



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Brown`s Field House

**Sherbourne Close
Cambridge
CB4 1RT**

Lead Inspector
Dragan Cvejic

Unannounced Inspection
8th May 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
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- Practise what we preach in our own organisation

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

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SERVICE INFORMATION

Name of service	Brown`s Field House
Address	Sherbourne Close Cambridge CB4 1RT
Telephone number	01223 426337
Fax number	01223 420588
Email address	auk.cambridge@abbeyfield.com
Provider Web address	
Name of registered provider(s)/company (if applicable)	Abbeyfield UK
Name of registered manager (if applicable)	Marsha Maria Tuffin
Type of registration	Care Home
No. of places registered (if applicable)	27
Category(ies) of registration, with number of places	Dementia - over 65 years of age (3), Old age, not falling within any other category (27)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 21st December 2005

Brief Description of the Service:

Brown's Field House is a purpose built home for up to 27 older people, including a limited number who have dementia. The home is situated in a quiet residential area of Cambridge and is within reach of shops and other amenities. Twenty-five of the rooms are for single occupancy; one is a shared room which has been used for single occupancy for some considerable time. Service users have access to a range of communal areas, including a large lounge and dining room and small seating areas by the windows elsewhere in the building. The home has two enclosed garden areas with mature shrubs, a summerhouse, and seating areas which are provided with suitable furniture. There are sufficient toilets and bathrooms which are provided with appropriate equipment to allow staff to assist service users with their personal care. Staffing is provided 24 hours a day; 2 staff are on duty at night. The registered provider is Abbeyfield UK.

SUMMARY

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

This was an unannounced inspection. A month prior to the site visit, the manager and operational manager brought in the file with pre-inspection questionnaires and accompanying documents, and the results from the quality assurance review.

The site visit informed the findings for this report; from talking to 4 service users, two staff members, a discussion with the manager and her deputy, as well as observation of working practices and a tour of the building.

Documentation checked was up to date and provided information that service users spoken to confirmed to be true.

The home worked in an organised, effective way and the direct outcomes were very high satisfaction levels of service users, a good staff atmosphere and low staff turnover.

What the service does well:

"We are quite lucky to be here. I have been to several homes, but this one is by far the best." This comment from a service user reflected in a sentence the findings of this inspection. Although the home had already achieved excellent standards before this inspection, they did not stop looking into potential further improvements. They all worked with commitment, enthusiasm and used creativity from both staff and service users to improve conditions in the home. A service user proudly showed her walking trolley with built in seat: "This is excellent. I can now walk freely. If I get tired I sit, after a rest I carry on. I did not ask for this, they only checked with me whether it would be good for me and the just the next day it has arrived."

"Several people here wanted to learn to paint. So I am starting my painting and drawing classes. I cannot do colours, because I am almost blind, but will do charcoal technique." A service user, an artist, continued with her inspiring work, despite being 90 and having vision problems.

She inspired another user to plan French language sessions.

Numerous outings were planned and a volunteer helping with activities stated: "It is free for users. We fundraise money through our activities and we pay for the outings."

Service users had a great impact on how the service is run. They had regular meetings, sat for their monthly care plan reviews, chose the menu and generally decided on the daily routine and life in the home.

What has improved since the last inspection?

In the documents forwarded to the regulation authority prior to the site visit, the manager and the home described what was happening and where the home was regarding care and daily life:

“Since our last inspection at Brown’s Field House the majority of the house has seen a makeover with paint and many items of new furniture have been purchased in order to keep the house clean, maintainable and comfortable. Our main aim in 2006/07 was to have all staff trained to the YTT package from the Alzheimer’s Society, to create a sensory garden outside and to have an in-house Reminiscence and Life History Room –this has now been achieved with amazing benefits – helping us achieve a full holistic service while identifying the whole person centred care approach.” This statement was illustrated with pictures of the project. During the site visit, the service users confirmed how much they enjoyed the room. The room itself added the homely feeling and immediately evoked memories.

What they could do better:

Service users themselves were identifying areas for improvement, together with the staff and the management; all identified elements were acted upon. A service user commented that she would like to see a bowl of fruit on the table for each meal, in addition to individual portions given to users at their request. The comment was passed on to the manager and she stated that this would be easily organised.

Another comment came from a user who criticised her hearing aid care while she was in hospital and suggested that a bit of help for cleaning the device here would also help her. The manager recorded this wish and instructed staff straight away to put this into regular practice.

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

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

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

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

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

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

1,3,4,5

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

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

The home offered service users the opportunity to decide for themselves on the suitability of the service for their needs and to make their own decisions to move in through a well-managed admission process.

EVIDENCE:

The home's statement of purpose and users guide were regularly reviewed and updated. The trial visits also provided an opportunity for referred users to check the home before making the decision to move in. Two users commented on how useful these trial visits were.

Two files checked showed a comprehensive admission assessment was carried out for each prospective referral. The assessment included all required elements. The home, in addition, was using trial visits to monitor and determine how each referral fitted into existing group of people.

Quality assurance reviews offered evidence of how the needs were met. "I myself have been consistently impressed with the quality of care at Brown's Field House, the food, the kindness and friendliness of the staff. The adaptability and willingness of the managers and staff to do whatever is the best for the residents." This relative's comment was confirmed by a user's words: "The home is well run and a happy place to be in." The home exceeded this group of standards.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

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

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

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

7,8,9,10

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

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

Service users were appropriately supported and helped in relation to their healthcare needs. Medication was handled with care and procedure was respected, avoiding mistakes and protecting service users. Respect for users dignity exceeded standards.

EVIDENCE:

Two care plans were checked. Both contained clear evidence of service users' involvement in the process. Care plans were reviewed fortnightly among carers and monthly with service users. A user spoken to confirmed that she attended this meeting: "I just had my review the other day."

Users' healthcare needs were well addressed. A chiropodist was regularly visiting the home. Service users were registered between two local surgeries, of their choice. A district nurse from the local surgery was also regularly visiting the home.

A relative commented on the healthcare of his family member: "I am very happy with the way you care for her. She is a different person since coming here." Another relative commented: "I think that her health has improved since she has been here, her pain levels have reduced, she feels safe and secure here."

A service user asked to get help with cleaning her hearing aid and the manager recorded and put the instructions for this into place straight away.

Medication was checked for two service users and found to be accurate.

Controlled drugs were recorded and administered according to the regulations.

The controlled drugs' metal box was bolted to the wall, as required. Staff were observed administering medication and the process was efficient and appropriate.

Privacy and dignity were highly respected. Service users were clean, nicely dressed and looked admirable. The relationship between staff and service users was friendly, supportive and full of respect.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

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

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

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

12,13,14,15

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

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

An excellent choice of activities, service users' involvement, flexibility, but above all respect for service users determined the judgement of excellent, as service users felt the full benefits of the approach, organised activities, and daily routine.

EVIDENCE:

This was probably the strongest point of the services offered in the home. The variety of activities, suggestions from service users, co-ordination of activities by the volunteers and numerous fundraising activities accommodated free and varied outings and activities within and outside of the home.

Two internal classes, one Art and the other French language, facilitated by service users and for service users, demonstrated the home's approach to an active and fulfilled life. A trip to the Archaeology museum was suggested by service users and currently being planned for.

A flexible approach helped change a planned garden party to a cocktail party, when rainy weather threatened the planned event.

A service user, the artist, stated: "I have invited some of my artist friends to come and paint in our garden." A number of relatives were visiting the home on a regular basis.

Service users were autonomous, and could express their choice. A user, an artist stated: "I can run my planned classes. I have my space, I brought in all I need."

Another service user brought in a computer and was using it.

One service user stated that she controlled her money (personal allowance) completely independently, while the rest of them wanted the home to help them. Financial records were accurate and receipts were kept for all expenditures. Two service users confirmed that they preferred staff to monitor that for them. All service users had a Power of Attorney to help with their finances.

The menus were varied and all comments about food were very positive. Meal times was observed and showed a friendly and homely atmosphere.

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):

16,17,18

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

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

Service users were well protected by robust protection procedure, by clear and open complaints procedure and by the way staff worked and respected procedures and service users.

EVIDENCE:

The home had not received any complaints since the last inspection. The procedure was clearly presented in the service users' guide. Service users spoken to confirmed that they would know how to complain if they wished. The home had a robust protection procedure in place. One staff member was investigated for potential referral to POVA, but she resigned and no further action was taken. The atmosphere in the home was another guarantee for the protection of service users.

Relatives comments confirmed good protection procedure: "Especially good is the way carers respond to my mother, give her choice, and do their best to make her feel safe and comfortable."

Two service users spoken to commented on recent elections and stated that they took part by voting. One was taken to a poll station by a staff member, the other by her relatives. Service users were pleased that they did not lose the right to vote by living in this type of home.

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):

19,20,21,22,30

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

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

Service users benefited from a well-maintained, pleasantly arranged homely environment and influenced how the home environment was arranged.

EVIDENCE:

The layout, position and facilities in the home were appropriate for service users' needs. It was arranged in a homely manner with many private items brought in by service users.

One user, an artist, stated that she was allocated a room from which to run her art classes.

The reminiscence room was a very pleasant place where, just by entering it, memories would be evoked. Several service users stated that they liked the room.

Shared facilities were kept pleasant and comfortable by recent re-decoration and very good maintenance programme. The laundry room was clean, tidy and offered a good environment for the laundry person to work in. She stated that none of the users' items had gone missing. Towels were washed separately from bedding and users personal clothes. Extra care was provided for woollen and other sensitive to washing clothing items.

The home also placed important attention to equipment for service users. A user stated: "the trolley with a seat just came, I had not even requested it." She was very pleased with this.

All users spoken to were happy with their bedrooms and facilities provided in the home. The plan was to install another shower, as many users wanted and preferred a shower to a bath.

All measures were in place to ensure good infection control.

Staffing

The intended outcomes for Standards 27 – 30 are:

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

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

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

27,28,29,30

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

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

Service users benefited from a stable, committed, knowledgeable and supportive staff team.

EVIDENCE:

The staff rota was sent to the regulation authority and demonstrated appropriate staff cover that matched service users' needs. The home did not use agency staff at all; even kitchen duty was covered by the home's staff when necessary.

Low staff turnover, good training, commitment to the home and the organisation determined a staffing situation that service users were proud of. Many comments in the users' survey praised the staff and relationship that created a friendly atmosphere.

A newer service user stated: "Staff were welcoming and friendly and very helpful while I was moving in."

Staff attended all regular mandatory training and extra sessions covering topics related to users conditions, such as Alzheimer's disease.

Another user stated: "Staff training is very good. We can see how they use their knowledge to help us."

The number of NVQ trained staff exceeded the minimum required percentage of 50%.

Recruitment was organised and carried out according to the set procedure, ensuring safety for service users. Two staff files checked contained all details including 2 references, CRB and POVA disclosures.

The meeting with each individual staff member at the end of their shift was an example of the excellent support provided to staff. This consequently impacted on the outcome for service users who were happy to see their known, permanent staff at any time and facilitated a friendly, supportive atmosphere where all service users were observed and seemed to be happy.

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

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

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

The home was very well managed and service users benefited from an open, organised, timely and open management processes and practice that ensured safety for service users.

EVIDENCE:

The home was managed by an experienced, knowledgeable and well trained manager. The manager and her deputy created an open, creative and innovative atmosphere.

The quality assurance review was analysed and an action plan created from the findings. Many quotes in this report were taken from the questionnaires

filled in by service users and their relatives. Very effective quality assurance was confirmed when 12 questionnaires were returned by service users and their relatives with detailed comments about the service and provisions. All service users had an appointed Power of Attorney to help them with their finances. Both family members and solicitors were acting as the Power of Attorney for users.

The home helped about half of service users keep their personal allowances, while the rest kept their money themselves. All transactions were recorded and backed up with receipts.

Not only regular supervision, but also regular daily meetings with staff at the end of their shift ensured appropriate support was provided to all staff.

The manager and her deputy were reviewing policies and procedures regularly, at least annually.

Safe working practices were in place. The manager ensured that the home was regularly inspected by other regulatory authorities, such as environmental health and fire officers.

A detailed and comprehensive induction for new staff also ensured quality of care and staff work in the home.

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	4
2	X
3	3
4	4
5	4
6	X

ENVIRONMENT	
Standard No	Score
19	3
20	4
21	3
22	3
23	X
24	X
25	X
26	3

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	4
9	3
10	4
11	X

STAFFING	
Standard No	Score
27	3
28	4
29	3
30	3

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	4
13	3
14	4
15	4

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

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

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

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

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

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

No.	Refer to Standard	Good Practice Recommendations

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