



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Beechcroft Green Nursing Home

**1 Anglesey Road
Alverstoke
Gosport
Hampshire
PO12 2EG**

Lead Inspector
Jan Everitt

Unannounced Inspection
4th October 2007 09:15

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- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
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SERVICE INFORMATION

Name of service	Beechcroft Green Nursing Home
Address	1 Anglesey Road Alverstoke Gosport Hampshire PO12 2EG
Telephone number	02392 585512
Fax number	
Email address	beechcroftgreen@contemplation_homes.co.uk
Provider Web address	www.contemplation-homes.co.uk
Name of registered provider(s)/company (if applicable)	Contemplation Homes Ltd
Name of registered manager (if applicable)	Mrs Rebecca Jane Metelko
Type of registration	Care Home
No. of places registered (if applicable)	25
Category(ies) of registration, with number of places	Old age, not falling within any other category (25), Physical disability over 65 years of age (25), Terminally ill over 65 years of age (25)

SERVICE INFORMATION

Conditions of registration:

1. All service users must be at least 45 years of age

Date of last inspection 19th September 2006

Brief Description of the Service:

Beechcroft Green Nursing Home is located in a residential area of Gosport with easy access to public transport and the town centre. A former rectory and family home the building was converted and extended for its current use as an establishment that provides nursing care.

It has bedroom accommodation on two floors and access to the first floor is provided by a passenger lift. The bedroom accommodation comprises 19 single rooms of which 14 have en-suite WCs and 3 shared rooms. Facilities and services include assisted baths, two communal rooms on the ground floor, a secluded enclosed rear garden that is readily accessible, full board and laundry.

Contemplation Homes Ltd owns the business, and the company own several other care homes in Hampshire, including another one in the immediate locality.

Potential residents are sent a detailed brochure/information pack. On admission to the home new residents are given a comprehensive service users guide. A copy of the guide is readily available in the hallway/entrance to the home as is a copy of a report of the last inspection made by the Commission of Social Care Inspection (CSCI) of the home. The home's manager also informs potential residents and their relatives/representatives that reports about the home may be viewed on the CSCI's website.

At the time of this visit the home's fees ranged from £590 to £785 per week. The fees do not include the cost of hairdressing, chiropody, newspapers, magazines and transport.

SUMMARY

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

The site inspection visit to Beechcroft Green Nursing Home, which was unannounced, took place over a one-day period on the 4th October 2007 and was attended by one inspector. The registered manager, Mrs R Metelko was not on duty that day and the inspector was assisted throughout the inspection by the deputy manager, who was available to provide assistance and information when required.

The visit to the home formed part of the process of the inspection of the service to measure the service against the key national minimum standards. The manager had returned the Annual Quality Assurance Assessment (AQAA) to the CSCI and the focus of this visit to the home was to support the information stated in this document and other information received by the CSCI since the last fieldwork visit, which was an key inspection, made to the home in September 2006.

Documents and records were examined and staff working practices were observed where this was possible without being intrusive. The inspector toured the home and spoke to most of the residents, staff and visiting relatives in order to obtain their perceptions of the service the home provides. Those spoken to were very happy and complimentary about the care and services that are provided.

Surveys had been distributed to service users, relatives, care managers, GP and other visiting professionals. Three service user surveys, five relative/carer surveys, four staff and two GPs surveys were returned to the CSCI. There was no response from care manager surveys. The inspector spoke to the visiting community psychiatric nurse over the phone to gain his views of the service. The outcome of the surveys indicated that there was a high level of satisfaction with the service and that generally residents and relatives were pleased with the care the home provides.

At the time of the inspection the home was accommodating 25 residents, of which 22 were female and 3 males. A small number of residents were unwell and unable to communicate effectively with the inspector to gain their views of the service. There were no residents from an ethnic minority group.

What the service does well:

The home provides a safe, well-maintained homely environment for the service users. The service users and relatives say:

'The garden is lovely'.

'The home provides a happy caring environment that give relatives peace of mind'.

The information pack sent to all prospective service users is comprehensive and would give sufficient information to enable a person to make a decision about moving into the home.

Assessments and care plans are detailed and inform the practices of the home to meet the needs of the service users. Staff report that they could easily care for a service user from the information recorded in care plans. Service users' healthcare needs are provided for.

Service users felt safe and secure and happy that staff could look after them properly and treated them with respect.

The home's routines are flexible and it promotes the right of residents to make choices for themselves and exercise personal autonomy as far as is reasonably possible

A well-balanced and varied diet is offered to service users. This can be adjusted to meet their own needs and requirements. Service user's comments on the food were very positive:

Service users spoke positively about the activities in which they could participate.

Service users and relatives voiced satisfaction with the environment, which is maintained well and has an annual improvement plan. Outdoor spaces are very attractive and service users commented that they enjoyed sitting outdoors and walking in the garden in the warmer weather.

Whilst talking to service users and the surveys received from relatives and staff provided positive comments about living and working at the home.

'Caring and supportive staff that do their best under some difficult circumstances'.

'Very happy with the home and it feels like home'

'The matron does a wonderful job'.

'I feel comfortable in the environment I work in'.

'The home is always clean and tidy'.

'Overall the home is a brilliant home and we make service user feel this is their home'.

'The staff are totally dedicated'.

'The staff are always happy, patient and caring'.

What has improved since the last inspection?

There were no matters of concern arising from the last inspection of the home.

The AQAA has identified many improvements over the last twelve months some as being:

The home has reviewed the pre-admission assessment and information pack to include the service user's views/comments.

Reviewed the supervision for the nursing support assistants and trained nurses. Student nurses have been allocated to the home now the manager has mentorship status.

The home has continued with the redecoration programme planned each year and it has purchased a number of electric profile beds and pressure relieving mattresses, and has identified further environmental improvements for the coming year.

Policies and procedures have been reviewed and updated.

95% of care staff have attained the NVQ level 2 qualification.

What they could do better:

Personal and confidential information about service users must be documented in care records or be maintained in a secure format for staff can refer to.

Toiletries must be stored in individual's rooms of those who use them.

No other matters of concern were identified from this visit.

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 does not apply to this service.
Quality in this outcome area is **good**.

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

The home has procedures in place to ensure that service users are assessed prior to admission to the home to ensure the home can meet those needs.

EVIDENCE:

The inspector viewed the information pack that is sent out to all residents prior to their admission to the home. The pack is informative and details the home's procedures for admission and relevant information about the home, which would help inform their decisions about moving into the home.

The inspector viewed a sample of pre-admission assessments. The deputy manager, who assisted the inspector during the inspection, told the inspector that she or the manager undertakes the pre-admission assessments. The

assessment tool has been reviewed in the past twelve months and is comprehensive and briefly covers all aspects of persons physical, social and psychological needs and gives a base for a more comprehensive assessment of residents needs when they move into the home.

The information is gathered from the service user, who is generally in a hospital environment, the information the hospitals share with the home, and from relatives and care managers.

The AQAA states that the home now has a customer service questionnaire that is given to people when they are viewing the home to ensure they have sufficient information to make informed choices.

The surveys received from service users and relatives indicated that they had received information about the home before they make decisions about admission to the home. A relative spoken with at the time of this visit said she had viewed many homes in the area and that she '*knew instantly that this was the place for mum*'. She said the manager had been to see her mother in hospital, to assess her, before her admission. Most service users spoken with said their relatives had chosen the home for them.

There was documentary evidence that assessments of residents needs are reviewed regularly and revised as necessary when an individual's circumstances have changed. The deputy manager told the inspector that the care managers or the nursing assessment team, review service users if their conditions change.

The home does not provide intermediate care.

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

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

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

The home had systems in place to ensure; the personal and healthcare needs of residents were met and medication was managed safely and effectively. Service users' privacy and dignity is upheld and promoted.

EVIDENCE:

The AQAA stated that the care plans are person centred and promote independence. The inspector evidenced this by viewing a sample of five service users' care plans and records, two of which had complex needs. The care planning system is thorough and person centred. The plans would fully inform nurses and carers of the care needs of the service users and how to meet those needs.

The documents examined were detailed and the plans were based on the assessments the home carried out in order to identify individuals care needs.

Assessments included a range of potential risks to residents for example pressure sores, falls, moving and handling and nutrition. Where a risk was identified it was observed that a corresponding care plan has been written to manage the risk.

The plans examined set out clearly the actions staff had to take and what specialist equipment was needed to provide the support and assistance each person required.

There was evidence, by way of signatures of service users/relatives, on documentation, and the inspector speaking with service users and relatives, that wherever possible individuals and/or their representatives had been involved in developing the plans and agreed with the contents.

Records indicated that care plans were reviewed at least monthly and daily notes referred to the actions taken by staff to provide the needs set out in those plans. Care plans also include an end of life plan, which had been discussed with service user or their relatives and signed by them.

Staff spoken to was very familiar with the needs of the service users and they were able to describe the contents of the care plans. The staff told the inspector that they could easily look after a resident and meet their needs from the information in the care plans.

The inspector also noted in a comment received from a relative that there is a German-speaking member of staff that can speak to a resident in her native tongue. This identified that the home strives to meet the diverse needs of all their residents.

Comments from service users and relatives say:

'All the staff are very kind, very polite and skilled. They look after me very well'.

'The staff are always happy, patient and caring'.

'The staff are excellent at promoting mum's independence'.

'I have no concerns about my mother's care'

I could not fault Beechcroft in the way they give practical care, cleanliness, personal needs but more wish more could be done in doing things with them and more activities'.

'I would recommend this home to any prospective resident'.

'The staff will call us if there are any problems'.

'We cannot comment on concerns because none have been raised'.

'The nursing of the matron is of a high standard'.

The records examined indicated that a range of healthcare professionals visit the home and that arrangements are made for treatment for service users

when it was necessary. Residents said that they saw and received treatment from among others, doctors, chiropody and opticians and when required arrangements to attend outpatient clinics were made by the home.

The deputy manager told the inspector that referrals to other medical professionals such as physiotherapist, dieticians, speech and language therapists are via the GP. The inspector overheard the deputy manager discussing with a dietician over the phone, a prescribed treatment for a service user and evaluating the use of supplement drinks being used.

The inspector spoke to the community psychiatric nurse who visits the home fortnightly to review clients on his caseload. He reports that:

' the home is one of the better homes and there is always plenty of qualified staff on duty who are approachable and are good at following devised plans. The level of care in the home is good'.

Care plans record the visits by health care professionals. The visiting health care professionals are encouraged to document the outcome of the visit themselves in the care plans.

The home had written policies and procedures concerned with the management and administration of medication. The deputy manager co-ordinates the management of all medication.

The home uses a monitored dose system supplied by the local chemist. Other medicines that could not be put into cassette boxes because they could spoil, such as liquids or those that were to be taken 'only when required,' (PRN) are dispensed from their original containers. Medication is kept in a locked and secured medicine trolley, cupboards and where required in a medical refrigerator. Controlled drugs are stored securely and appropriately. The inspector observed the storage areas to be well organised and clean and there was no obvious overstocking of 'only when required' (PRN).

Registered nurses administer all medication.

Good practice noted during the fieldwork visit included: -

- Recording the temperature of the refrigerator used for storing some medication
- Sample copies of the signatures of the Registered General Nurses that dispensed medication
- Some sedative medication was treated as if it was a controlled drug.
- The inspector observed that safe procedures were being followed when observing the registered nurse administering medications.
- Records were viewed of the ordering, receipt, administration and the disposal of medicines and these were accurate and up to date.

The deputy manager told the inspector that she does not see the prescriptions before they are taken to the chemist for dispensing and this is a practice she aims to change to avoid any dispensing of unwanted medication, as recommended as good practice in the Royal Pharmaceutical Guidelines.

The home strongly promotes the independence of service users and those residents assessed as being able and who wish to be supported to keep and take their own medication, can do so. At the time of this visit however, no resident was choosing to manage his or her own medication. The inspector asked one of the residents if she wished to look after her medication and she replied:

'no I like the home looking after it for me and just giving it to me when it is due'.

There is evidence that the home actively encourages and promotes the privacy and dignity of the service users. The home's information pack, that is provided to potential residents, includes the following statements about the promotion of individuals' privacy and dignity: -

"We will endeavour to retain as much privacy and dignity as possible by;

- Helping residents to personalise and equip their rooms as they wish.*
- By providing keys to their rooms and a secure place for their valuables.*
- Giving residents the opportunity to have privacy when receiving visitors, making telephone calls or opening and reading mail".*

One member of staff commented that:

- 'We maintain the service users' dignity at all times'.*

Most service users are accommodated in single rooms and they say they appreciate the privacy that this affords, and particularly those that have the benefit of en-suite WCs. We met with service users in their bedrooms and in the communal areas. Service users and relatives spoken to and comment cards received from them described the staff as:

'Supportive and caring and have genuine passion to care and consequently the quality of my mum's life is second to none'.

'The staff make the residents feel this is really their home'.

'The staff are respectful to me and are polite and respond to my requests'.

'All the staff are very polite.

'The staff are excellent at promoting and encouraging mum's independence and offers lots of support'

The inspector did observe that a bath list was being displayed on the wall of the corridor outside the bathroom on the ground floor and various toiletries were observed to be stored on the shelf in the bathroom. This was discussed with the staff collectively, who said the list was their guidance to who was due a bath each day and the toiletries were for those service users who did not have their own personal toiletries. It was agreed that this should not be

displayed like this and toiletries for communal use could increase the risk of infection. The deputy manager agreed to change this practice immediately.

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

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

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

The home organised a range of social activities that provided stimulation and it also promoted residents self-determination, enabling residents to exercise choice about all aspects of their daily life. Residents are able to maintain links with relatives and representatives. The dietary needs of residents are catered for with a balanced and varied selection of food available that met their tastes and choices.

EVIDENCE:

The home employs a part-time activities organiser and she works four days a week. The inspector spoke to her and asked about her role. She displayed great enthusiasm about her job and said had worked at the home for a number of years as a carer before taking on this role, which she thoroughly enjoyed and wished she had more time.

A programme of activities was on display throughout the home and a copy was seen in many bedrooms. Service users spoken with at the time of this visit commented that they enjoyed the activities when they were taking place.

The activities organiser told the inspector that she also does one to one sessions with residents who are staying in bed or choose not to join in the group sessions. This was confirmed by a comment card received by the inspector from a service user and also care records.

The inspector viewed good social history records that the home compiles for each service user when being assessed and added to on admission to the home. The activities organiser also maintains an individual record for each service user of what activity they have chosen to take part in and their level of participation and enjoyment. She told the inspector this informs her of what activities stimulate the service users and their preferences. She reported that they particularly enjoy the armchair exercise classes and this was confirmed by some service users spoken to at the time of this visit said that they wished they could have them more frequently.

The activities organiser told the inspector that she had taken a service user to the local pub that day and collected her after her lunch there. The inspector spoke to the resident in the afternoon and she said she had thoroughly enjoyed her lunch and that she did this once a week and went out to other venues during the week, if possible.

Residents spoken to said that they had the opportunity to participate in amongst other things the following: -

- Arts and crafts
- Gardening
- Bingo
- Horse racing
- Reminiscence sessions
- Music for health sessions

Parties are also organised for special occasions, outside entertainers visit the home and quizzes and games are arranged such as "play your cards right", and board games. A large library of videos is available for residents to use. A mobile library and clergy visited the home regularly.

During the afternoon of the visit a large number of residents attended the lounge for a music recital given by a harpist, visiting the home. The residents later told the inspector they had thoroughly enjoyed the music and from observation by the inspector, the musician had included the audience in the choice of music and guessing what musical it had come from; this resulted in quite a lively hour. In general, the residents said they enjoyed outside entertainers coming to the home, particularly the musicians.

Comments from residents about the activities that were organised, their ability to exercise choice and day-to-day routines in the home included: -

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- *'I have to stay in bed so cannot spend time in the lounge where most of the activities take place but someone comes in during the day to talk to me which is nice'.*
- *Although there are plenty of activities and I am always asked If I would like to take part, but so far I have declined.'*
- *I enjoy the activities when I choose to join in. I only want to do the things when I want to do them and I have a pleasant room to sit in'.*
- *'I join in all the activities that occur and enjoy them'.*

The home has an open visiting policy. We spoke to two visiting relatives who said they are made very welcome in the home at any time and that they had come to take their mother out to buy her shoes. The husband returned in the afternoon and said that he stayed most of the day and the home always invites him to have a meal with his wife. A survey comment returned confirmed that visitors are made welcome. The visitor's book also confirmed that there are a number of visitors each day to the home.

Although most residents have handed over the responsibility of the management of their finances to relatives or representatives, a number of individuals continued to control their own financial affairs.

Residents are able to bring personal items into the home including pieces of furniture. We observed that most rooms had been personalised with family pictures and people's own belongings.

Service users spoken to said they are able to spend the day how they wish at their own pace. One lady saying she preferred to stay in her room in the mornings to listen to her music, another saying she was able to come and go as she wished. The inspector observed that the staff were not rushed and people were being got up at their own leisure.

Service users have choice over how they undertake their activities of daily living and this was evidence throughout this visit that service user were being given choices. One comment returned stated that:

'Staff always ask residents before they do anything what they would like to do i.e. going into the garden or lounge, supporting them to make day to day decisions'.

A member of staff returned a comment on the survey that said:

'We try to encourage independence and well being and treat each individual equally and help them to maintain their own self being and beliefs'.

We observed that this was generally the philosophy displayed by members of staff when supporting service users.

Residents were quite complimentary about the food provided and confirmed that they have three meals a day and could have snacks and drinks at other times.

The kitchen, was clean and well organised. The records of food provided indicated that the food was nutritious and there was a wide range of meals provided with choices every day. The list of menu choices for the week was also on display in the entrance hall to the home.

Individuals' food preferences, dislikes and any food related allergies are recorded in resident's care plan documents. The cook told the inspector that she is very familiar with the food preferences of the residents and that special diets and needs are catered for e.g. soft and pureed meals and diabetics.

Residents can choose where to eat and many preferred to eat in their rooms. We observed individual trays were laid up for residents with cutlery, condiments and napkins. And jugs of fresh juice were in each service user's room and in the lounge area and hot beverages were served throughout the day.

We viewed a sample of fluid/food charts that were being recorded for those service users who were unwell and not taking diet and fluids independently. The records were well maintained and recorded appropriately.

The care plans evidenced that nutritional risk assessments are undertaken on all service users at the point of admission and care plans are written for those identified as being 'at risk'.

Service users spoken to at the time of this visit said;

'the food is very good and plenty of it'.

'The food is very good here no complaints'.

We observed the lunchtime meal being served, there were a number of service users not enjoying this particular dish and this was reflected by the amount being left. The dessert, however, made up for this and they told the inspector it was 'good.' The deputy manager said this was unusual for service user not to enjoy their meals. The cook bakes cakes most days for afternoon tea and a cooked supper is offered every evening.

The cook has received training and has achieved her Intermediate Food and Hygiene certificate

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

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

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

The home had a clear and satisfactory complaints procedure to address the concerns of residents and relatives/representatives. Robust procedures were in place to protect service users from the risk of abuse.

EVIDENCE:

The home had a written policy and procedures about how complaints could be made about the service that it provided. A copy was clearly displayed in the home's entrance hall. Five comment cards were received from relatives and three from service users who indicated that people are aware of how to voice their concerns should they have any and are satisfied with the home's complaints procedure. Comments made by residents when the inspector spoke to them about the complaints procedure included:

'The matron is always available to discuss anything.

'I would speak to matron or a sister if I had a complaint'.

'If I was unhappy I would speak to the matron'.

'We have no concerns to raise'

'Rebecca is always available to discuss anything'.

The AQAA reported that the home has received one complaint in the last twelve months and this has been resolved. The records evidenced that the complaint had been investigated and resolved.

The AQAA states that the home could improve with better co-ordination of the feedback from satisfaction surveys and use this information to improve the service, thus avoiding any complaints.

The home has written procedures available for adult protection. These are intended to provide guidance and ensure as far as reasonably possible that the risk of residents suffering harm was prevented. These were talked through with the deputy manager who demonstrated awareness and knowledge of how any allegations of abuse must be dealt with.

Staff spoken to said that they have received training about safeguarding adults and an examination of staff training records, and viewing the training matrix, confirmed this. The home has not had to report any Safeguarding issues since the last inspection.

Where the need has been identified, following a risk assessed, to use bedrails on a service user's bed for a resident's safety, written permission/consent is obtained. This was evidenced in some of the care plans and that either service users or their representative had signed an agreement for their use.

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

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

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

The home's environment was safe and well maintained.

There was an infection control policy and procedures in place and staff practice ensured that as far as reasonably possible residents were protected from the risk of infection.

EVIDENCE:

At the time of this visit the exterior and interior of the premises, its décor, furnishings, fittings and equipment were in good repair. The home was clean and no offensive odours detected.

The home employs a maintenance person to undertake minor repairs and redecoration. He reported that he averages decorating three rooms per year and the on going maintenance jobs every day and also maintains the gardens.

The lounge area looks out onto the pleasant well-kept gardens, which service users reported they enjoy sitting in or looking onto.

The views of residents and relatives spoken to about the home's accommodation and how it was looked after included the following:

'The garden is appreciated greatly'.

'The garden is a great asset. My wife hardly ever gets there but she can see it from her window'.

'The home does not smell offensively'.

'The residents are made to feel this is their home and not a nursing home'.

Service users spoken with at the time of this visit said:

'A real home from home

'The staff attempt to make the residents feel as though they are in their own homes'.

'I like sitting in my room it has such good views'.

'The home is very clean'.

We discussed with the trained nurse why the dining area was not being used effectively at the mealtime. She reported that this was unusual as some service users choose to eat at the tables but that the home has plans to refurbish the lounge and make a designated area for dining and the remainder of the lounge, that over looks the gardens, will have new chairs and an additional blind to the two skylights in the ceiling of this room to give more ventilation in the warmer weather.

The AQAA states that the home has an improvement plan for next twelve months and that is that a downstairs bathroom is to be made into a WET room to enable those less able to shower.

The home had comprehensive procedures in place concerned with infection control. The training matrix and records identify that infection control training has been provided for most staff. Staff spoken with confirmed that they have received this training and demonstrated an awareness of what infection control meant. One staff member commenting on a survey:

'I believe we have strong hygiene regulations which all staff carry out well'.

It was noted that in accordance with best practice all communal WCs that were seen were provided with liquid soap dispensers and paper towels. Protective clothing was readily available and staff were observed using gloves and aprons appropriately.

There were sluice disinfectors available on both floors of the home. The home's laundry although cramped and quite small, was appropriately sited and equipped. Effective procedures were in place for the management of soiled laundry items.

The home was very clean and homely and the two cleaning staff on duty was spoken with. They reported that they are short of one staff and the manager is actively recruiting into a weekend post. The staff member spoken with demonstrated knowledge of the handling of the chemicals associated with the COSHH guidance and all cleaning materials were stored in a locked environment.

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

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

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

There was an appropriate and satisfactory level and mix of staff that ensured the needs of residents were met.

The home had clear staff recruitment, training and development procedures that ensured that service users are protected and supported.

EVIDENCE:

At the time of the fieldwork visit the care staff rota setting out the minimum number and skill mix deployed in the home was as follows: -

	08:00 – 14:00	14:00 – 20:00	20:00 – 08:00
Registered nurses	2	2	1
Health care assistants	4/5	4	2
Total	6/7	6	3

Two housekeepers, a cook, kitchen assistant and administration officer are also part of the team each day.

At the time of this visit there were twenty-five service users in residence and there was sufficient staff to meet their needs. The staff spoken with said that they considered they had enough staff to give the high standard of care they wish to deliver. The inspector observed that staff were not rushing about and call alarms were being answered quite promptly and staff were demonstrating good teamwork.

Service users spoken with said that they consider there are enough staff and that their call bells are answered promptly, comments being:

'The staff are very good and support me well'.

'The staff answer my bell quickly'.

Conversely, a relative comment stated that:

'The home could improve by providing more staff to sit with individuals, talking to them and being taken out for walks when the weather is fine'.

Comments received from service users on the surveys indicate that they consider they receive all the care and support they need, one commenting:

'There always seems to be plenty of staff and qualified experienced nurses on duty'.

The community psychiatric nurse who visits the home frequently, supported this and he reported that there is always plenty of qualified staff on duty. Two GPs comment cards also indicated that they considered there were appropriate staff on duty and that they have a good working relationship with the home.

Staff surveys received indicated that generally they consider that there is sufficient staff on duty but:

'At times there are not enough care assistants, however, all efforts are made to ensure that service users needs are met'.

'We work as a team and are well supported'.

The housekeeping staff said that they did not work weekends and the home is trying to recruit into a weekend post.

The AQAA stated that 95% of staff has now achieved their NVQ level 2 training. The training records supported this and speaking to staff they report that they are being encouraged to undertake their NVQ level 3 training. The home has two senior support care workers who have achieved their NVQ level 3.

Surveys received from the staff indicate that they have been fully supported and encouraged to undertake their NVQ training programme with comments:

'There are many opportunities for staff to further their training through NVQ and other courses'.

'The home supported me through my NVQ 2 where I gained knowledge of the different people'.

'The matron ensures that the staff have adequate support'

The AQAA documents throughout, that staff have received training in appropriate subjects appertaining to the client group they care for. This was evidenced in the individual training files that record all the training the staff have undertaken. Staff spoken with, were complimentary about the training that is available to them and highly praise the senior staff for the support they receive in their daily work.

The inspector also observed a training matrix displayed and this identified various training programmes that had taken place. It predominately identified the mandatory health and safety training and this evidenced that a large number of members of staff had undertaken these recently.

The AQAA states that part of the improvement since last year is that supervision forms have been developed, which enhance identification of staff training needs. The inspector observed these in each of the personnel files viewed. There was evidence in the file of appraisal and regular supervision and training needs and aspirations were documented.

The deputy manager told the inspector that the organisation is about to put all training records on an electronic database to enable information on staff training to be more accessible.

The home has robust recruitment practices. The inspector viewed a sample of four recruitment files of staff most recently employed at the home. The files evidenced that all recruitment checks required were present and that all staff undergo an induction period when they first commence employment. The files also evidenced that the home employs a mixed culture group of trained nurses and carers.

The deputy manager told the inspector that she and the manager interview and recruit staff.

The four staff surveys returned and staff spoken with described their recruitment process as thorough and two commenting:

'The home were very thorough. They took references from at least one of my ex employers'.

'I was not allowed to start work until my CRB was through'.

'I had to wait a long time for my CRB to come through and was not allowed to work until then'.

The AQAA indicates that the home has registered with the Skills for Care database. The inspector viewed a sample of the induction programme. The inspector spoke to the member of staff who is more recently employed and she

said that as part of her induction she worked along side another experienced carer for up to two weeks and was supernumerary to the numbers of staff.

A staff survey received stated that:

'I was given an induction pack with questions which I had to complete throughout the induction period. I also worked with senior carers so they could give me all there knowledge'.

'I was not allowed to work unattended until I felt confident and trained'

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

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

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

The home's manager provided effective leadership

There are systems and procedures in place for monitoring and maintaining the quality of the service provided and promoting the safety and welfare of everyone living and working in the home.

EVIDENCE:

The registered manager has now been in post for 7 years and is a registered nurse and has also achieved the Registered Managers Award. She has completed her mentorship course and the home now offers placements to student nurses. The AQAA states that she is in the process of completing further dementia awareness training and IT training.

The registered manager was not present during this visit. The deputy manager, who has recently been appointed and has experience of working in a large care home, was managing the home on this occasion. She is in the process of undertaking her Registered Managers Award and therefore the home has a strong management team in place.

The staff spoken with and the surveys returned from staff highly praise the manager and say:

*'The matron works as a team member and encourages staff to inform her of any concerns that maybe personal or professional so that staff have support'.
'We can approach matron if we have any problem that needs to be discussed'.
'We can always speak to matron if any resident tells us of any concerns'.*

The manager stated in the returned AQAA that the diversity and equality of residents is paramount in the home's ethos of care.

The home has a quality assurance system in place. The home distributes questionnaire surveys to service users and relatives as well as auditing the home's management systems e.g. care plans, medication management. The inspector evidenced the outcome of the care plan audits once a month. The organisation is bringing out a monthly evaluation sheet to record all the management audit results.

The AQAA states that the home has an annual development plan that includes an annual training plan. The manager is involved with the decision making on what appears on the annual development plan.

The manager is involved with a number of other managers from the same organisation in reviewing all the policies and procedures, most of which are now updated.

The staff team have regular meetings at handover time and staff spoken with, report these meetings to be an informative time when information on service users is detailed to the staff coming on duty. One comment from the staff surveys says:

'Staff are given good clear information during handover meetings to ensure that staff are fully aware of the service user's needs'.

The home does take care of small amounts of service user's monies that has been left with or handed over by relatives or representatives. These monies are maintained in a locked environment and managed mainly by the administrator. The deputy manager showed the inspector how the monies are stored individually and all receipts of expenditure is recorded and kept.

The AQAA records that the health and safety policies are in the process of being reviewed and it states that in particular the fire policies and procedures are having an in depth review.

There was a fire risk assessment for the premises and regular risk assessments of the premises and working practices are undertaken, the latest being June 07

Records examined indicated that the home's equipment, plant and systems were checked and serviced or implemented at appropriate intervals i.e. passenger lift and hoists; fire safety equipment portable electrical equipment; hot water system; etc. There were contracts in place for the disposal of clinical and household waste.

The inspector viewed the accident-recording book and the records were being completed appropriately and copies maintained by the manager for evaluation.

Staff said that they attended regular and compulsory fire and other health and safety training.

The home had ready access to staff trained as accredited manual handling trainers in another home situated a short distance from Beechcroft Green. The inspector observed a number of hoists in the home and profile beds are gradually replacing existing hospital beds, to promote safe working practices. Comments from relatives about the safety of the home are:

'The home is very safe for my mother'.

'The home offers a safe, caring and happy environment'.

'It is good to know mum is safe and well cared for'.

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	3
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	3
32	X
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

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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