	x
37	x
38	3

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	OP9	13	The administration of creams and ointments must be recorded and clear directions for their use must also be recorded. This will make sure administration is safe.	31/03/09

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

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