



*Making Social Care
Better for People*

inspection report

CARE HOMES FOR OLDER PEOPLE

Meadows Court Care Home

**West End
Hogsthorpe
Lincs
PE24 5PA**

Lead Inspector
Mr Ken Hague

Key Unannounced Inspection
11th September 2006 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	Meadows Court Care Home
Address	West End Hogsthorpe Lincs PE24 5PA
Telephone number	01754 872302
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Mr Nilesh Shah
Name of registered manager (if applicable)	Mrs Sherry Stacey
Type of registration	Care Home
No. of places registered (if applicable)	22
Category(ies) of registration, with number of places	Dementia - over 65 years of age (22), Mental Disorder, excluding learning disability or dementia - over 65 years of age (22), Old age, not falling within any other category (22)

SERVICE INFORMATION

Conditions of registration:

1. The Home is registered to provide personal care for service users of both sexes whose primary needs fall within the following categories:-
DE(E) Dementia - over 65 years (22)
MD(E) Mental Disorder, excluding learning disability or dementia over 65 years (22)
OP Old Age, not falling within any other category (22)
2. The maximum number of Service Users to be accommodated is 22.

Date of last inspection first inspection of new service

Brief Description of the Service:

Meadows Court is a large detached house, which has been adapted and extended to provide the present accommodation. The home is registered to provide personal care for twenty-two residents in the categories of old age, dementia and mental health. Nursing care is not provided. Accommodation is provided on two floors. There are eighteen single and two double bedrooms, ten of these rooms are en-suite. The home has a stair lift to assist residents to reach the first floor. There are car parking spaces at the front of the building and an enclosed garden to the rear. The home is centrally situated in the village of Hogsthorpe, which has local facilities, including a shop, church, post office, craft centre and a public house. The home are able to provide transport for accessing facilities further a field and there is a bus stop within a short walking distance from the home for buses to and from Skegness. Mr N Shah owns the home. Meadows Court is a no smoking home.

SUMMARY

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

The inspection took place over 4 hours. A tour of the premises was undertaken with the assistance of the deputy manager and proprietor. Discussion and feedback was given at the end of the inspection. The main method of inspection used was called 'case tracking' which involved selecting three residents and tracking the care they receive through the checking of their records, discussion with them and the staff, and where more appropriate observation of interaction between staff and residents and related care practices. A sample of care records was inspected. A member of staff and the deputy manager were formerly interviewed. The opinions of three residents were sought. One additional member of staff was spoken to informally as part of this inspection. The home provided the Inspector with a pre-inspection questionnaire and resident's feedback forms "have your say document" which contained resident's comments regarding the service provided by the home. Their comments are included within the inspection report.

What the service does well:

Residents are cared for in a safe, environment by staff who are aware of their needs. Care plans identify residents' needs, which include social needs, care and health care needs. This helps staff to provide consistent care. The choices and wishes of the individual resident in relation to the way care should be provided is included in their care plans. Residents are actively involved in the completion of care plans and reviews. The people who use the service are happy with the care they receive.

What has improved since the last inspection?

This is the first inspection.

What they could do better:

The home has identified improvements it wishes to make to the environment these are in hand. The home is reviewed all care records and ensure that they meet the National Minimum Standards. There is a need to review the provision of activities to ensure that a range of activities is offered which meets all residents needs. The proprietor acknowledges that improvements can be made in this area. The proprietor has only owned the home since July 2006 and is making improvements and changes as needs are identified.

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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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):

3 & 6

Quality in this outcome area is **excellent**. This judgement has been made using the available evidence including a visit to this service.

A detailed assessment, which includes a risk assessment, is carried out before any new resident is admitted to the care home. An intermediate care service is not provided by the home.

EVIDENCE:

The proprietor of the care home and deputy manager confirmed that a specialised intermediate care service is not offered at this time. The files of three residents being case tracked contained a detailed assessment. This set out the individual resident's social, care and health care needs of the resident. The assessments had been carried out prior to the residents being admitted to the care home. Assessments enable staff to understand the needs of each individual resident. Discussions with residents confirmed that assessed need corresponded with the individual residents views regarding the services they need from the care home.

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):

7,8,9,10 & 11

Quality in this outcome area is **excellent**. This judgement has been made using the available evidence including a visit to this service.

The home identifies the health, personal and social care needs of each resident and records them on their care plan. This enables staff to meet their needs in a manner, which is described within the individual's care plan. The medication policy of the home is being followed consistently. Staff respect the dignity and privacy of residents. Individual care records contained the wishes of the residents relating to the action to be taken in the event of their death.

EVIDENCE:

The home has a medication policy which meets the National Minimum Standards. One member of staff was seen to administer medication during the inspection and was observed to be following the home's procedure. The deputy manager stated that all staff have been trained in medication. In addition she has carried out her own assessment to ensure that she was satisfied all staff were competent to administer medication.

The home produced a pharmacy report which was further evidence that the correct procedure is being followed in respect of the administration and storage of medication.

Care plans were written to a high standard. The information gained from the assessment is used with the resident to write an individual care plan setting out their needs and identifying how these needs will be met with the resources of the care home. Risk assessments are detailed where a risk has been identified the management of that risk is included within the care plan. Risk assessments provided evidence that the choices and wishes of the resident is balanced against any identified risk. All information in care records were filed in a consistent manner. Records are written in plain English and are easy to read and understand. They were dated and signed by the assessor and the individual resident.

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,

Quality in this outcome area is **good**. This judgement has been made using the available evidence including a visit to this service.

The home provides organised activities, but residents would like to see the range of activities increased. Family and friends are encouraged to visit the home and keep in contact with residents. The home offers a menu, which provides choice and meets the dietary needs of individual residents. Residents are able to have choices and control over their own life.

EVIDENCE:

The home supplied a menu, which demonstrated that choice and a balanced diet is offered to residents. The residents comments on the have your say document and discussions on the day of the site visit confirmed that residents feel they are offered a good menu and the individual residents dietary needs are met. Residents stated, "the food is very good, we always have enough to eat". The comments regarding activities were slightly negative, however the standard was found to be met but residents are asking for a wider range and choice of activities. The home has provided activities since July 2006 - barbecues and outings have been arranged. The proprietor agreed there was a need to review the service to ensure residents are satisfied with the facilities being offered.

Residents stated their family and friends are encouraged to visit the home. The home has a visiting policy which is known to all staff which meets the National Minimum Standards.

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

Quality in this outcome area is **good**. This judgement has been made using the available evidence including a visit to this service.

Residents are protected by policies and procedures, which are in place for the handling of complaints and any allegations of adult abuse. Staff are clear the actions to take in event of this occurring ensuring that the residents are safe. Residents are confident in being able to raise any concerns with the management of the care home.

EVIDENCE:

The proprietor has taken appropriate action on two occasions since July 2006 to investigate two complaints made to the care home. He has consulted with Lincolnshire County Council Social Services and the Commission for Social Care Inspection. He has taken appropriate steps to ensure that residents are always safe. Staff have been trained in the identification and management of abuse. A member of staff formally interviewed were able to describe the adult abuse procedure to the Inspector. She was presented with three scenarios regarding a possible abusive situation. The staff was able to describe the action to take to ensure residents and staff were protected and stated the correct action to take to report incidents.

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):

Quality in this outcome area is **good**. This judgement has been made using the available evidence including a visit to this service.

Residents live in a comfortable, homely, clean environment with a choice of communal areas and personalised bedrooms. The infection control policy of the home is being followed.

EVIDENCE:

The new proprietor has carried out many improvements to the environment of the care home since July 2006. He has a rolling maintenance programme and plans to develop and improve the environment generally. This will include improvements to social space, the installation of a sluice redecorating all areas of care home. On the day of the site visit the home was clean and smelt fresh. Residents stated in the "have you say" documents and in discussions during the site visit that they are happy living in the care home. Staff stated the home is a safe in which to work. No health and safety issues were identified 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):

Quality in this outcome area is **good**. This judgement has been made using the available evidence including a visit to this service.

The home is recruiting staff safely and ensuring by training and evaluation that they can meet the needs of individual residents. Residents are therefore being provided with safe care.

EVIDENCE:

The home had only nine residents on the day of a site visit, it is registered for 22 residents. Staffing levels had not been reduced. Staff stated in the formal interviews that they felt there was sufficient staff on duty to meet the needs of residents. Residents stated in discussions during the site visit and in the "have your say" documents that they felt staff were usually available. They felt safe living in the care home. Residents said staff provided care in a sensitive manner which protected their dignity and privacy. A member of staff described the manner in which she provided personal care to a resident who was being case tracked to ensure his dignity and privacy was preserved. She said the resident was a very proud person and would get distressed if their care was not provided in a way which was acceptable to them and allow them to maintain their dignity and privacy. The deputy manager was able to demonstrate that the home provides core and specialised training to all staff. A sample inspection was made of all recruitment records of staff employed since July 2006. The staffing records contained all the appropriate information set out in the Care Home Regulations.

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):

Quality in this outcome area is **good**. This judgement has been made using the available evidence including a visit to this service.

The home is recruiting staff safely and ensuring by training and evaluation that they can meet the needs of individual residents. Residents are therefore being provided with safe care. The proprietor provides all staff with support assisted by the deputy manager. The policy and procedures of the home ensure that residents finances are protected.

EVIDENCE:

The registered manager is at present on long-term sick. The deputy manager, who has many years experience in the provision of community care is managing the home. The proprietor visits several times during any working week and has daily discussions with the deputy manager. Staff stated that they feel supported by the proprietor and deputy manager.

Staff are receiving supervision in accordance with the National Minimum Standard. In a formal interview staff confirmed that supervision and support is provided and there is regular discussion on training needs. Staff members stated staff meetings are held on a regular basis. The details of the next staff meeting was seen to be displayed on the staff notice board. The Inspector looked at a sample of financial records for residents. He found records correctly recorded the amount of personal allowance that residents were keeping in their lockable facilities. Financial records were signed by two members of staff.

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	4
4	x
5	x
6	N/a

HEALTH AND PERSONAL CARE	
Standard No	Score
7	4
8	3
9	3
10	3
11	3

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	X
21	X
22	X
23	X
24	X
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	3
33	3
34	X
35	X
36	3
37	3
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

Commission for Social Care Inspection

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