



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Birchwood Court

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

Lead Inspector
Jean
Pegg

Unannounced
14th September 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

Reader Information

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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	Birchwood Court
Address	Seaside Lane Easington Colliery Peterlee SR8 3XZ
Telephone number	0191 5279741
Fax number	0191 5279742
Email address	
Name of registered provider(s)/company (if applicable)	Stonelea Developments Limited
Name of registered manager (if applicable)	Ms Jean Stephens
Type of registration	CRH Care home only
No. of places registered (if applicable)	43
Category(ies) of registration, with number of places	OP Old Age

SERVICE INFORMATION

Conditions of registration:

None

Date of last inspection 6 December 2004

Brief Description of the Service:

Birchwood Court is a purpose built home that is registered to provide twenty four hour residential care for forty three people over the age of sixty five years. The home is owned by a company named Stonelea Developments Limited. It is situated on the same site as Ashwood Park which is another residential home owned by the same company.

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

Inside 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. The first floor can be reached by a large passenger lift located in the main entrance.

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

SUMMARY

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

This unannounced inspection lasted for six hours. Time was spent looking at documents and speaking to the people who lived there, their relatives and staff who worked there. Where possible, their comments will be included in this report. Comments taken from thank you cards sent to the home will also be used. Generally the inspection went quite well with lots of examples of good practice seen. People who lived there also seemed to be more than satisfied with the care they received and were seen to have good relationships with the staff who worked there.

What the service does well:

Service users have their needs assessed before they move into the home. This helps the service user and the home decide if the home will be able to meet their needs.

Each service user has a care plan that describes how their needs will be met by the home. This means that the staff know what to do and the service users know what it is they will be doing. The home makes sure that service users are seen by doctors, nurses and other health staff when they need to. This helps to make sure that all of the service user's health needs are met by the right people. The home handles service user medicines in a safe way. Service users can see visitors in private if they wish and staff are polite and show respect to the service users.

The home is well looked after and very nicely decorated and furnished. This makes it a nice place for people to live in. The home is very clean and staff have everything they need to keep things clean and nice.

The home has enough staff on duty to meet the needs of the people who live there. Seventy five percent of staff have been trained to National Vocational Qualification (NVQ) level 2 with some of those having gained level 3 as well. This means that staff have received training to do their job and have been assessed as being able to do the job.

The home makes sure that it keeps clear records for the service user's monies it is asked to look after so that every penny can be accounted for.

What has improved since the last inspection?

Staff files are well organised and contain all of the records, checks and documents required by law . These records, checks and documents are needed to protect service users from people who may not be suitable to work in a care home.

What they could do better:

Generally the home has adopted a good quality assurance system that is used to encourage continuous improvement and development within the home. On this occasion it was felt that there was not anything that needed to be improved within the home.

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

Service user needs are assessed before they move into the home. This helps the service user and the home decide if the home is able to meet the service user's needs.

EVIDENCE:

The preadmission assessments of three service users were checked. All had been completed and included information on all of the areas recommended by the standard. Care plans were written for each person based upon the assessment carried out and the individual needs identified.

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

Written care plans describe the actions that need to be taken to meet service user needs. And these plans are updated by staff so that everyone is doing the right things.

Service user health care needs are met by the home providing access to specialist health care professionals when needed.

The home has appropriate policies, procedures and practices in place for dealing with service user medicines in a safe way.

Service users rights to privacy are upheld and a respectful and courteous atmosphere is apparent in the home.

EVIDENCE:

Three care plans were checked. The care plans were quite well written and there was evidence of one of the plans having been updated. Two of the three had been signed by the service users. There was evidence that the care plans were regularly reviewed by staff. One care staff said that they found the "care plans were helpful, they knew what help was needed and what medication people were on." Another said that they provided details about who the client was, what they liked and disliked.

The service user files seen showed that the home tries to make sure that all of the service user health care needs are met by making sure that the right assessments are carried out. And that service users are able to have the right equipment and aids that they need. And that service users are able to see different health care professionals including Community Psychiatric Nurses, G.Ps, Dentists, Opticians etc. One service user confirmed this by saying "the nurse has just been in to do me legs"

The manager was observed giving out medicines, service user records were checked and staff training records were also seen. The home was also having a medication review taking place in the afternoon by one of the GP practices.

Staff were observed interacting with service users and it was evident that some positive relationships had developed. Staff were seen to be courteous towards service users. Some service users have had their own private telephones installed and were seen with visitors in their private rooms. Care plans show the term of address that service users liked to be known by. Comments taken from thank you cards include things like "I would like to thank you for all the care and attention you all gave to (name) also thank you for all your kindness when I used to visit her." And "we would like to express our thanks for all the care and attention given to (name) during her stay with you. She often said how kind everyone was and that she felt safe, happy and well cared for in her little room."

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 fully assessed.

EVIDENCE:

Some service users were seen taking part in a group activity organised by the activities coordinator.

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 were 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 & 26

The home continues to be well maintained and the high standards of furnishings and decoration are also maintained. This creates a very pleasant environment for people to live in.

The home is clean and hygienic and staff are provided with equipment and clothing that helps to reduce the risk of spreading infection.

EVIDENCE:

A walk around the home showed that it continues to be well maintained, furnished and decorated to a good standard. Some floor coverings in en-suite facilities have been replaced and trees were being trimmed back in the gardens so that service users could get better views from the home. The manager said that environmental health and fire officers and had visited last year and that no major issues had been identified.

The home smelt clean and hygienic. The home has a clinical waste contract in place and cleaning staff that have up to date technology to keep floors clean etc. The laundry area was well organised and tidy with systems in place to

control the spread of infection. Staff are also issued with anti bacterial hand sprays which they carry around and use when necessary. The manager also said that staff were completing an open learning programme in 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 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, 28 & 29

Staffing levels within the home are sufficient to meet the needs of service users.

Seventy five percent of staff have been trained to National Vocational Qualification (NVQ) level 2 with some of those having gained level 3 as well.

Service users are protected by the homes approach to recruitment and selection of staff.

EVIDENCE:

Staff rotas were looked at and staff were spoken to. The manager said that she would normally plan to have between five and six staff on duty during the day and 2 staff on duty during the night. This team of staff are supported by a manager, handyman, receptionist/administrator, activities coordinator and laundry, kitchen and domestic staff. For forty three service users this is quite a good level of staffing. Unfortunately, on occasions, due to long term sickness, the home has been working slightly below this level. The manager and staff have worked together to ensure that cover has been provided ensuring that service user's needs continue to be met. Staff said that "the rotas were fine."

Fourteen out of twenty one staff (75%), have completed National Vocational Qualifications (NVQ) to at least level two with two staff waiting to be signed off.

Four staff files were audited and all of them had the documents required by regulation to confirm that they were suitable to work at a care home.

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) 35

The home makes sure that it keeps clear records for the service user's monies it is asked to look after.

EVIDENCE:

Four service user records were checked. The home will only look after service user's money if asked to by either the service user or their relatives. The home keeps very clear records about how the money is spent.

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	X
21	X
22	X
23	X
24	X
25	X
26	4

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

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

no

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.		

Commission for Social Care Inspection

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