



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Ashwood Park

**Seaside Lane,
Easington Colliery,
Peterlee,
Durham, SR8 3XZ**

Lead Inspector
Jean
Pegg

Unannounced
20th June 2005

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	Ashwood Park
Address	Seaside Lane, Easington Colliery, Peterlee, County Durham, SR8 3XZ
Telephone number	0191 5273300
Fax number	0191 5273360
Email address	
Name of registered provider(s)/company (if applicable)	Stonelea Developments Ltd
Name of registered manager (if applicable)	Carole Ann Thomson
Type of registration	Care Home
No. of places registered (if applicable)	65
Category(ies) of registration, with number of places	Dementia - over 65 years of age (35), Old age, not falling within any other category (35)

SERVICE INFORMATION

Conditions of registration:

1. Dual registered beds.

That the five dual registered beds are not located within the separate dementia care unit but are located within the main Ashwood Park Building.

Date of last inspection 19 January 2005

Brief Description of the Service:

Ashwood Park is a purpose built home that provides twenty -four hour residential care for 65 service users over the age of 65 years. The home has three units that provide 35 general residential care beds, twenty five residential dementia beds and ten residential elderly mentally infirm beds. Five beds have been registered to accommodate either people with general residential care needs or people with residential dementia care needs.

The home is owned by a company named Stonelea Developments Limited and is situated on the same site as Birchwood Court which is another residential home owned by Stonelea Developments Limited.

Externally, the home is well kept providing visitor parking spaces and access to colourful gardens with seating areas.

Internally, the home is furnished to a very high standard. All bedrooms provide single room accommodation with en-suite facilities. There are a number of different lounge/dining areas throughout the home in addition to a library and hairdressing area. The first floor can be reached by the large passenger lift located in the main entrance.

The elderly mentally infirm unit is built around a garden/patio area that offers a safe environment for service users to sit in.

The home is situated off the main street that runs through the village. All local facilities are within easy reach.

SUMMARY

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

This unannounced inspection took place as planned on Monday 20th June 2005 and lasted from ten o'clock in the morning until twenty to five in the afternoon. To help with the inspection, care plans, drug records and staff files were looked at. Service users, staff and relatives were spoken to and comments from thank-you cards were used as well as notes made whilst walking around the building.

What the service does well:

The home carries out assessments for all service users admitted to the home which means that the home has all the information it needs to have care plans that meet service user needs.

The care plans for service user health and personal care needs are quite good. The home makes sure that service user health needs are met by providing special equipment if it is needed. Service users are seen by specialist health care professionals like district nurses, occupational therapists, dentists, opticians etc. when needed. The home trains staff to administer medication and has clear procedures for staff to follow to try and reduce the chance of mistakes being made.

The home looks after the inside and outside of the building very well. It is very tastefully decorated and money is spent on providing good quality fixtures, fittings and furnishings which means that service users are living in a good environment. As one relative said "Five star accommodation".

Staffing levels within the home are very good. There appears to be enough people on duty each day to meet the residential care needs of service users within the home.

The home takes care when recruiting staff to make sure that the staff they employ are not going to harm the service users they care for in any way.

What has improved since the last inspection?

Care plans are produced for each service user that are quite good for health and personal care needs but they do not include plans to meet service user social care needs. The home have already decided that this as an area they could improve and have plans in place to make this better.

What they could do better:

The home does need to make sure that service users and or their relatives sign to say that they agree to the care plan. If a service user or their relative cannot sign to say that they agree then the reason for this should be written in the 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 or by contacting your local CSCI office.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Standards

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 at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) 3

Assessments are completed for all service users admitted to the home, which means that a consistent approach is adopted that provides information that can help to devise meaningful care plans for service users.

EVIDENCE:

Five service user assessments and care plans were examined. The assessments covered all of the areas recommended by the standard and care plans were written as a result of the assessments carried out. There were also copies of Care Management Assessments and Care Plans produced by care managers who were involved with some of the service users.

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 at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) 7,8,9 &10

Care plans are reasonably well written but tend to focus on health and personal care needs, which means that social care needs could be missed and not seen as a priority area. The home is aware of this issue and is introducing a new process that will make sure that social care needs are recognised and planned for as much as health and personal care needs.

The provision of specialist equipment and access to health care professionals means that service user health needs are likely to be met.

Staff are trained to administer medication to service users and systems are in place that should reduce the possibility of errors being made in the administration of medication.

There is a respectful atmosphere within the home that should help to maintain individual service user privacy and dignity.

EVIDENCE:

Five service user plans of care and medication records were looked at. The plans of care were focussed on individual service user needs but tended to focus more on health and personal care issues. The manager showed a copy of a new assessment tool that was going to be introduced into the home that

would help them to produce social care plans particularly for service users with dementia. Risk assessments had been completed for all care plans. There was evidence that the care plans had been reviewed but it needs to be made clearer as to how often the care plans are reviewed and how this is recorded in the care plan. The manager said that care plans were being audited and a new structure was being introduced for how care plans should look, including the review of care plans. The care plan documents have been designed to include signatures of service users and or their relatives. No signatures were seen in any of the five care plans checked.

Records within the service user care plans show that service user health needs are met. The home has access to specialist equipment if needed and advice from health care specialists is provided. The district nurse was seen visiting service users on the day.

Medicine records for the five service users whose care plans had been looked at were checked and other records checked at random. The home has a clear procedure in place for staff to follow and generally the records kept were good with only some minor issues noticed which were discussed with the manager. Eight certificates of training in the safe administration of medicines were seen on staff files. Copies of two more staff certificates are expected soon, which will then be included in staff training files.

"...would like to thank everyone for all the loving care which you gave to her during her stay at Ashwood. Your kindness and concern over this period has been a great help to us all" and "Thank you for all for your kindness and support shown to our mother during her stay at Ashwood Park. Much appreciated by her family," "the staff are amazing, nothing's too much trouble." Three comments taken from thank you cards sent by relatives that would suggest that staff are respectful towards service users in a way that is noticed by others. When asked about staff attitude and care given, one service user spoken to said that they were "satisfied with everything".

In addition to these comments, a pleasant atmosphere was noticed in the home. Staff, service users and relatives spoke to each other in a nice way. Service user files show if the service user has a name that they prefer to be called by as well as detailing personal likes and dislikes which is information that is helpful to staff in making sure that they provide personalised 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 at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) None

None of these standards were assessed.

EVIDENCE:

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 inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) None

None of these standards have been assessed.

EVIDENCE:

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 at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) 19, 20 & 23.

The home and its facilities are suitable for its stated purpose and extremely well maintained which creates a safe and pleasant place for people to live in.

There are a range of different communal facilities both inside and outside the home that means that a range of different service user needs and interests can be met.

The home is spacious, all sixty five bedrooms exceed the minimum size required which means that service users have pleasant spacious rooms to spend the day in or entertain visitors if they wish.

EVIDENCE:

The home is located just off the main road that runs through the village. The home can be easily reached by using public or private transport. Being a purpose built home, some thought was given to the provision of parking spaces for staff and visitors. Externally the home is very attractive with well-maintained, colourful gardens with seating areas. Internally the home is consistently well maintained and decorated to a high standard. The home has recently redecorated and carpeted the ground floor lounge area, the first floor

hall way has been redecorated and carpeted, two first floor lounges have been redecorated and carpeted all bedrooms have been redecorated during the last twelve months. In the elderly mentally infirm unit the dining room has been redecorated and carpet laid in the corridor and there are plans to but new carpets for the two lounge areas. Externally there is an inner garden / patio area which is about to be redesigned by the Easington Action Team to provide a garden area that will better meet the needs of people with dementia. Service users were seen using the garden and enjoying the sunshine from the safety of recently purchased gazebos.

Facilities on the ground floor include a library room and large lounge diner, on the first floor there are two lounge diners, one lounge which is going to be refurnished as a reminiscence room and one lounge for the use of those service users who like to smoke. Hairdressing facilities are also available on this floor. The elderly mentally infirm unit provides two lounge areas and two dining areas as well as access to the inner garden / patio area. All furniture, fixtures and fittings are to a high standard and very tastefully done.

Sixty five single bedrooms with en-suite facilities are provided on both floors. All bedrooms exceed the minimum size requirements.

I've just been up for a couple of days with my mum, she's in Ashwood, I'm very impressed! It's got a wonderful atmosphere,we visited some of mum's friends in other homes / sheltered accommodation and none were as impressive..... well done." Comment taken from a thank-you card recently sent to the home.

"Five star accommodation" words used to describe Ashwood Park by a relative who visits the home daily.

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 considers Standards 27, 29, and 30 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) 27 & 29

The home provides a very good level of staffing that means that there are sufficient staff available to meet service user daily needs.

The home is responsible in that it carries out all pre employment checks needed before allowing someone to start working in the home. This helps to make sure that service users are protected from people who might want to harm them.

EVIDENCE:

The staff rota was looked at and staff observed at work during the day. The home is registered to take sixty five service users with differing residential care needs including dementia. The rotas show that the manager is usually supported by three senior care staff (including deputies) every day. There are usually nine or ten care staff on duty during the main part of the day and seven care staff on duty during the late afternoon and evening. The nights are covered by two senior care staff and two carers. Of the ten staff that work during the day at least two are employed as hostesses. These staff are responsible for ensuring that service user nutritional needs are catered for by taking orders for meals and providing drinks and snacks during the day. There is also a team of kitchen, domestic and maintenance staff that support the care staff and make sure that all non care duties are carried out.

Three staff files were checked to make sure that all the checks required by the regulations had been carried out before they were allowed to start working at the home. All three files were correct and well organised showing that all checks and references had been completed.

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 33, 35 and 38 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) None

None of these standards were assessed.

EVIDENCE:

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	3
10	3
11	X

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

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

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

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

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

Are there any outstanding requirements from the last inspection?

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.				

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.	7	Where service users or their relatives are unable to sign agreement to the care plan, the reason for this should be noted in the care plan.

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