



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

James House

**2 Sandy Lodge Way
Northwood
Middlesex
HA6 2AJ**

Lead Inspector
Ms Susan Woolnough-Singh

Key Unannounced Inspection
5th August 2008 09:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for 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	James House
Address	2 Sandy Lodge Way Northwood Middlesex HA6 2AJ
Telephone number	01923 823 122
Fax number	01923 823 887
Email address	
Provider Web address	a.smith@abbeyfield.com
Name of registered provider(s)/company (if applicable)	Abbeyfield UK
Name of registered manager (if applicable)	Manager post vacant
Type of registration	Care Home
No. of places registered (if applicable)	12
Category(ies) of registration, with number of places	Old age, not falling within any other category (12)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:
Care Home only - Code PC

to service users of the following gender:

Either

whose primary care needs on admission to the home are within the following categories:

Old age, not falling within any other category - Code OP
2. The maximum number of service users who can be accommodated is: 12

Date of last inspection 5th July 2007

Brief Description of the Service:

James House is a long established home which previously managed by the Abbeyfield Northwood Society Limited. In July 2006, Abbeyfields UK acquired the home and is now the Registered Provider. It is a twelve bedded home providing personal care for older service users.

The house is a large detached property, which was extended in the 1970s. Nine bedrooms are located on the ground floor, where there is an assisted bathroom and four toilets. There is a passenger lift to the first floor, where there are three bedrooms with en suite toilet facilities. An assisted bathroom is also available on this floor. There are pleasant communal areas consisting of a lounge and a separate dining room.

There is a small but well-maintained, garden to the rear. The front garden is tarmac and gravel and is able to accommodate up to five cars. The house is located in a residential area, a short walk from the shops and public transport facilities of Northwood High Street. There is manager's office on the first floor and an area between the lounge and ground floor bedroom is used for day to-day administrative tasks. The kitchen, laundry and medication cupboard are also located in this area.

The fees of the home range from £456 to £491 per week. Hairdressing, toiletries, newspapers and chiropody are extra.

SUMMARY

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

The Quality Rating for this service is two star. This means that people who use this service experience good quality outcomes.

This unannounced inspection took place on the 5th August 2008 between 10.30 and 16.30. We returned to the home on Sunday 17th August to collect additional information and completed questionnaires.

The Manager Designate was on Annual Leave on the first day but came in to participate in the inspection. The Manager has been in an acting management post for a year and had recently been appointed to the position. She confirmed that application forms had been completed for registration and that she was waiting for the Criminal Records Bureau check to be cleared prior to forwarding the information CSCI Regional Registration Team.

As part of the inspection process we spoke with four people who use the service and one relative. We received completed surveys from ten people who use the service and nine staff.

What the service does well:

The home provides a comfortable, pleasant and quiet environment for people who use the service.

A regular staff team provide continuity and consistency of care for people who live in the home.

The home is competently managed and administered for the benefit of people who use the service.

What has improved since the last inspection?

An improvement has been made in the number of staff training for the NVQ in Care. The skills for care induction programme has been introduced for staff new to the home.

A Quality Assurance system has been introduced to ascertain the views of people who use the service and their relatives.

A fire risk assessment for the home has been completed.

A main meal alternative is now displayed on the menu board.

The Manager, and senior care staff have received training in staff supervision.

What they could do better:

When staff are required to make a judgement on the administration of medication which is given on an administer when necessary basis, clear guidelines must be available on the person's care plan or medication records.

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

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

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

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

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

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

3 and 6

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

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

People only move into James House once they have had their care needs assessed.

EVIDENCE:

We looked at the care assessments of two people who had recently moved into the home. All of the people who live at the home are privately funded. A care assessment and basic risk assessment had been completed by the Manager.

The home does not offer 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 and 10

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

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

Information provided on the care plan was good, and set out how people's social, personal and health care needs are to be met.

Systems are in place for the safe administration of medication. A new and improved system has been put in place since the last inspection. One requirement has been made in relation to guidance for controlled medication.

EVIDENCE:

We looked at the care plans of two people who use the service. The care plans had been reviewed and covered social and health care needs. The care plans are presented in a clear manner, care needs and guidelines are stated. The care plans contain information on personal care including continence care, dietary needs, medical and daily health care needs such as foot care. Financial guidelines and wishes are included. A full range of risk assessments are

available as part of the care plan. We saw that these included mobility, going out independently, and self-administration of medication and tissue viability.

A key worker system is in place whereby people who use the service have a member of staff assigned to them. The key worker is generally responsible for ensuring that care plans are kept up to date and maintaining an overview of people's care needs. People have a meeting with their key worker once a month to discuss any changes or other issues.

A record is kept for each person of visits by health care professionals. These are listed with the dates. A General Practitioner is allocated to the home and visits as required. An optician visits on a yearly basis and a chiropodist on a regular basis. People are referred to the District Nurse if they require nursing tasks to be performed. One person was receiving this service at the time of the inspection.

The system for the administration of medication has changed since the last inspection. A monitored dosage system is now in place; this is set up and provided by a local Pharmacist. Prescribed medication for each time of day is predisposed into blister packs, staff then administers this. We also saw other records relating to medication these included the medication administration record and returns book. As the method of administration was new the local Pharmacist had not yet carried out a monitoring inspection of the system. One person in the home has full responsibility for the administration of his/her own medication. One person receives medication as and when required this medication is a controlled drug. We discussed this with the manager. All the medication records relating to this person were in order but clear guidelines on the administration of this are required to go in the care plan. This is because the administration of this medication will depend on the judgement of staff and the observations they have made prior to administration.

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 and 15

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

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

The care staff provides some organised activity on for people on a daily basis, if they wish to participate.

People spoken with, and comment cards received confirmed that people were comfortable and felt that their care needs were being met.

Meals are provided in very pleasant surroundings.

EVIDENCE:

We spoke with four people who use the service and one relative. People said that staff are 'very good' and helpful and indicated that they were satisfied with life in the home.

People conformed that activities are available such as quizzes and days out. A boat trip and a barbeque had taken place recently. Library books are delivered and these are in a large print format. One person said they would like to go out

more. Christian services take place in the home once a week, and once a fortnight.

People confirmed that they were able to put forward their views with regard to the running of the home at the 'residents' meeting. Relatives and friends are able to visit and are made welcome. People spoken with confirmed that they are comfortable and that their personal care needs are met in a dignified manner. The relative spoken with said that the home had been chosen with prior knowledge and that he/she was happy with the choice.

We received ten completed comment cards from people who live at James House. The results of the survey verify that people are satisfied. Five people had made additional comments on the comment cards; these were that activities were available but that people are not always interested. They commented that alternative and special meals are available and that staff at James House are very helpful.

Meals are served in a congenial setting in the dining room. Tables are laid attractively for each meal. The seating arrangements have been changed since the last inspection creating more space between tables. We looked at the menus for a five-week period. These were varied, mainly traditional British dishes are provided. There is a choice for lunch and the evening meal. A menu board is displayed near the dining room.

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 and 18

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

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

A formal complaints procedure is available for people who use the service.

Staff have received training in the protection of vulnerable adults to enable them to recognise the signs of abuse and act appropriately in the case of a disclosure.

EVIDENCE:

A complaints procedure in large print is displayed on the wall in the ground floor corridor. This contains the necessary contact details including website and email details.

Complaints information has been updated since the last inspection with new guidance for staff being issued. There have been no complaints, or safeguarding of vulnerable adults referrals recorded since the last inspection.

All staff have attended training in the protection of vulnerable adults. The London Borough of Hillingdon provided this training. The Manager has attended Safeguarding for Managers Training, which covers interview and investigation skills.

People spoken with although not aware of an official complaints procedure said they would know who to talk to if they had a concern. This would normally be a member of staff they had confidence in and liked, or the Manager.

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, 24, and 26

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

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

A comfortable and well-maintained home is available for people who use the service. Communal spaces and bedrooms have the facilities people require to enjoy individual lifestyles. The home has a quiet and relaxed atmosphere.

EVIDENCE:

A tour of the building took place. The home has a main residence; this is the original house, and an extension built to the rear. All parts of the home are pleasantly decorated and furnished, to a high standard.

A number of changes and improvements have been made since the last inspection. A flat screen television had been purchased for the lounge, prior to

this people watched television in their bedrooms. The lounge and hallway have been decorated with new curtains in the lounge. Garden chairs have been replaced.

Bedrooms are comfortable and individual. People are encouraged to bring in all of their own bedroom furniture including their own bed. People therefore have familiar items and furniture around them. We looked at information on the home for prospective residents, the Statement of Purpose; this contains information on bedroom furniture and states that basic bedroom furniture is provided on request.

Further improvements are planned for 2008/2009. The Manager said that there is an intention to decorate in full the exterior of the home as the painted brickwork/plaster is now in need of this.

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 and 30

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

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

A core number of staff have worked at James House for a number of years and work consistently with people who live in the home. Recruitment procedures safeguard people who live in the home.

There is a new method of implementing staff induction training; standards with regard to this are now being met.

EVIDENCE:

The staff team in the home comprises of the Manager, three senior carers and seven care workers including night workers. There is a minimum number of staff on duty. During office hours the Manager is on duty, during the day and evening one senior carer and two carers and a chef are on duty and in the afternoon evening one senior carer and one carer. A chef is employed in the home.

At the time of the inspection people living in the home were mobile and did not need assistance with moving. A senior carer is on a waking night shift and

one carer is on 'sleep in'. A chef is employed separate housekeeping staff are not employed. Carers undertake cleaning and domestic tasks.

We looked at the recruitment files of two of the most recent members of staff to join the team at James House. All of the relevant recruitment documents were on file such as application form, two references and criminal records bureau check. The files also contained supervision and training records. Changes have been made to recruitment and selection since the last inspection. The home now manages the recruitment process with identity verification only, going to Abbeyfield UK. We were informed that the interview panel consists of the Registered Manager, Service Manager and personnel from Human Resources. The Registered Manager and senior carers have completed training supervision skills.

At the last inspection we identified a shortfall in the quality of induction training, which was on an informal basis with no written evidence. This has now been addressed with the 'skills for care' induction standards now being implemented with new staff. Four members of staff have recently started National Vocational Qualification in Care. Staff have received mandatory health and safety training such as manual handling. The Manager has a training plan for this and monitors refresher dates for mandatory training.

We received nine completed comment cards/questionnaires from staff who work at James House. Staff commented that they like the fact that the home is small and is organised well. Staff confirmed that they receive the training and supervision necessary to do their jobs.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

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

31, 33, 35, 36 and 28

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

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

The Manager was able to demonstrate that she was administering the home in the best interests of people who use the service.

Effective quality control and monitoring systems are in place.

Systems are in place to manage people's personal allowance effectively.

Staff receive supervision to enable them to receive guidance on working in a care setting.

Training is in place to enable staff to work safely. A safe environment is kept for people who use the service.

EVIDENCE:

At the time of the last inspection the Deputy Manager was acting as Manager of the home. She has now been appointed and is required to apply for registration with the Commission for Social Care Inspection. We discussed this with the Manager and requested an application be forwarded as soon as possible as the home has been without a registered manager for a considerable amount of time.

We were able to see that the Manager is very organised and has good administration skills. All of the files and records seen were in good order and information was easily accessible. The Manager commenced Registered Managers Award training in October 2007.

Surveys for people who use the service go out twice a year. The last date for this was October 2007. Surveys had also gone out recently and we were able to read two that had been returned. We received a copy of the quality assurance survey questionnaire format. The format is 'user friendly' and asks clear questions on levels of satisfaction with regard to every day care and facilities. We received a copy of the Business Development Plan for 2008. Care in the home had been reviewed in line with the National Minimum Standards and action required had been planned with a timescale. A Regional Manager continues to visit the home on a monthly basis to talk with people who use the service and staff and audit standards. A report is forwarded to the Commission for Social Care Inspection.

A small number of people at James House manage their own daily finances. Relatives are generally responsible for the personal allowance. We saw a record of accounts where staff has purchased items for people. Receipts are kept and a balance recorded. The Manager is the only member of staff with access to people's personal allowance.

We were able to see that one to one supervision with the Manager or senior carer is taking place. Staff who had returned comments cards reported that they received supervision.

All staff have received training in food hygiene, manual handling and first aid and health and safety. Personal assessments for people who use the service are contained in the care plan. We observed during the tour of the building that the home is well maintained throughout. We saw that the kitchen and all food storage areas are kept clean and there is a good standard of hygiene. On this occasion we did not view service records for equipment and utilities.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	X
6	X

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

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

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

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

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

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	3
35	3
36	3
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	OP9	13. (1) (2)	The Registered Manager must ensure that when medication is prescribed on administer when necessary basis, guidelines on how this judgement is to be made are contained in the care plan or as part of the medication information.	30/09/08

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

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