



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

NosNom

**Clubworthy House
Clubworthy
Launceston
Cornwall
PL15 8NZ**

Lead Inspector
Mike Dennis

Key Unannounced Inspection
2nd April 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 Adults 18-65*. 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	NosNom
Address	Clubworthy House Clubworthy Launceston Cornwall PL15 8NZ
Telephone number	01566 785435
Fax number	
Email address	mikeandpenny@nosnom.co.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	Mr Michael William Hodgetts Ms Penelope Jane Baxter
Name of registered manager (if applicable)	Mr Michael William Hodgetts
Type of registration	Care Home
No. of places registered (if applicable)	2
Category(ies) of registration, with number of places	Learning disability (2)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:

Care home only - Code PC

to service users of either gender whose primary care needs on admission to the home are within the following category:

Learning disability (Code LD)
2. The maximum number of service users who may be accommodated is 2.

Date of last inspection
None (first inspection)

Brief Description of the Service:

Mike Hodgetts and Penny Baxter bought Clubworthy House in 2008 in order to open a two placement residential care home for adults who have a learning disability.

The Statement of Purpose states:-

“To ensure the provision of consistent, high quality care appropriate to meeting service users’ needs, Nos Nom will strive at all times:

- to meet service users’ spiritual, emotional and physical needs through offering choice and promoting independence
- to provide support in a friendly, caring and open manner, creating an environment of trust, positivity and inclusion
- to deliver a high quality of care through individual care plans
- to encourage and maintain full, ongoing consultation with each service user including with the preparation of individual care plans and assessed needs
- to respect the privacy and dignity of service users at all times
- to provide individual support
- to comply with relevant care standards and legislation”

The home is in the small hamlet of Clubworthy in the parish of North Petherwin. Nos Nom is a two storey house on split levels which makes it unsuitable for people who use a wheelchair or have limited mobility.

The house offers a large communal lounge, large farmhouse kitchen/dining room, separate utility/laundry and office. Each service user has their own bedroom which exceeds the size required in the National Minimum Standards. Service user bedrooms will be furnished to suit individual choice, alternatively service users are able to bring their own furniture subject to meeting fire and safety requirements.

Outside there is a decked area, patio area and a garden area. Beyond this are the paddocks and barn.

For off-site activities, such as leisure centres, clubs and shops, are fifteen to twenty minutes, by car, from Launceston, Holsworthy or Bude. The nearest beach is about fifteen minutes away by car.

Nos Nom is a small two placement home providing long term residency, and aims to provide a friendly, homely atmosphere in which the service users live alongside the Providers.

SUMMARY

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

This home has been rated as GOOD 2 *

This was an unannounced key inspection, which took place on 2nd. April 2009. It lasted for approximately four hours. Information about the home received by the Commission since the previous inspection was taken into account when planning the inspection. The purpose of the inspection was to ensure that the needs of people who use the service are appropriately met in the home, with particular regard for ensuring good outcomes for them.

There was an inspection of the homes premises and of written documents concerning the care and protection of the people who use the service and the ongoing management of the home. Discussions with staff and observations in relation to their care practices occurred.

The principle method used was case tracking. This involves examining the care notes and documents for the single service user. We discussed in detail the care needs of this service user with the providers. This provided a useful, in-depth insight as to how their needs are being met in the home. At this inspection, one person who uses the service users was case tracked.

What the service does well:

In affect this has become a new service to accommodate the current resident, the registration being for two people. Policies and procedures have been put into place and appropriate records are being maintained.

The person who uses the service has a detailed written care plan, which sets out how the home will meet their personal, health and social care needs, including needs relating to their individual backgrounds and culture, age, sex, religion, individual abilities and sexual orientation. These are regularly reviewed and shared with their representatives so that they can be kept informed of their progress in the home. Staff help them to make important decisions about their lives and enjoy a good quality of life. They are supported and encouraged to take risks to develop their skills, independence and confidence, but in ways which are safe for them and other people.

The person who uses the service enjoys a good quality of life in the home. Staff support them to take part in a wide range of activities in the community.

Staff support people who use the service with their personal care so that they look smart and fashionably dressed, which they appreciate. They are helped to access a range of NHS healthcare providers, such as doctors, opticians and community nurses so that they maintain good general health and receive any specialist services they need.

The staff team is selected fairly and on the basis that people employed to work in the home are fit and suitable to work with vulnerable persons in a care setting so that service users and their representatives can have confidence in the people caring for them.

What has improved since the last inspection?

Not applicable as this is the first inspection of this service.

What they could do better:

The providers have made a very positive start.

It is suggested that they now consolidate on progress made. The care plans could benefit from a more cohesive approach. When additional staff are employed, the providers will need to demonstrate that Induction training has been completed and that regular formal supervision occurs.

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 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

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

1,2,4 and 5

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The Statement of purpose has been compiled so that it accurately reflects the service that Nos Nom provides for service users and their representatives information

People who use the service are assessed prior to their admission so that they can be confident it will meet their health, personal and social care needs, including needs relating to their age, religion, cultural and ethnic backgrounds, abilities, gender and sexual orientation.

EVIDENCE:

As this service has recently opened to specifically care for one person, The statement of purpose fully reflects the service to be provided. People who use the service and their representatives can therefore have accurate information on what Nos Nom provides.

From documentation inspected it was evident that admissions are made following a full assessment and in consultation with the service user, their family or advocate, and relevant professionals.

Service users will be given the opportunity to visit the home prior to admission.

The current service user has a contract provided by the sponsoring authority.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

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

6,7,8and 9

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Individual care plans fully address the persons health, personal and social care needs, including needs relating to their individual and diverse backgrounds. They are able to take safely managed risks and make important decisions about their lives so that they develop their skills and independence.

EVIDENCE:

People who use the service their family, advocate and relevant professionals are involved in the development of individual care plans and their subsequent reviews. The reviews record their views so that they are aware of the purpose of their placements in the home and are able to contribute to the ongoing care planning process. The care plan has specific headings to address the individuals health, personal and social care needs, including their diverse needs. Personal Care plans provide service users with specific goals to work

towards, and inform and direct staff in how to support the person to achieve this goal to encourage them to fully maximise their skills for independent living. Staff confirmed they were able to understand the care plans and that the detail of how to assist in a particular task allowed consistency of care.

People who use the service participate in making decisions about important aspects of their daily lives, according to their individual abilities.

People who use the service can choose the level of privacy they wish to enjoy in their private accommodation.

People who use the service are able to take managed risks, backed up with written risk assessments and risk management plans, particularly with regard to their engagement in higher risk activities.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

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

12,13,14,15,16 and 17

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

People who use the service are able to take part in a wide range of activities in and out of the home, which are appropriate to their ages, individual needs, interests and cultural backgrounds so that they develop their skills and confidence. They are supported to maintain valued social and family relationships so that they are not isolated or institutionalised.

EVIDENCE:

At the time of the inspection, the person who uses the service was involved in an exercise program and later went horse riding. She also found time to show us her accommodation and appeared content with her current lifestyle. Individual needs and preferences are considered as part of the assessment and/or care planning process so that the person can be provided with activities that are appropriate. Opportunities are made available to enable the person to

plan what they will do each week with staff. The daily care records confirm that they make use of a wide range of community resources.

These activities are undertaken within a risk management framework.

Access to independent advocacy services, particularly where an individual does not have close relatives to support them on a regular basis is available.

We were informed that the service user enjoys helping with cooking and agrees a weekly menu in advance.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

- 18.** Service users receive personal support in the way they prefer and require.
- 19.** Service users' physical and emotional health needs are met.
- 20.** Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
- 21.** The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

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

18,19 and 20

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

For people who use the service, their personal and healthcare needs are well met so that they are able to live full and active lives in and out of the home.

EVIDENCE:

The home has suitable bathroom facilities so that they can attend to their personal care in private.

For people who use the service, their healthcare needs are considered as part of the care planning process and regularly reviewed. Documentation showed that access to external healthcare providers, including specialists, occurs when needed.

Medication policies and procedures were inspected and found to be satisfactory.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

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

2 and 23

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

People who use the service are listened to and respected so that their views, concerns and complaints are taken seriously and acted upon. There are formal and informal systems in place to ensure that they are able to feel safe in the home.

EVIDENCE:

No concerns were raised and the home or the Commission has received no complaints.

People who use the service are provided with written copies of the homes formal complaints procedure and have formal and informal opportunities to raise any concerns with staff before they become serious complaints.

The home has written procedures to guide staff on what to do if they suspect a person is at risk of abuse.

There are records to show that staff are recruited on the basis that they are suitable to work with vulnerable adults in a care setting and appropriate checks are made. Residents are not isolated in the home, but take part in a range of activities in the local community and have relationships with people from outside of the home that they can communicate serious concerns to.

The manager has attended the Multi Disciplinary Adult Protection course.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

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

24 and 30

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The home is kept clean and tidy and good hygiene is maintained so that people who use the service and staff are protected from infection risks.

EVIDENCE:

The home is kept clean and tidy and good hygiene is maintained so that people who use the service and staff are protected from infection risks. People who use the service appeared to be comfortable and happy in the home. It is well located so that it offers privacy as well as good access. It is an ordinary,

domestic building so that they live in a non-institutionalised environment in which they can develop their skills and become more independent.

The home appeared clean and tidy throughout at the time of the inspection, which was unannounced. There are systems in place to ensure good hygiene. There are satisfactory systems in place to manage heavily soiled materials, which may represent an infection risk, should the occasion arise.

The kitchen and lounge area are well equipped to domestic standards and the lounge presented as being comfortable.

The service users bedroom was appropriately furnished and personalised to individual taste.

There is a large paddock area outside providing opportunity for horse husbandry and other outdoor pursuits.

Staffing

The intended outcomes for Standards 31 – 36 are:

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

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

32,34 AND 35

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Staff are recruited fairly, safely and effectively on the basis that they are suitable to work with vulnerable adults in a care setting. They have access to ongoing training.

EVIDENCE:

There are comprehensive risk assessments in place to cover all the activities currently undertaken by the service user.

Staff recruitment records inspected evidenced that staff have undergone the necessary clearances before they commenced employment at the home. An induction programme for new staff is ready to be implemented.

The home is currently staffed by the two providers who demonstrated that they were well qualified and experienced .

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

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

37, 39 and 42

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The home is well managed for the benefit of people who live there. There are formal and informal systems in place to ensure that views from people who use the service are accounted for in the day-to-day running and ongoing development of the home. There are systems in place to protect those who live, work or visit the home from avoidable harm and injury.

EVIDENCE:

Records are stored confidentially and were seen to be well maintained.

The homes environment appeared safe and there are written individual and environmental risk assessments in place to minimise risks to People who use the service and staff working in the home. Maintenance of the home and its equipment are satisfactory.

Policies and procedures were assessed as pertinent and satisfactory.

Records required by regulation are all in place.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 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	3
2	3
3	X
4	3
5	3

INDIVIDUAL NEEDS AND CHOICES	
Standard No	Score
6	3
7	3
8	3
9	3
10	X

LIFESTYLES	
Standard No	Score
11	3
12	3
13	3
14	3
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
Standard No	Score
18	3
19	3
20	3
21	X

CONCERNS AND COMPLAINTS	
Standard No	Score
22	3
23	3

ENVIRONMENT	
Standard No	Score
24	3
25	X
26	X
27	X
28	X
29	X
30	3

STAFFING	
Standard No	Score
31	X
32	3
33	X
34	3
35	3
36	X

CONDUCT AND MANAGEMENT OF THE HOME	
Standard No	Score
37	3
38	X
39	3
40	X
41	X
42	3
43	X

Are there any outstanding requirements from the last inspection?

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

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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