



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Birchwood Court

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

Lead Inspector
Jean Pegg

Unannounced Inspection
23rd January 2006 10:30

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 Durham SR8 3XZ |
| Telephone number | 0191 5279741 |
| Fax number | 0191 5279742 |
| 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) | Ms Jean Stephens |
| Type of registration | Care Home |
| No. of places registered (if applicable) | 43 |
| Category(ies) of registration, with number of places | Old age, not falling within any other category (43) |

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 14th September 2005

Brief Description of the Service:

Birchwood Court is a purpose built home that is registered to provide 24 hour residential care for 43 people over the age of 65 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 took place on Monday January 23 and lasted for 7 hours. Time was spent with 10 service users during a group activity of "hangman". 6 service users were spoken to on a one to one basis. 4 staff and 2 relatives were also spoken to during this inspection. As well as speaking to people, records and documents were looked at and observations were made of how staff interacted with service users. Notice was also taken of how well the home was cared for and cleaned. Some thank you cards were read which were very complimentary about the care provided at the home. This compliment was made by a visiting relative "I wish to compliment all the staff on the lovely atmosphere they created over Christmas. I was here all day Christmas day and Boxing day. The quality of the food was excellent. I really appreciated the relaxed homely atmosphere. Thank you all very much."

Overall this was a very positive inspection with service users saying that they were "satisfied customers."

What the service does well:

Service users are satisfied with the lifestyle they have within the home. They can keep in contact with family and friends as they wish. They make choices and have control over their lives. They have a balanced diet in pleasant surroundings although some said that they did not like the quality of the food.

Service users said that the manager listens to their complaints and tries to put them right. The home has policies and procedures in place to help protect service users from abuse.

Care staff are offered lots of training to help them do their jobs properly.

The manager is qualified, experienced and organised and appears to run the home well. The home is run in the interests of the service users who live there and the health, safety and welfare of service users and staff are protected.

What has improved since the last inspection?

New carpets have been laid on the stairs and a new hoist has been put into one of the bathrooms. This work was identified as part of the homes quality audits.

What they could do better:

Teapots and milk jugs should be offered to diners so that independent eating and social skills can be encouraged.

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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Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

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

EVIDENCE:

None of these standards were assessed during this inspection.

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

EVIDENCE:

None of these standards were assessed during this inspection.

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

Service users are satisfied with the lifestyle experienced within the home.

Service users can maintain contact with family and friends as they wish.

Services users exercise choice and control over their lives.

Service users receive a balanced diet in pleasant surroundings

EVIDENCE:

6 service users were spoken to and asked questions about their daily life within the home. All 6 confirmed that they made choices in their day to day lives, for example, 1 service user spoke about taking breakfast in her room, another spoke about not wanting to join in organised activities preferring to watch TV and to go out to the local shops. Another service user confirmed that they were "not forced to do things" but did join in activities most of the time "especially bingo". Service users spoke about individual preferences including examples of relatives taking part in their care like looking after laundry or finances. Service user interests are recorded on the social history document, which forms part of the care plan. Some service users said that they could remember being asked questions about their likes and dislikes when they first came into the home.

The home advertises social activities by telling service users and by putting up posters throughout the home. The posters used large print and pictures to suit differing service user needs.

A number of relatives and visiting professionals were seen during the day. The visitors book also showed evidence of frequent visitors. Relatives are given a copy of the home's brochure which describes how contact can be maintained with relatives following admission to the home. All service users are accommodated in single rooms which means that any visitors can be seen in private. Meals can be taken with service users for payment of a small fee and with prior arrangement. The following comments are taken from a relatives thank you card "please can you thank the cook very much for a delicious Christmas lunch.....really enjoyed joining mum and dad. I am sure that it was quite a lot of extra work giving it to us in our own room but we really did appreciate all of it. The table looked so nice and Christmassy with a red cloth and crackers....."

Service users spoken to described the arrangements in place for managing their financial affairs. Arrangements made are in accordance with individual wishes. If needed the manager can provide service users and their relatives with information about advocacy services and information about these services are available on notice boards in the home. All service users spoken to confirmed that they were encouraged to bring personal possessions with them in to the home.

Service user opinions about meals in the home were not very positive with some concerns expressed about the quality of the food being cooked. The service users spoken to said that they had spoken to the manager about their concerns. The manager confirmed that this had happened and that they were in discussions with suppliers and had reorganised menus taking into account service user expressed preferences. The new menus were being trailed as from the following week for four weeks. Service users did confirm that they were offered choices and this was seen when meals were served at lunchtime. Quite a number of meals were served to people in their own rooms. The dining rooms are well furnished and tables were nicely set. Surprisingly, individual teapots and milk jugs were not used or offered to diners. It was recommended that where possible they should be offered so that independent and social skills can be maintained. Staff confirmed that no special diets were required. It was noticed that the majority of service users could eat independently, but that where help was needed it was given.

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

Service users confirmed that the manager listens to their complaints and tries to put them right.

Policies and procedures are in place to help protect service users from abuse.

EVIDENCE:

The complaints book was seen. It was discussed with the manager about including all complaints made not just formal complaints, for example the concerns expressed about the quality of food could be recorded with the actions taken to resolve the problem. Amendments were made to the documentation used so that concerns could be incorporated into the complainants records. Large print versions of the complaints procedure could be found in communal rooms. Service users spoken to were clear about who they would speak to if they had a complaint.

The home has a range of different policies and procedures designed to protect service users from harm. Staff are trained in adult protection and detecting signs of abuse. Staff have Criminal Record Bureau checks completed before they are allowed to work in the care home. The home also works to the Interagency Adult Protection procedures and the manager was able to identify the correct action to take should abuse be suspected. Service users spoken to said that they felt safe and that they felt that their possessions were safe in the home. Keys and lockable facilities are provided for service users.

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):

None

EVIDENCE:

None of these standards were assessed during this inspection.

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):

30

Staff are trained to do their jobs.

EVIDENCE:

All but 3 care staff are trained to at least NVQ (National Vocational Qualification) level 2. New staff are given induction and foundation training. The manager described the arrangements for mandatory training for the next year and staff spoken to confirmed this by saying what training they were going on. As well as completing mandatory training, staff also complete distance learning packages covering topics such as Dementia Care and Infection Control. Staff have received emergency first aid training and are now undertaking 4 day first aid training. Some training has also been arranged with the specialist nurse for Parkinson disease and some sessions on diabetes have also been arranged. Staff spoken to were positive about the training provided.

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):

31, 33 & 38

The manager is qualified, experienced and organised and appears to run the home well.

The home is run in the interests of the service users who live there.

The health, safety and welfare of service users and staff are protected.

EVIDENCE:

The registered manager has been at Birchwood Court for 3 years. The manager has achieved NVQ (National Vocational Qualification) level 4 in Care and has achieved the Registered Managers Award. Recent training includes a distance learning course in dementia care, and study days in medication and death and dying. Formal management supervision is provided at least every 12 weeks and monthly quality monitoring visits are carried out by the area manager.

There are clear lines of accountability within the home. All documents requested to support the inspection were readily available and in good order.

The home has a suggestions box in the main entrance, however, only one suggestion has ever been made. Service user surveys are given out twice a year and once a year to relatives and other professionals. Completed survey forms were seen and no negative comments had been made by any of the groups. The area manager completes monthly visits and carries out audits that cover the national minimum standards, This is seen as very good practice. Copies of these audits are sent to the Commission for Social Care Inspection. The home has had carpets and equipment replaced since the last inspection and continues to maintain a good environmental standard. Some service users recognised the inspector recalling previous visits. A poster advertising the Commission for Social Care Inspection and providing contact details was on display in the main entrance. Any requirements and or recommendations made by the Commission for Social Care Inspection have been responded to promptly often during the time of the actual inspection visit.

The home has a maintenance person who keeps records of all service inspection reports and maintenance checks. These records were checked and found to be in order. First Aid boxes were checked and staff were seen to be working in a safe manner using equipment appropriately. When asked staff confirmed that they had all the equipment they needed. Service users also said that they saw general maintenance work being carried out and that nothing was left to become a problem. General work risk assessments were seen and accident books were seen. All appeared to be in good order.

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 | X |

| STAFFING | |
|--------------------|--------------|
| Standard No | Score |
| 27 | X |
| 28 | X |
| 29 | X |
| 30 | 3 |

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

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 |
|-----|----------|------------|-------------|----------------------|
| | | | | |

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 | OP15 | Teapots and milk jugs should be offered to diners so that independent and social skills are maintained. |

Commission for Social Care Inspection

Darlington Area Office

No. 1 Hopetown Studios

Brinkburn Road

Darlington

DL3 6DS

National Enquiry Line: 0845 015 0120

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

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