



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 Inspection
21st November 2005 10:00

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	Ashwood Park
Address	Seaside Lane Easington Colliery Peterlee Durham SR8 3XZ
Telephone number	0191 5273300
Fax number	0191 5273360
Email address	
Provider Web address	www.cedarcourtcarecentre.co.uk
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 20th June 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 inspection lasted for 7 hours. Information for this inspection was got from
Looking at different documents and files

Talking to service users

Talking to relatives

Talking to staff

Walking around the building and looking at different things.

5 service users and 6 relatives have returned comment cards since the last inspection report was published. The results of these cards will be included in the report.

Generally this was a positive inspection with only minor suggestions for improvements being made.

What the service does well:

Routines in the home are flexible. A range of different activities is offered to service users who seem to be reasonably happy with what is on offer. Service users are able to keep in touch with friends and relatives and they are able to make choices over their lives. Service users are offered a good diet. The dining rooms are very pleasant and staff are able to offer help with eating.

The home responds to complaints made by service users and their relatives. The home has policies and procedures in place for staff to follow that should help to make a safe home for people to live in.

The home is kept clean, smells nice and the decoration is good.

More than half of the staff employed at the home are trained to nationally recognised standards. The home carries out all pre employment checks required by regulation when recruiting new staff. All staff are offered training to do their jobs.

The home tries to make sure that the home is run in the best interests of service users by checking things and asking people what they think. The home will help service users to look after their finances safely. The home tries to make sure that the health safety and welfare of service users and staff is looked after at all times.

What has improved since the last inspection?

The environment continues to be well looked after with redecoration and refurbishment taking place when needed. Generally all other standards continue to be maintained.

What they could do better:

Information about what activities are available could be shown to service users in different ways that take into account individual sight and cognitive abilities. Relatives and friends should be given written information about how they can keep involved in service user's lives. Menus should be presented in a number of different ways that take into account sight and memory problems.

The complaint procedure could be improved by including clearer contact details for the in-house complaints route so that people know who to go to if they are unhappy with the manager's response.

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 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 at least once during a 12 month period.

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

None

None of these standards were assessed.

EVIDENCE:

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 the following standard(s):

None

None of these standards were assessed.

EVIDENCE:

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 the following standard(s):

12,13,14 &15

Routines within the home are flexible and a range of different activities are offered which generally satisfy service user needs.

Service users are able to keep in touch with friends and relatives.

Service users are able to make choices over their lives.

Service users are offered a wholesome and appealing diet in pleasant surroundings.

EVIDENCE:

The home has 2 part time activity coordinators, one of whom was spoken to as part of the inspection. 4 weekly activity timetables are available in the home and records are kept detailing service user preferred activities and involvement in activities. A more detailed activity programme was seen that had been prepared for a service user resident within the EMI unit. Bath and bedtime routines and preferences are recorded in care plans and the manager confirmed that 4 service users take some or all of their meals in their private bedrooms. Ideas as to how information presented to service users could be improved were discussed with the manager. Of the 5 comment cards returned by service users 2 said that the home provided suitable activities and 3 said that the home sometimes provided suitable activities. On the day of the visit a relative who was hosting a sing a long was entertaining service users.

Visitors were seen coming and going throughout the day. Of the 6 who completed comment cards all indicated that they were made to feel welcome and that they could visit their relative in private. 2 relatives spoken to indicated the same response. All 5 service users who sent in comment cards said that their privacy was respected. Relatives and friends are told about the home's policy on visiting and maintaining family and friends' involvement but the manager confirmed that no written information is given out. This could be an area for improvement. Approximately 30 service users attend monthly church services available within the home.

Notice boards displayed contact details for advocates if needed. Individual bedrooms show lots of evidence of people having brought personal possessions in with them. It was observed throughout the day that service users were given the opportunity to make choices.

The menus have been extended to offer a four weekly rotation of meal choices. Menus show that at least 3 hot meals are offered every day. The home employs hostesses whose role it is to ensure that service users have plenty to drink throughout the day, are able to help service users choose from the menus and provide assistance with eating if required. The liquefied meals seen were presented in an attractive manner. One area that could be improved is the presentation of menus within the home taking into account sight and cognitive difficulties. Ways in how they could be improved were discussed with the manager. All dining room areas are pleasantly furnished and clean. Of the 5 service users who completed comment cards, 4 said they liked the food and 1 said that they sometimes liked the food.

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 the following standard(s):

16 & 18

Complaints are responded to .

Policies and procedures are in place that offer protection to vulnerable adults.

EVIDENCE:

The complaints procedure and complaints log were seen. Most of the complaints recorded had been signed by the complainant to say that they were satisfied with the outcome of the complaint. All 5 of the service user who completed comment cards said that they knew who to speak to if they were unhappy with their care. And all 6 relatives indicated on their comment cards that they were aware of the complaints procedure and 3 indicate that they had previously made a complaint. One comment taken from a completed survey form states "I am happy with the standard of care for my father. When I have any problems it has been dealt with quickly" The complaint procedure could be improved by including clearer contact details for the in-house complaints route so that people know who to go to if they are unhappy with the manager's response.

Policies and procedures relating to the protection of vulnerable adults were seen as were CRB checks undertaken on newly appointed staff. The management of service user finances was also checked against the homes procedures. All five service users who filled in comment cards said that they felt safe in the home.

Relatives spoken to indicated that they had never seen or heard anything in the home that gave them cause for concern.

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 the following standard(s):

26

The home is kept clean and hygienic.

EVIDENCE:

Time was spent walking around the home looking in different rooms to see if they were well maintained. Staff spoken to were also asked about the availability of equipment and cleaning materials etc and all indicated that there were no problems. The equipment in the laundry seemed to be working well and staff were seen to be following procedures for the control of infection. The manager pointed out all of the new carpets that had been laid and rooms that had been decorated since the last inspection. The manager also spoke about plans for future redecoration and work that is going to be done in the garden.

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 at least once during a 12 month period.

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

28, 29 &30

65% of staff are trained to nationally recognised standards.

The home carries out all checks required by regulation when recruiting new staff.

Staff are offered training that enables them to do their jobs.

EVIDENCE:

26 staff are trained to at least NVQ level 2 which means that 65% of care staff working in the home are trained to nationally recognised standards.

4 new staff have been recruited since the last inspection. Files show that the home continues to carryout all of the checks required by regulation.

The home continues to offer staff training opportunities and this is monitored via computerised records. Induction records showed that not all staff were completing their induction within the recommended time limits.

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 at least once during a 12 month period.

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

33, 35 & 38

The home has good quality assurance systems in place to try and ensure that the home is run in the best interests of service users.

Service users financial interests are safeguarded.

The home has systems in place to protect the health safety and welfare of service users and staff.

EVIDENCE:

The home has a number of different systems in place to try and monitor the quality of care within the home. Suggestions boxes are in place, however the manager said that there have not been many suggestions made. A service user survey has been completed, the results have yet to be published but the completed survey forms were seen. The home also had evidence of completed survey forms from other professionals. The area manager completes monthly visits required by regulation on a very regular basis. As well as completing the

monthly visits the area manager also completes thorough audits in the home covering all of the national minimum standards. Copies of these audits are sent to the Commission for Social Care Inspection. 5 of the 6 relatives completing comment cards indicated that they were made aware of forthcoming inspections and that they had access to the inspection reports. Information telling people how to contact the inspector is available in the entrance foyer.

The homes policy and procedure on managing service users monies was audited and found to be satisfactory.

The manager was able to provide evidence of regular health and safety checks having been carried out and training provided. Staff were observed to working in a safe manner. There was evidence of protective clothing and equipment being provided and used within 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	X
2	X
3	X
4	X
5	X
6	X

HEALTH AND PERSONAL CARE	
Standard No	Score
7	X
8	X
9	X
10	X
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	X
20	X
21	X
22	X
23	X
24	X
25	X
26	3

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

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

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	OP12	Information about activities is circulated to all service users in formats that take into account visual and cognitive abilities and needs.
2	OP13	Relatives, friends and representatives of service users are given written information about the home’s policy on maintaining relatives and friends involvement with service users at the time of moving into the home.
3	OP15	Menus are presented in a variety of different formats that take into account individual sight and cognitive needs.
4	OP16	The complaint procedure could be improved by including clearer contact details for the in-house complaints route so that people know who to go to if they are unhappy with the manager’s response.

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