



*Making Social Care  
Better for People*

# inspection report

## CARE HOMES FOR OLDER PEOPLE

**Abbeyfield (Fairlight Ave)**

**6-12 Fairlight Avenue  
Woodford Green  
Essex  
IG8 9JP**

*Lead Inspector*  
Julie Legg

*Unannounced Inspection*  
3rd December 2007      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

<b>Reader Information</b>	
Document Purpose	Inspection Report
Author	CSCI
Audience	General Public
Further copies from	0870 240 7535 (telephone order line)
Copyright	This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI
Internet address	<a href="http://www.csci.org.uk">www.csci.org.uk</a>

This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at [www.dh.gov.uk](http://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](http://www.tso.co.uk/bookshop)

This report is a public document. Extracts may not be used or reproduced without the prior permission of the Commission for Social Care Inspection.

# SERVICE INFORMATION

<b>Name of service</b>	Abbeyfield (Fairlight Ave)
<b>Address</b>	6-12 Fairlight Avenue Woodford Green Essex IG8 9JP
<b>Telephone number</b>	020 8504 4188
<b>Fax number</b>	020 8505 0641
<b>Email address</b>	p.boney@abbeyfield.com
<b>Provider Web address</b>	a.smith@abbeyfield.com
<b>Name of registered provider(s)/company (if applicable)</b>	Abbeyfield UK
<b>Name of registered manager (if applicable)</b>	Pamela Dugdale Boney
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	16
<b>Category(ies) of registration, with number of places</b>	Old age, not falling within any other category (16)

# **SERVICE INFORMATION**

## **Conditions of registration:**

**Date of last inspection**      25th October 2006

## **Brief Description of the Service:**

6 - 12 Fairlight Avenue is a 16-place care home for older people managed by Abbeyfield UK, a voluntary organisation that runs a large number of similar homes across the UK. The property is comprised of four houses that have been converted into one, two storey, building. It is situated in a residential part of Woodford, close to a bus route with the tube being a 15-minute walk away. Bedrooms are on both the ground and the upper floor. All bedrooms have an en-suite toilet, and there is a bathroom on both floors. There is a large, open-plan, dining/lounge area, which has a television and a piano. This room leads to a large conservatory that overlooks a well-kept garden. There is also a smaller lounge, which also has a television. Personal care is provided on a 24- hour basis, with health care needs being met by visiting professionals.

# SUMMARY

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

This unannounced inspection took place over two days as the manager was not available on the first day of the inspection and the inspector was unable to access staff files. A senior carer was present for the first day of the inspection and was available for feedback at the end. The manager was available for the second day of the inspection and she was also given feedback.

The inspector was accompanied by an Expert by Experience. This is a person who, because of their shared experience of using services, and/or ways of communicating, visits a service with an inspector to help them get a picture of what it is like to live in or use the service. By prior agreement with the inspector, the role of the 'expert by experience' was to look at quality of life aspects from the residents' perspective.

Discussions took place with the manager, senior carer, care staff and the cook. Care staff were asked about the care residents receive and were also observed carrying out their duties. The cook was asked about the meals that were provided to the residents and their likes and dislikes. Staff were also asked about their recruitment, induction programme and ongoing training. Further information about Fairlight Avenue was also gathered from residents and relatives.

A tour of the home was undertaken and all of the rooms were seen to be clean and free from any offensive odours. Residents' files were examined and case tracked; including risk assessments and care plans, together with the examination of staff files and other home records. These records included medication charts, financial transactions, staff recruitment procedures and staff rotas.

Additional information relevant to this inspection has been gained from the Annual quality assurance Assessment (AQAA), Regulation 37 notifications and Regulation 26 reports. Surveys have also been received from residents, relatives and staff.

The inspector and the manager had a discussion on the broad spectrum of equality 7 diversity issues and the manager was able to demonstrate a good understanding of the varied needs around religion, sexuality, culture, disability and gender.

The home has undergone some major changes within the past six months; the home has undergone a refurbishment programme and two new extra bedrooms with en-suite walk-in showers have been gained from adapting what was the manager's accommodation. The previous manager left the home at a time when the organisation was closing another one of their local homes. This

meant a change in management and an amalgamation of two teams of care staff. Though this must have been unsettling for Residents and staff

The inspector had a discussion with the manager and people who live in the home about how they wished to be referred to in this report. They expressed a wish to be referred to as residents. This is reflected accordingly throughout this report.

The inspector would like to thank the residents, the manager and the staff for their input during this inspection.

## **What the service does well:**

There is a relaxed atmosphere in the home and residents receive good care from a committed staff team who have the skills and the training to meet their needs. The manager and the staff work with the residents to enable them to retain a level of independence and to exercise choice and control over their lives.

Residents were complimentary of the staff and the home in general; all of the residents surveyed stated *'they were happy in the home', 'the home was very clean' and 'the staff are very kind'*. One resident told the inspector **"I am so happy here, I don't want to live any where else"**. Relatives' comments were also very positive **"I am very happy with our choice of home", "Mum is really well looked after", "the staff are very caring"**.

It was evident that the home is run in the best interests of the residents. Every effort is made to ensure that their views are taken into account on decisions in relation to the running of the home.

## **What has improved since the last inspection?**

Fairlight Avenue's last inspection took place in October 2006. There were five Requirements set at this inspection and they have all been met.

Medication Administration Records were audited and these are now being completed appropriately. Some refurbishment of the home has been completed and the remaining rooms (lounge/dining room) will be redecorated and

refurnished in the New Year. The tree roots that were protruding through the grass have been covered with a raised flowerbed.

The level of staff training has improved and more than 50% of the care staff have their NVQ 2/3. Staff are now receiving regular supervision.

### **What they could do better:**

There were five requirements and two recommendations identified from this inspection.

Not all of the care plans had undergone a yearly review. Activities that are available must be flexible and varied to suit residents' needs and expectations.

The dishwasher needs to be repaired or replaced.

Staffing levels must be looked to ensure that residents' needs are met and that their safety is not compromised. All staff must receive a yearly appraisal.

It is strongly recommended that there is a consistent recording of one measurement of weight i.e. either metric or imperial and for each resident to have an 'end of life' care plan.

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](mailto: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**

## **CONTENTS**

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

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):

#### 1,3,4 and 5

People who use this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence including a visit to this service.

Prospective residents and their relatives have information on the home to enable them to make an informed choice about moving into the home.

A pre-admission assessment is undertaken of all prospective residents, this will ensure that their identified needs can be appropriately met by the home.

Prospective residents and their relatives are able to visit the home prior to their admission and obtain a copy of the statement of Purpose and the Service User Guide.

### EVIDENCE:

The Statement of Purpose has recently been updated and clearly sets out the aims and objectives of the home and the philosophy of the organisation

Abbeyfield UK. Every resident has received a copy. The Service User Guide is informative and written in plain English, however the manager advised the inspector that they are looking to develop an improved Service User Guide, which reflects the updated Statement of Purpose. A copy of this document has been given to all residents. Copies of both these documents are available on the residents' notice board in the hallway.

Individual records are kept for each resident and a random sample of four files were examined. The home has recently introduced a more comprehensive pre-admission assessment; this is completed by the manager prior to a resident's admission. Prospective residents (were capable) and relatives are involved in the assessment process and further information is also gathered from health and social care professionals. The information from this assessment is then used to develop written care plans, which identifies the residents' needs and how these needs should be met (see standard 7). A resident and relatives confirmed that they had been involved in the assessment process.

**An extract from the expert by experience report: One couple had waited three years for a place, they explained they were so happy to be there.**

Residents and relatives are able to visit the home prior to a resident moving in. The inspector spoke to a resident who has recently moved into the home he stated "***I have wanted to move into this home for a long while. I came to visit with my daughter, I have only been here a few days and it already feels like home***". Relatives' comments were "***I visited other homes but this was by far the best***", "***This home was recommended to me and I am very happy with the choice and so is my Mum***".

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 &11**

People who use this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence including a visit to this service.

Residents' health, personal and social care needs are set out in individual care plans and provide staff with the information they need to satisfactorily identify and meet residents' needs.

Residents are treated with respect and the arrangements for their personal care ensure that their right to privacy is upheld.

All residents can be assured that at the time of their death, staff would treat them with care, sensitivity and respect.

### **EVIDENCE:**

All residents have comprehensive care plans, which covered health, personal, social, spiritual including night care needs. As far as possible residents and relatives are involved in the drawing up of their care plan. The care plans are

detailed and provide the staff with sufficient information to ensure that their care needs are met. Staff that were spoken to were also very knowledgeable of residents' individual needs. One member of staff said, "**We encourage the residents to do what tasks they can do for themselves, as this helps to keep them active and helps them to stay independent**". Comments from residents were, "**The staff are always there to help me, when I need it**". "**The staff are very helpful and kind when called upon to help**". Relatives' comments were also positive, "**All of the staff are very helpful, nothing is too much trouble**". "**We are very pleased with the care**".

**An extract from the expert by experience report: I managed to speak to all of the residents both one to one and in small groups. The general impression was that Abbeyfield had been their first choice. The majority of the residents came from nearby, or had family living in the area. I was able to talk to quite a few family visitors who also thought their family member was happy and well looked after. One relative lives just a few streets away so is able to call in and see her parents often.**

There was evidence that care plans are being evaluated on a monthly basis or when a change in needs is identified. Residents and their keyworkers are involved with these evaluations and it was recorded that one resident wanted the wording changed in her care plan and there was evidence that this had taken place. Some of the care plans had not had a yearly review, these reviews are important for the residents and the home, as this will ensure that the home is able to continue to meet the residents' needs and that the resident is satisfied with then service being provided. This is Requirement 1.

Daily records indicated that care plans were being followed and the recordings related to the care plans.

Resident' health needs are clearly identified as part of their care plan and how these needs are to be met. Files showed that residents have regular sight, hearing and dental checks and other NHS services such as, continence adviser and speech therapist.

All residents are being weighed on admission and then generally on a monthly basis. One resident's weight chart had been originally been recorded in kilos and then in stones. The charts must be a true reflection of that person's weight and to change from one weight form to another could cause confusion and make it difficult to determine any weight loss. It is strongly recommended that there is a consistent recording of one measurement of weight i.e. either metric or imperial. This is Recommendation 1.

Where there have been concerns, such as weight loss due to reduced appetite, the GP has been advised. There was evidence that body maps are completed following an accident or incident.

Risk assessments are routinely carried out on admission for all residents around nutrition, moving and handling and falls; however the risk assessments could be more detailed. Residents where possible and relatives have been consulted in formulating these risk assessments. These risk assessments are being reviewed regularly and updated.

There was no evidence of 'End of Life' care plans and the importance of developing these was discussed with the manager. However, from discussions with staff, and the inspectors knowledge of the home it was evident that staff dealt with a person's dying and death in a sensitive and understanding manner, both for the individual and their relatives. Staff in the home routinely support relatives following the death of a resident. The manager expressed an interest in implementing 'End of life' care plans; contact details of the co-ordinator for the North East London Cancer Network were left with her. This was a previous Recommendation, which has been set again. This is Recommendation 2.

There are policies and procedures for the administration and recording of medication, guidance on homely remedies and an error in administration of medication policy. Staff have attended training in Medication awareness. Medication Administration records (MAR) charts were examined and all had been completed appropriately. Changes of medication are recorded on the MAR charts and who advised the change, the date and the signature of the member of staff. All medication was stored in a locked medicine trolley that is sited in a locked cupboard.

Staff talked about and were observed to treat residents in a respectful and sensitive manner. They were seen to be gentle when assisting residents and offered explanation and reassurance throughout the activity. The inspector and the Ex by Ex spoke to a number of residents and comments were, "**The girls are lovely, they are very respectful**", "**The staff are always there to help me, when I need it**", "**The staff are very helpful and kind when called upon to help**". Relatives' comments were also positive, "**All of the staff are very helpful, nothing is too much trouble**". "**We are very pleased with the care**".

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

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

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

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

#### **12,13,14 &15**

People who use this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence including a visit to this service.

The lifestyle within the home matches the expectations and preferences of most of the residents.

The attitude and practices of the staff promotes opportunities for residents to remain independent, exercise choice and express their wishes and needs.

The meals in the home are well presented and nutritionally balanced and offer both choice and variety to the residents.

### **EVIDENCE:**

Residents were asked their views and care plans were examined. There is a general programme of activities available for all of the residents and regular visits by professional entertainers. Relatives are encouraged to join in activities such as visits by entertainers and other special occasions. The care plans contain information about preferred activities including spiritual; a local vicar

and priest visit the home. Residents are encouraged to go out with relatives/friends where possible and relatives/friends are encouraged to visit the home. The visitor's book indicates that there is a steady stream of visitors to the home and relatives confirmed that they could visit at any time. All said that they were made to feel welcome and offered refreshments. One relative stated, "***We have only just started to visit the home and we feel very comfortable, the staff are very friendly***".

Daily activities include reading, knitting, sing songs, gentle armchair exercises to music, quizzes, scrabble, watching television and listening to the radio and staff spend time talking to residents. Weekly activities include hand and feet massage, hairdresser, bingo and a sherry morning. Monthly activities have included a strawberry cream tea, clothes show, musical concert, in November the residents were able to watch the Remembrance Service wearing their poppies and December is a particularly busy month with carol singers, a pantomime and a Christmas party. All of the activities take place within the home, the manager should be mindful that some of the residents would enjoy accessing facilities within the community. One of the questions in the residents' survey asked '*Are there arranged activities by the home that you can take part in?*' More than 50% answered '*sometimes*'. The manager needs to discuss the frequency and type of activities the residents wish to see within the home. This is Requirement 2.

The inspector observed members of staff allowing time for residents to express their wishes and supporting individuals to make choices in their daily lives, such as, choosing a drink and their meal for lunchtime and a choice of clothes. Some of the residents are able to self medicate and be responsible for their own finances. Many of the residents have a telephone in their room, which enables them to make and receive calls in privacy. Residents' meetings also take place where the redecorating and refurbishment of the lounges and dining room and planning of the winter menus have been discussed.

**An extract from the expert by experience report: I had lunch in the dining room with the residents, they all seemed familiar with one another, knew each other's fads and family members. The food was very good and they had a varied menu with the main meal in the middle of the day, which suited the residents.**

Meals are mostly served in the dining room, though some residents prefer to have their breakfast and supper in their bedrooms. The dining room looks inviting with tablecloths, matching napkins, a small vase of flowers and jugs of water or juice on each table. One of the questions in the residents' survey asked, '*Do you like the meals at the home?*' Nearly all of the residents answered '*Always*', one resident stated, '*there is too much cauliflower*'. Relatives' comments were also complimentary regarding the food. There are three courses at lunchtime; soup, two choices of the main meal and a dessert. The menus showed that culturally appropriate food was also provided and the

cook advised the inspector that she was looking to enhance her knowledge by attending a course on Afro-Caribbean cooking. On the day of the inspection the choice was a beef casserole or fish in parsley sauce, mashed or sauté potatoes with broccoli and cabbage, with homemade syrup sponge and custard. The cook advised the inspector that all of the vegetables are fresh and all of the cakes are homemade.

# Complaints and Protection

## The intended outcomes for Standards 16 - 18 are:

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

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

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

### 16 & 18

People who use this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence including a visit to this service.

The manager and staff make every effort to deal with any complaints or concerns. Residents and relatives can be confident that their complaints will be listened to and acted upon.

There are policies and procedures on adult protection and staff have received training in safeguarding adults to ensure that there is an appropriate response to any allegations of abuse.

## EVIDENCE:

The home has a clear complaints procedure and new complaints leaflets have been developed and every resident has been issued with a copy. An enlarged copy is also displayed in the home. Residents and relatives are also encouraged to use the comments/suggestions book at the front desk. There has been one complaint recorded since the last inspection (October 2006) and this was dealt with to the satisfaction of the complainant. The manager must be mindful to record all concerns, however minor. A question in the residents survey asked, '*Do you know who to complain to?*' All of the residents stated '*Yes*' and commented '*I would seek help from the manager*'; '*I would speak to who looks after me*'. Relatives were also clear who to complain to and felt confident they would be listened to and their complaint acted upon. There are

regular resident and relative meetings and the manager also has an open door policy.

The home has policies and procedures for the safekeeping and expenditure of residents' money and all monies are held securely within the home. Residents are supported to make purchases and receipts for all expenditures and all financial transactions require two signatures. The Responsible Individual when carrying out Regulation 26 visits will also monitor residents' finances.

The home has comprehensive 'safeguarding adults' policies and procedures; these include the local authority (London Borough of Redbridge) policy and procedure and the organisations' policies and procedures. The manager was clear in what incidents needed to be referred to the Local Authority as part of the local 'safeguarding adults' procedure. The Commission is not aware of any 'safeguarding adult' issues within the home.

Staff members were clear on what constituted abuse and their responsibility in reporting any potential or actual abuse. Staff files indicated that members of staff have attended 'safeguarding adults' training and this was a subject that was also dealt with during staff meetings.

# 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):

### 19,20,21,23,24,25 &26

People who use this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence including a visit to this service.

The home is very homely and provides the residents with a clean, safe and comfortable environment. Residents' bedrooms suit their needs and are decorated and furnished in a way that suits them.

## EVIDENCE:

A tour of the home was undertaken including residents' bedrooms. The home is situated in a quiet residential area of Woodford Green and community facilities are accessible. The home is decorated and furnished in a homely fashion and all areas of the home were well maintained, clean and free from any offensive odours. The home has an infection control policy and would seek advice from external specialists if and when required.

A visit was made to both the laundry room and kitchen, both were maintained to a good standard, however the dishwasher is not working properly and this needs to be repaired or replaced as this is putting an extra burden on the care staff, who are having to pre-wash the dirty crockery and then dry it. This is Requirement 3.

Food within the refrigerators and freezers was stored and appropriately labelled and refrigerator and freezer temperatures are regularly recorded.

**An extract from the expert by experience report: This is a small home with 16 residents and the first impressions on entering the home was that it was quiet and had a friendly open relaxed atmosphere. Residents' rooms were highly personalised with furniture, pictures and in some cases a favourite chair. My overall observations are that Abbeyfield although an old building is in need of some refurbishment in certain areas. The dining room is set back from the lounge and is rather cramped with long oblong tables and heavy chairs leaving little space between the tables making serving difficult. The conservatory is rather tired and is need of new blinds. Staff did say that had problems with certain windows that leaked. However there are plans for the refurbishment of both areas.**

The living area of the home consists of a lounge/dining room, a smaller lounge and a conservatory, which by the second day of the inspection had been fitted with new blinds. There was a requirement set in the last inspection report regarding the dining room furniture and the carpet in the hallway were beginning to look shabby. This Requirement has not been met because of the other refurbishment in the upstairs rooms, however the manager and the service manager have confirmed that all of the communal areas are to be redecorated, new flooring is to be laid in the lounge/dining room and hallway and new dining room furniture and armchairs.

All of the bedrooms have en-suite toilets, several of these rooms have been redecorated and new carpets and curtains have also been fitted. As stated earlier the home has undergone a refurbishment programme and two new extra bedrooms with en-suite walk-in showers have been gained from adapting what was the manager's accommodation. The home is awaiting the current registration to be increased from 16 places to 18. All of the bedrooms are furnished with the residents' own furniture, televisions, radios, photographs and pictures. One resident is particularly happy at moving bedrooms, as she is now able to have her paintings on display along the wall. Also as part of the refurbishment the bathroom on the first floor has been refurbished with an assisted bath and retiled, this allows residents the choice of bathrooms.

The exterior of the building and gardens are well maintained, which is accessible by wheelchair. In the last inspection report a Requirement was set regarding a tree whose roots were pushing up through the lawn. This has been

dealt with; the gardener has planted a raised garden around the tree, so that the roots are not exposed, this looks a particularly nice feature and the residents still have their apple tree.

The home is cleaned on a daily basis and throughout the inspection all areas of the home and the standard of cleanliness was very good. There are adequate control systems in place to ensure that the home is free from any offensive odour.

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

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

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

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

### **27,28,29 & 30**

People who use this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence including a visit to this service.

The home's staffing levels are satisfactory, however there are not sufficient staff on duty. Staff have the appropriate skills and training to meet the individual needs of the residents.

The home has a clear recruitment policy and procedure and appropriate checks are undertaken, which ensures the protection of the residents.

### **EVIDENCE:**

Staff rotas were examined and the rota did not correlate with the number of staff on duty. During the morning and early afternoon there should be three carers and a senior carer, mid afternoon and evening two carers and a senior carer and during the night two waking night staff. On the day of the inspection on both day shifts one carer is allocated to work in the kitchen, this in effect means that there is one carer less on both shifts and therefore there was insufficient staff on duty to meet the needs of the residents. The organisation

must look at staffing levels across the home to ensure that residents' needs are met and their safety is not compromised. This is Requirement 4.

With the closure of Hermon Hill (another Abbeyfield UK home) staff from this home came to work at Fairlight Avenue, including the manager, the deputy manager and care staff. The process of staff and residents getting to know each other in these circumstances is never easy, however in talking to staff and residents they now seem to have got to know one another and there was no evidence of a 'us and them' mentality. There was evidence that staff are working effectively as a team; residents and relatives spoke highly of all the staff. Some of the staff felt that they should all now have the same uniform (they have different colour tops), as they are now all working at the same home. The inspector did discuss this with the manager who will be looking at new uniforms.

The organisation has a robust recruitment and selection procedure in accordance with the requirements of legislation, equal opportunities and anti-discriminatory practice, which ensures the protection of the residents there have been no new members of staff since the last inspection, mainly because of staff coming across from Hermon Hill. Staff files have been seen at previous inspections and they have showed that all relevant recruitment procedures had been adhered to. Files had a completed application form, two written references, satisfactory Criminal Records Bureau (CRB) checks, copy of birth certificate and passport.

The organisation employs a workforce from diverse cultures and backgrounds, some of which are different from the people living in the home. However, all staff have undergone training in equality & diversity. This ensures that the spiritual, dietary, cultural, sexual and other diverse needs of the residents at Fairlight Avenue are understood by staff and appropriately met.

All newly appointed staff undertake an induction programme, which is in line with Skills for care. Topics covered during the induction are, moving and handling, first aid, understanding the principles of care, recognising and responding to abuse, equality & diversity, communicating effectively and care of medicines. Further ongoing training is also undertaken as well as updating mandatory training. Three care staff are commencing their NVQ 2 and the remaining staff have achieved NVQ 2/3/4.

**An extract from the expert by experience report: Staff are friendly and responsive to residents. Families and friends have open access to relatives on occasions taking them out dinner or shop. All of the residents I spoke to seemed to be at ease and liked the quiet relaxed atmosphere and agree that staff were not pushy and were there when they wanted or needed them. One daughter said that she has a high opinion of the staff and thinks that the day-to-day care of her parents is of a higher standard than the last home they were in.**

## 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):

#### **31,32,33,35,36& 38**

People who use this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence including a visit to this service.

A qualified and experienced manager who also has sound management practices manages the home. This means that residents' health and welfare are promoted and protected.

### **EVIDENCE:**

The manager has recently become the registered manager of Fairlight Avenue but has previous management experience and has recently completed her Registered Manager's Award. She has continued to look at her own personal development and has attended further training in understanding of the budget process, workshops for managers, grievance and disciplinary procedures, awareness of the nutritional needs of older people and first aid for appointed persons. She has responsibility for the financial budget of the home and is aware of her budgetary limitations. In discussion with the manager it is clear

that she receives regular support from the organisation and that there are clear lines of accountability. Residents, relatives and staff were complimentary of the manager and her deputy and staff said they felt supported.

The manager is resident focussed and has a good understanding of their needs and works in partnership with their relatives. Abbeyfield UK has carried out a residents' survey and the home has received feedback; overall this was very positive. Other quality monitoring systems such as, residents' and relatives meetings assist to produce a development plan that reflects the aims and outcomes for the residents.

The manager was able to demonstrate her knowledge and commitment to equality & diversity issues, which are given a priority in caring for the residents. It was also evident that the manager followed the policies and procedures of the organisation.

Record keeping remains of a good standard with records kept securely locked in accordance with the Data Protection Act. All of the working practices within the home are safe, within a risk management system. The manager proactively monitors the home's health & safety performance and consults other specialist agencies where necessary.

The home has responsibility for the personal allowances of some of the residents and secure facilities are provided for their safekeeping, with accurate records being maintained. Other records were looked at and these were found to be accurate, detailed and up to date. Fire drills are taking place regularly, fire extinguishers received their annual check and a fire risk assessment has been completed. The gas certificate and the five-year electrical certificate are up to date. Regulation 26 visits are undertaken by the organisation and copies of these reports are sent to the Commission, as are Regulation 37 notifications that advise the Commission of any significant events within home.

There was evidence on staff files that they are receiving supervision but the manager needs to be mindful that yearly appraisals need to take place. This is Requirement 5.

# 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	3
2	X
3	3
4	3
5	3
6	X

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

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	2
13	3
14	3
15	3

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

ENVIRONMENT	
Standard No	Score
19	2
20	3
21	3
22	X
23	3
24	3
25	3
26	3

STAFFING	
Standard No	Score
27	2
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	3
33	3
34	X
35	3
36	2
37	X
38	3

Are there any outstanding requirements from the last inspection? No

**STATUTORY REQUIREMENTS**

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

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP7	13(2)	Some of the care plans had not had a yearly review, these reviews are important for the residents and the home, as this will ensure that the home is able to continue to meet the residents' needs and that the resident is satisfied with the service being provided.	31/03/08
2.	OP12	12(4)	Activities that are available must be flexible and varied to suit residents' expectations, preferences and capabilities.	31/03/08
3.	OP19	23(2)	The dishwasher is not working properly and the manager must ensure that it is either repaired or replaced as this is putting an extra burden on the care staff.	31/03/08
4.	OP27	18(1)(a)	The registered providers must look at staffing levels across the home to ensure that residents' needs are met and their safety is not compromised.	31/12/07
5	OP36	18(2)	The manager must ensure that staff receive a yearly appraisal.	31/03/08

## **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	OP8	It is strongly recommended that there is a consistent recording of one measurement of weight i.e. either metric or imperial.
2	OP11	For each resident to have an 'end of life' care plan.

## **Commission for Social Care Inspection**

Ilford Area Office

Ferguson House

113 Cranbrook Road

Ilford

IG1 4PU

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk)

Web: [www.csci.org.uk](http://www.csci.org.uk)

© This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI