



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

Isaac Robinson Court

**Arcon Drive
Anlaby Road
Hull
East Yorkshire
HU4 6AD**

Lead Inspector
Beverly Hill

Key Unannounced Inspection
23rd April 2008 09:30

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	Isaac Robinson Court
Address	Arcon Drive Anlaby Road Hull East Yorkshire HU4 6AD
Telephone number	01482 352950
Fax number	01482 355652
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Humberside Independent Care Association Limited
Name of registered manager (if applicable)	Position Vacant
Type of registration	Care Home
No. of places registered (if applicable)	40
Category(ies) of registration, with number of places	Learning disability (40), Learning disability over 65 years of age (40)

SERVICE INFORMATION

Conditions of registration:

1. That registration is approved with the condition that Mr Smith completes the registered managers award.

Date of last inspection 3rd May 2007

Brief Description of the Service:

Isaac Robinson Court is located to the west of Hull City Centre, and is owned by Humberside Independent Care Association Ltd (HICA), a not for profit organisation. The home is set within the local community with neighbourhood facilities close at hand and is on bus routes into the city centre.

The home provides personal care and accommodation for a maximum of 40 younger adults and those over 65 years old with a learning disability. The home provides both long term and respite care.

The home consists of five individual bungalows, two of which have six bedrooms in each for those service users requiring respite care and three have eight bedrooms in each for those requiring accommodation on a more permanent basis. Each bungalow has an individual lounge, kitchen, bathroom, shower room and access to patio and garden space.

There are also two individual flats used to accommodate up to two people in each in the main building. There is also a large function room, staff training room, the main kitchen, a laundry facility and administration offices in the main building.

The home was severely damaged in the floods that affected the region last June. Subsequently it has been completely refurbished.

According to information received the weekly fees are £498.82. Information regarding the services provided was included in the homes statement of purpose and service user guide displayed in the home and given to each potential resident. Items not included in the fees are hairdressing, chiropody, toiletries, clothing, TV license and outings.

SUMMARY

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

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

This inspection report is based on information received by the Commission for Social Care Inspection (CSCI) since the last key inspection of the home on 3rd May 2007. The registration team also visited the home following its refurbishment, which took place as a result of extensive flood damage in June 2007. The report includes information gathered during a site visit to the home, which lasted approximately nine hours.

Throughout the day we spoke to several service users and one relative to gain a picture of what life was like at Isaac Robinson Court. We also spoke with a relative on the telephone. We had discussions with the manager and care staff members. Information was also obtained from surveys received from service users, relatives and staff members. Comments from the surveys and discussions have been used throughout the report.

We looked at assessments of need made before people were admitted to the home, and the home's care plans to see how those needs were met while they were living there. Also examined were medication practices, activities provided, nutrition, complaints management, staffing levels, staff training, induction and supervision, how the home monitored the quality of the service it provided and how the home was managed overall.

We also checked with people to make sure that privacy and dignity was maintained, that people could make choices about aspects of their lives and that the home ensured they were protected and safe in a clean environment. We observed the way staff spoke to people and supported them, and checked out with them their understanding of how to maintain privacy, dignity, independence and choice.

Since the last visit there has been no formal complaints or concerns raised with the Commission for Social Care Inspection.

Six safeguarding of adults referrals have been made since the last visit, five of these involved incidents between service users and the home referred these appropriately for the local authority to investigate. The sixth one was regarding a bruise staff had noticed on a service user. They also reported this to the local authority and it has still to be investigated.

We would like to thank the service users, staff and management for their hospitality during the visit and also thank the people who completed surveys.

What the service does well:

The last year has been a very difficult time for service users, their relatives and staff members at the home. Because of flooding to the home people have been accommodated in other homes in the area. People have been away from their friends, and staff from their colleagues and usual line managers. Relatives have had to organise alternative visiting arrangements. The managers of the home have kept people informed about the progress of refurbishment and the re-introduction of people back to the home has been completed in stages.

The home provides a very clean, accessible and well-decorated environment for people. People were very happy with the refurbishment and were consulted on the colour schemes for their bedrooms.

The home always made sure that people admitted to the home had assessment of their needs prior to admission and that they could visit and spend time there getting to know people before a decision was made about more permanent residency.

Service users were encouraged to make their own decisions about how they lived their lives, 'I decide what I want to do and let the carer know' and supported to live as independently as possible, 'my new flat is nice and fresh and airy, I like all the mod cons – its very cool'. Service users are also able to participate in the interview process when recruiting staff.

The home provides lots of activities and opportunities for people to access facilities in the local community. They also make visitors welcome and help people to keep in touch with friends and families.

People liked the meals provided by the home and said they had plenty to eat and lots of choices.

Peoples' health and social care needs were met in the home in ways that promoted privacy and dignity. The care in the home was described by relatives as, 'very good', '100%' and 'excellent'.

The homes' staff team have built up good relationships with other external agencies, such as advocacy services, care management and health professionals.

The home has a good induction and training system in place and although some updates in training have slipped as a result of the floods the manager was planning to address these.

The way the home continually checks out the quality of their care is good. The manager records any complaints and they are dealt with quickly. This means that they are always finding ways to improve the service. Now that people are back living in the home the quality assurance system will be re-started.

What has improved since the last inspection?

The manager has produced a letter that can be sent to service users or their relatives stating that the home is able to meet the needs that have been identified.

One service user who was on extended respite now has a more settled place at the home with extra support from the local authority during the first few months.

Senior staff members have received training in how to administer a specific medication that is prescribed for people if they have prolonged epileptic seizures.

The way the home reports incidents to the local authority and the Commission has improved. This means that incidents of a safeguarding nature are referred to the local authority in the correct way and can be dealt with them in line with policies and procedures.

The home has been completely refurbished to a high standard and all bedrooms now have lockable storage facilities in them for personal items. All bedrooms have been provided with flat screen televisions. All communal areas are well furnished and one of the respite bungalows has had a kitchen removed to make way for a soft seating area.

The way the home recruits staff has improved to make sure full checks are in place prior to the start of employment, which includes stringent supervision if in exceptional circumstances a staff member starts employment between the povafirst check and the return of the criminal record bureau check.

Staff members make sure that when they think people need bedrails they complete a full risk assessment so they are sure they will be safe.

What they could do better:

One of the care plans examined needed more information about some of the needs that had been identified in the assessment. It also needed to be signed and dated. This will make sure that staff members have full information and care is not missed.

The way medication is recorded and managed needs to be addressed so there is no confusion for staff when they are administering it to people.

When it is decided who is to be the manager on a permanent basis they need to apply for registration with the Commission and complete the Registered Managers Award training.

As the acting manager is new in post she could attend training in safeguarding vulnerable adults run by the local authority, which is aimed specifically at managers of services.

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):

2 and 4

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

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

Service user needs were assessed prior to admission and the home planned admissions and trial visits at the service users own pace. This ensured the staff team had full information about service users and people were able to sample the home before a final decision was made about more permanent residency.

EVIDENCE:

We examined three service user care files. The manager confirmed that service users were only admitted to the home for respite care or on a more permanent basis following a full community care assessment completed by the joint health and social services learning disability team. After admission the assessment process continued examining 'support areas' until sufficient information was gathered to enable formulation of a care plan. There had only been one new admission to the service since the last visit and very soon after their admission the home suffered extensive flooding, and service users were evacuated quickly to other homes in the company.

There was evidence that the home obtains assessments completed by professional staff prior to admission and also completed their own in-house

assessments. All care file information was destroyed in the floods and the staff had to re-write assessments and care plans. There was evidence that this had taken place, as two assessments were updated in July 2007 and a third updated again in January 2008. The standard relating to assessments was also met at the last site visit just prior to the floods.

During the last visit it was noted that the homes needs to formally write to service users or their representatives following assessment stating their capacity to meet needs. The manager produced a letter formulated in-house and this will be used for all new admissions.

The circumstances over the last year have been rather exceptional for the home. Senior management worked well with the local authority and managed to keep people well informed about the progress of the refurbishment and the plans to re-establish service users back to their home. The acting manager stated this had been completed in a phased way with about five service users each time to ensure they were settled before other people arrived. Service users visited the home for a meal and activities prior to the final move back to allow people time to get to know each other again. Staff had accompanied service users to their temporary place of residence during their stay their and managers visited them to keep them informed. Service users also visited each other to keep up friendships.

Surveys received from relatives commented on plans made after the floods, 'we were very impressed with the service offered following the flood at Isaac Robinson. We were kept well informed by the local authority and were quite happy with the emergency arrangements at another home'.

The managers also took the opportunity to re-examine the service user mix in each of the bungalows and the impact this would have on each service user and staffing levels.

Advocacy services had been involved in supporting the service users decision-making about admission to the home in the past.

The home offered respite services for up to sixteen people and had two designated bungalows identified for this purpose. Respite enabled service users to sample the services the home provided.

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 and 9

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

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

Service users needs were generally well planned for in care support plans, they were kept under review, and the documentation gave good guidance to care staff.

The home enabled service users to actively take part in decision-making and taking risk was seen as part of their choice in how they wish to live their lives.

EVIDENCE:

Three care files were examined in detail and all contained plans of care to guide staff in how to support the person.

The first care support plan for someone with complex needs had some sections that could be expanded on to give staff a more complete picture of the care required. For example, the support plan for personal care did not mention how

privacy and dignity was to be maintained and the eating and drinking plan omitted to refer to any seating position required in relation to their stroke despite a seating assessment completed by an occupational therapist in January 2008. It also didn't give any information in how staff managed the persons' constipation via their diet or other health means and how they prevented pressure damage. Some sections were not dated nor signed by the person formulating the care plan or service users representative. Its important to have dates in place so staff can judge when changes have occurred and signatures show that the service user or their representative has seen the care plan and agree the contents.

The second and third care support plans had much clearer guidance, referred to needs identified at the assessment stage, were signed and dated and indicated preferences and choices. There was also evidence that a recent audit completed by a personal care manager had highlighted some areas to address. This self-auditing and evaluation of care support plans for content and effectiveness is good practice and important to ensure care plans are up to date and care is not missed.

Service users were enabled to take responsible risks as part of an independent lifestyle. Those files seen had risk assessments for areas such as moving and handling, falls, the need for bed rails, choking, nutrition and keeping safe in the community. One person had been assisted to travel safely and independently to a local sheltered workshop. This was completed in stages until they were safe to manage alone.

There was a system of reviewing daily recording on a monthly basis and reviews of care plans were held with the service user, relatives, local authority and health professionals present.

People told us that they were given choices in their daily activities and there was evidence in care plans that they attended their own reviews. Service users told us they were able to choose the colour scheme for their bedrooms when the home was refurbished and staff confirmed they were consulted about who they wanted to share a bungalow with prior to returning and some changes had been made as a result. Some comments were, 'my living room is blue now – I chose peach for the bedroom', 'staff showed me my care plan', 'I come and spend time with people here, have my meals here', 'I decide what I want to do and let the carer know', 'Simon (previous manager) asked me if I wanted to go to my new home' and 'my advocate visits me and I can speak with them if I have any worries'.

The manager advised that two service users had participated in the recruitment of staff. They prepared, and asked the applicant, their own questions during the interview and were asked their opinion when the interview was concluded. This is evidence of inclusive and good practice.

Where service users need help to make decisions, staff members are able to demonstrate why these decisions have been made and explain the reasons. There was evidence of advocacy support for one service user during the decision-making and transition back from temporary accommodation to Isaac Robinson Court. Staff members supported people to manage their finances.

The key worker system and residents meetings enabled everyone to be involved in wider decision making within the home. Seven surveys were received from service users and all had ticked the boxes stating they can choose what they want to do during the day, at night and at the weekends.

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, 15, 16 and 17

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

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

Service users continue to be part of the local community taking advantage of local facilities and maintaining relationships with family and friends.

The home provides a well balanced diet thereby meeting the nutritional needs of service users, whilst offering choice and alternatives.

EVIDENCE:

The home is located within the local community on a bus route into Hull city centre and close to facilities such as shops, pubs, churches and cafes. As such service users have the opportunity to access these facilities. There was evidence that service users attended a range of social clubs, colleges and training centres. Staff confirmed that people receiving respite services

continued to access their usual community facilities and some people in permanent residence attended various afternoon and evening venues. Staff also stated that each Wednesday more staff were on duty as, 'flexi-time' to enable key workers to spend time with the service users allocated to them, to go out to the shops with them or for specific one to one work.

One person attended a sheltered workshop and travelled there independently. Two people also had their own fully equipped flats within the home, which enabled them to live as independently as they were able yet also to have staff support at hand when required.

The home employed an activity coordinator for five hours a day, five days a week. Service users not attending Hull Further Education College or CASE Training participated in a range of activities provided in the main building. We observed a planned craft activity during the day of the visit. There were plenty of materials and service users clearly enjoyed the activity.

Staff members in discussions, and via surveys, commented on the range of activities and outings available and felt this was one area where they excelled. These included movement to music, craft sessions, pool, bingo, karaoke, computer work, games, baking, making music, trips out, visiting entertainers and local shopping. Service users had the opportunity to have annual holidays and last year six service users flew to Scotland to stay in a pine lodge for five days, and others went to Blackpool and to a cottage in the Dales. Staff confirmed that everybody had a holiday and residents meetings were to be used to start planning the holiday this year.

Comments from service users were, 'we do activities with her, jigsaws and sometimes colouring and drawing', 'we used to have disco's (before the flood) and we are going to have a house warming', 'I go out to the shops and the pub and I go on holiday every year', 'we make cups of tea', 'I have made new friends', 'I have met nice and friendly people' and 'I go to my friends on a Sunday once a month and I go to the shop for my TV Mag and my lottery ticket'.

Observation and discussion with service users indicated that staff members continue to interact very well with service users. There was a warm, friendly and relaxed atmosphere throughout the bungalows during the course of the day. Visitors were welcomed at any time.

Relatives spoken with and surveys received from them indicated that staff continued to keep them informed of important issues and supported service user to keep in touch. Some comments were, 'following each short break stay at the unit we receive written feedback about the stay', 'we work very closely together', 'I visit my brother regularly', 'I have asked that my sister can ring me – this will go into her care plan to enable her to learn how to use the phone when she is back at Isaac Robinson' and 'meetings are held at the home

involving relatives'. One person stated that communication was better with Isaac Robinson Court staff than with the staff at the temporary home of their relative used during the flood.

The home continues to provide service users with a varied and nutritious diet and as a result has obtained the Heartbeat Award. Menus are planned over four weeks and service users are offered a choice at each mealtime. The staff members responsible for serving the meals know service users' likes and dislikes and the chef stated staff checked with service users what they wanted for their main meal each day. The main meal is served in the evening but there is always an alternative hot choice at lunch and always a healthy option. Special diets were catered for, diabetic, low fat and soft diets. Just prior to the floods the home had achieved an A rating with the environmental health department for food management.

Service users spoken with during the day and during the evening meal were complimentary about the meals provided. Comments included, 'I enjoy the food', 'I like everything – they make it in the kitchen and bring it up to us', 'the food is nice, there is plenty to eat and drink'. The evening meal was served by staff and was well presented by them. Service users appeared to enjoy it.

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

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

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

The health and personal care needs of service users are documented and continue to be met by the service and staff.

Some medication recording errors highlighted during transition arrangements for service users from their temporary accommodation back to the home could mean that staff do not have full information about medication requirements and medication could be missed.

EVIDENCE:

The home continues to work in partnership with health professionals to ensure that the ongoing health needs of service users are addressed. There was evidence of input from GP's, consultants, community nurses, specialist epilepsy nurses, dentists, opticians, chiropodists, speech and language therapists, physiotherapists and occupational therapists. Service users have continued to receive health care input in their temporary homes. One professional commented in a survey, 'cares about clients, always arrange for staff to attend

any client related training' and 'staff follow through physiotherapy recommendations'.

In the three care files examined staff had completed health action plans for each service user that detailed areas of health that required support and intervention. There were also epilepsy management plans in place for those service users requiring them. Various monitoring charts were used when it was identified service users had particular risk areas, for example, epilepsy, bowel management or nutrition and fluid intake. One service user spoken with confirmed that they see a dentist regularly.

Some care plans detailed how privacy and dignity was to be promoted and staff members spoken with described ways in practice that this occurred, 'we talk to people, use their communication method to find out what they want and we encourage people as much as possible', 'we talk to people to let them know what we are doing', 'we know people and read care plans', and 'we knock on doors and keep people covered'. Service users spoken with and surveys received from them, confirmed staff members supported them in ways that respect their privacy and dignity.

Comments from relatives were, 'the staff are very good, they look after my sister well', 'the care is of a high standard', 'on the odd occasion her dress/shoes/hair is not as good as it should be, some of it comes down to the care workers fashion sense, but for the most part she looks neat and tidy and her hair is clean' and 'the care prior to the flood was 100% and I had no concerns'.

One relative did state they were disappointed the care staff team could not meet particular health needs, however they were happy that health professional visitors completed the tasks.

There is a detailed medication policy in the home regarding the handling of medication. Records examined indicated there were some medication issues but the majority of these appeared to be whilst the service users were in their various temporary homes. There were some missed signatures on administration, confusion with the dose of one service users medication, codes not defined consistently and only one signature when staff transcribed instructions onto the medication administration record. One service user had also appeared to run out of medication at the point of moving back to the home. The manager and personal care manager needs to complete a full audit, resolve the issues and discuss the handover arrangements with the temporary homes. The home was still awaiting the arrival and installation of the controlled drugs cupboard, which was due the following week.

Since the last inspection eight senior staff members have completed training in how to administer Midazolam in buccal form for service users prescribed this to manage prolonged epileptic seizures. The manager is also aware of the need

for best interest meetings when the drug is prescribed for people and the need to maintain documentation about this in service users files.

The organisation has developed a medication-training package and since the last visit staff members completing the training have their competency checked and recorded by the manager or personal care manager. Staff confirmed only personal care managers or team leaders would administer medication.

Service users aiming for greater independence would be enabled to self medicate as appropriate. The manager explained that an assessment and agreement would be in place and lockable facility provided. However none of the current service users self medicate.

The bedrooms in the respite bungalows each had a lockable drugs cupboard fixed to the wall where each occupant had their own medication individually secured.

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):

22 and 23

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

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

The home has a satisfactory complaints system with evidence that people feel able to complain. The acting manager uses safeguarding policies and procedures to report incidents of concern to the local authority. This ensures incidents are dealt with quickly and vulnerable people are protected from abuse.

EVIDENCE:

The home has a complaints policy and procedure that is found within the statement of purpose and service user guide. It is also on display within the home in a simplified version. Examination of the complaints record showed that six complaints received by the home had been investigated and appeared to be resolved. There was a complaints form that had space for the details of the complaint, action taken by the home and recorded whether the complainant was satisfied with the outcome.

Seven surveys received from service users and those people spoken with during the visit showed an understanding about how to make their views and opinions heard and said, 'I would tell Tracy (acting manager) if I'm unhappy', 'I would go to see Tracy', 'I know I can speak to the manager and go to the office', 'I would ask the staff to help me fill out a complaints form', 'I would speak to staff and my key worker in private' and 'see Tracy, they said if I had any problems come and talk to me'. All seven surveys received indicated they

knew who to go to if they were unhappy. Relatives in surveys also knew how to complain, 'I recently made a complaint and this was dealt with by senior staff satisfactory'.

Staff in discussions and surveys also demonstrated they knew what to do, and how to record it, if someone complained to them.

Staff members spoken with during the day displayed a good understanding of the safeguarding of adults procedure. They stated they would reassure the service user, report any issue to the senior in charge or the manager to deal with, and document what had happened. They were also aware that a referral would be made to the local authority for investigation. Staff stated they had received safeguarding training. Documentation confirmed safeguarding of adults training had taken place and was an ongoing process.

The acting manager had completed safeguarding training with the local authority in the past although the managers training session would be recommended. She was aware of their referral and notification responsibilities. Six safeguarding of adults referrals have been made since the last visit, one of which occurred in one of the temporary homes arranged for service users after the floods. Five of these involved minor incidents between service users and the home referred these appropriately for the local authority to check out and use their care management review process to monitor. The sixth one was regarding a bruise staff had noticed on a service user. They also reported this to the local authority and it has still to be investigated.

The home had policies and procedures to cover safeguarding adults from abuse, whistle blowing, aggression, physical intervention and restraint, and management of resident's money and financial affairs.

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

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

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

The recent refurbishment is of a high standard providing service users with a clean, comfortable and safe environment in which to live in and stay for short breaks.

EVIDENCE:

The home has been completely refurbished since its extensive damage in the floods in June 2007. Service users were able to access the respite bungalows from December 2007 and the three permanent bungalows from April 2008. At the time of the visit service users were in the process of moving back in. This had been arranged in stages over the last two weeks.

Each bungalow has an individual lounge, kitchen/dining room, bathroom, shower room and access to patio and garden space. The main building has two

individual flats, used to accommodate up to two people in each, a staff training room, a main kitchen where most of the meals are prepared, a laundry facility and administration offices. There is also a large function room with a new kitchen area, seating in one corner and tables and chairs used for activities. A separate room is in the process of conversion into a sensory room (snoozelum). All the doors in and out of the bungalows were coded and secure.

The home was newly decorated throughout, with each bungalow and the main building very clean, tidy and finished to a high standard. Each lounge had a new large screen television fixed to the wall and equipment for listening to music and watching DVD's. There was evidence that people had been involved in choosing the colour scheme for their individual bedrooms. Service users spoken with were very happy with their 'new' home, 'I chose peach for my new bedroom and I have a new telly', 'its nice here', 'I like my bedroom, but I'm still settling in and getting to know everybody', 'I live in one of the flats and have my own front door and key', 'my new flat is nice and fresh and airy, I like all the mod cons, its very cool'.

Relatives spoken with and comments in surveys were very positive about the new environment, 'I can't believe how nice it is now, its lovely, new floors, furniture, decoration, everything, we really like it', 'the home has been completely refurbished and is of a very high standard' and 'with new alterations made after the flooding, the care home must now be the best in the area, excellent facilities.

However one person was concerned that some seating did not meet the needs of people with very complex needs and an issue of the provision of a specific piece of equipment had been ongoing for several years. This appears to be a one-off issue and had been discussed in a review but not resolved fully. It is important for the people involved and was mentioned to the acting manager. They will discuss the issue with senior managers.

Service users had individual bedrooms, nicely furnished and with lockable facilities to store personal items and privacy locks for the doors. Some of the bedrooms were still in need of the occupants' personal stamp but they had only very recently returned to the home from their temporary accommodation.

The respite bungalows are joined together and although they have separate lounges one of the kitchens has been taken out and the space used as a soft seating area for people to relax in.

There are plans to alter the garden areas by the following month when the home has its official re-open day.

All areas of the home are accessible to people who use wheelchairs via a ramp at the front entrance and level access elsewhere.

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

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

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

The home has good recruitment, induction and training systems in place. This means that relevant parties are assured only appropriate people work with vulnerable adults and trained and competent staff supports service users.

EVIDENCE:

The company ensured that new staff members completed a five-day block of induction, which included training in fire procedures, safeguarding vulnerable adults from abuse, moving and handling, learning disability awareness, health and safety, basic first aid and social care values. New staff members progress through the learning disability award framework (LDAF) induction, which covered required standards in five separate modules and which ensure that competency is assessed throughout the process.

The flooding of the home and staff dispersal throughout other homes with the service users they were key worker for has led to some slippage of training, updates and annual staff appraisals. However the acting manager and team

leader responsible for training were in the process of collating information and planning what needs to be addressed. The training plans usually include mandatory and service specific training. Surveys received from staff members indicated they received training that was relevant to their role, equipped them to meet individual needs and kept them up-to-date. Those spoken with confirmed that training updates had been missed but they were confident now the home was up and running again that these would be addressed.

Each staff member had a personal training plan that recorded the training participated in. The manager produced documentation that eight senior staff had received training from the primary care trust in how to administer specific medication for one service user to manage prolonged epilepsy seizures.

According to information received from the manager during the visit twenty-two of the thirty-six, care staff team had completed national vocational qualifications (NVQ) in care at level 2 and 3. This equated to 61% of care staff trained to this level and was a very good achievement. A further four care staff were progressing through the training. The activity coordinator had also completed NVQ level 2 and three domestic staff had completed a qualified cleaning level at 1 and 2.

One relative commented, 'they seem willing to undertake training – abdominal massage for example'.

Staff spoken with indicated that the current rotas were sufficient to meet service users needs. There had been improved planning of the mix of service users in each bungalow, which had improved living arrangements and relationships for some residents and lessened the impact on staff. The manager confirmed that staffing levels in the respite service fluctuated based on the needs of the occupants, with a higher ratio of staff at the weekends.

Service users and relatives spoken with, and surveys received were complimentary about the care staff team. Comments were, 'the frontline staff are very friendly and offer a good service', 'we work very closely together', 'most of the staff have a very caring and cheerful attitude', 'I do feel the staff consider all the residents', 'yes the staff are alright', 'the staff are nice', 'they are friendly' and, 'the staff look after us'.

The recruitment process was discussed with the manager and staff files of three new staff were examined. Two of the staff had not started yet as they were awaiting the return of criminal record bureau checks and in one case references. The recruitment process was robust in ensuring only appropriate staff are employed to work with vulnerable adults. A photograph was required for the one staff member that had completed the process.

The manager advised that during the recent recruitment process two service users had participated by asking questions and support workers wrote down

the responses. When the interview was completed staff checked out service users preferences for each candidate. The involvement of service users in the recruitment process was innovative and good practice.

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

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

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

The home was well managed with a good system of monitoring the quality of service the home provides. The speedy recruitment and registration of a permanent manager will promote stability for the home.

EVIDENCE:

The acting manager has been in post for approximately two months and the home is currently recruiting for a manager. The acting manager has completed national vocational qualifications at level 2 and 3, and an in-house, 'foundation in management' training course. She has been a care support manager for two years and a team leader prior to this. She has kept herself up-to-date with relevant training courses.

Staff members spoken with and surveys received from them indicated the manager was fair, had a good approach and met with staff regularly. Some service users knew the managers name and she was the first name mentioned when we asked people whom they would tell if they were unhappy about something. This showed us that the manager was well known to service users and they felt able to approach her with any problems. Relatives also appeared to have a good relationship with the manager and knew her name.

The situation of the home flooding, evacuation, refurbishment and subsequent return of service users to their home has been completed in a planned and well managed way with service users consulted and their needs taken into consideration.

One survey indicated that although frontline staff were helpful and the acting manager, 'accessible' their experience with very senior management and the organisation as a whole had not been as they had hoped and some issues continued to be unresolved for them. This was mentioned to the acting manager to try to address.

Prior to the flood meetings were held for service users and staff and a carers group used to be held at the home on a monthly basis. There was evidence that the views of service users, staff and relatives were listened to and acted on.

The home had a comprehensive quality assurance system in place, which consists of audits and questionnaires to seek the views of all stakeholders. The quality audit tool focuses on all areas of service provision with different tasks each month. Results of audits and questionnaires were analysed and plans produced to rectify any shortfalls. The manager kept a monthly record of the action taken to address shortfalls and kept senior managers informed of progress. The company produced an annual development plan, which looks at the organisation as a whole as well as each individual home. The system will be re-started now the service users have moved back into the home.

The acting manager had completed the annual quality assurance assessment form requested by the Commission. Some sections of it could be expanded but on the whole she had identified what the home does well and what improvements they were planning to make in the next twelve months.

Fire drills were completed, the last one was 1st March 2008, and weekly fire equipment tests carried out. The fire risk assessment had been updated in February 2008. Staff completed health and safety training in induction and safety posters were on display in the home. The manager was in the process of reviewing generic risk assessment information.

New profile beds with integrated sides had been provided for service users at risk of rolling out of bed and the manager confirmed risk assessments were completed to check suitability. The home also had two extra low beds with crash mats for those service users at risk of rolling out of bed but who are unable to use bed rails safely.

All moving and handling equipment, and gas and electrical equipment had to be replaced and will be serviced annually.

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	
<i>Standard No</i>	<i>Score</i>
1	X
2	3
3	X
4	3
5	X

INDIVIDUAL NEEDS AND CHOICES	
<i>Standard No</i>	<i>Score</i>
6	2
7	4
8	X
9	3
10	X

LIFESTYLES	
<i>Standard No</i>	<i>Score</i>
11	X
12	4
13	4
14	X
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
<i>Standard No</i>	<i>Score</i>
18	3
19	3
20	2
21	X

CONCERNS AND COMPLAINTS	
<i>Standard No</i>	<i>Score</i>
22	3
23	3

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
24	4
25	X
26	3
27	X
28	X
29	X
30	4

STAFFING	
<i>Standard No</i>	<i>Score</i>
31	X
32	3
33	X
34	3
35	3
36	X

CONDUCT AND MANAGEMENT OF THE HOME	
<i>Standard No</i>	<i>Score</i>
37	2
38	X
39	3
40	X
41	X
42	3
43	X

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	YA6	15	The registered person must ensure that all care support plans cover needs identified in the assessment stage and are updated when evaluations highlight shortfalls or changes in need. This will ensure that care needs will not be missed.	30/07/08
2	YA20	13(2)	The registered person must ensure that the management of medication is reviewed to address shortfalls in recording: - <ul style="list-style-type: none"> •Handwritten entries onto the MAR must have two signatures and the full manufacturers instructions. •Codes used when omitting medication must be used in a consistent way to avoid confusion. •Clear instructions must be available for staff when dosage of medication changes mid-cycle. •Stock controls to be monitored to ensure people do not run out of medication. 	31/05/08

3	YA37	8	The registered person must ensure the successful applicant to the position of manager applies for registration with the Commission.	31/08/08
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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
1	YA23	It is recommended that the acting manager complete the safeguarding of adults training, specifically for managers, with the local authority.
2	YA37	The acting manager continues to progress with the Registered Managers Award.

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