



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

St Denys

**16 Newport Terrace
Newport
Barnstaple
EX32 9BB**

Lead Inspector
Andrew
Towse

Announced
14 July 2005 10:00hrs

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
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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 Adults 18-65*. They can be found at www.dh.gov.uk or obtained from The Stationary 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	St Denys
Address	16 Newport Terrace Newport Barnstaple Devon EX32 9BB
Telephone number	01271 343295
Fax number	
Email address	
Name of registered provider(s)/company (if applicable)	Mr Stephen Winch-Furness
Name of registered manager (if applicable)	Mrs Barbara Randall
Type of registration	Care Home
No. of places registered (if applicable)	13
Category(ies) of registration, with number of places	LD Learning disability (13) MD Mental Disorder (13)

SERVICE INFORMATION

Conditions of registration:

None

Date of last inspection 4 October 2004

Brief Description of the Service:

St. Denys comprises two properties made into one. It accommodates 13 people who have mental health problems. All are accommodated in single occupancy bedrooms. The premises are domestic in size and with regard to furnishings. The home itself is indistinguishable from other residential properties in the area and gives easy access to Barnstaple, its facilities and transport networks.

SUMMARY

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

This was an announced inspection. It took place over a period of five hours. The information contained in this report was obtained from discussions with residents, staff, the manager and the proprietor and from the examination of records and care plans kept on the premises. Further information was supplied by the home in their response to the pre-inspection questionnaire and from observations made during the inspection.

What the service does well:

This is a small home, where the proprietor takes an active interest in the development of the service and is proactive in arranging staff training, development and supervision.

The home benefits from being small and domestic in nature, with residents being offered the opportunity to get involved in the running of the home.

There is an effective key worker system in operation, which meets the needs of service users. Residents had confidence in their key workers. When spoken to key workers showed insight into the needs of those for whom they were responsible.

The home has a welcoming atmosphere, with residents clearly at ease with staff.

What has improved since the last inspection?

This is an older type property which is improved by the continuing involvement of the proprietor in its redecoration and refurbishment, some of which is a direct result of suggestions made by residents.

What they could do better:

Continue with refurbishment of the premises.

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 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users' know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) 2, 3, 4

The home's admissions procedures ensure that prospective residents' aspirations and needs are assessed.

EVIDENCE:

The home has a well written admissions procedure. For this inspection details of recent admissions were inspected. These showed that trial visits to the home were made. These gave prospective residents the opportunity to gain insight and information relating to the home from which they could make an informed choice about whether or not to become resident there.

Records showed that assessments were made as part of the admissions process and that information contained in these assessments was obtained from the prospective resident, their family and relatives and relevant professionals. This also enabled the proprietor and manager to be able to assess the home's capacity to meet the needs of the prospective resident.

Records showed that the home sought the opinions of prospective residents about the home and also encouraged them to make choices about décor of bedroom and type of food they preferred.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

- 6.** Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
- 7.** Service users make decisions about their lives with assistance as needed.
- 8.** Service users are consulted on, and participate, in all aspects of life in the home.
- 9.** Service users are supported to take risks as part of an independent lifestyle.
- 10.** Service users know that information about them is handled appropriately, and that their confidences are kept

The Commission considers Standards 6, 7 and 9 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) 6, 7, 9

Residents are encouraged to take responsibility for making decisions regarding their individual aspirations and needs.

EVIDENCE:

All residents have care plans. Each resident's file contains risk assessments. One of these relates to the risk of the resident having complete knowledge of their care plan. In some instances it has been assessed that it is the interests of certain residents that they are only partially involved in the compilation of their care plan, whilst others are fully involved.

Two residents spoken to said that part of the role of their key worker was to spend time with them discussing their care plans.

Inspection of two care plans showed that these were regularly reviewed. The home has guidelines relating to the reviewing of care plans. The review notes were well written and confirmed what the residents had said about staff taking time to discuss the care plans with them. Examples of staff assisting residents making decisions was shown regarding healthy eating.

Residents' files contained risk assessments, some of which related to residents being involved in domestic tasks around the home, such as food preparation, cleaning rooms and doing laundry.

Staff were sensitive to the needs of residents and one gave instances of the sensitive manner in which she discussed care plan issues with a service user who found formal discussion situations threatening.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) 12, 13, 15, 17

Residents are encouraged to be involved in community activities and also within the home.

EVIDENCE:

Residents take part in a variety of activities. One does cooking within the home and takes responsibility for doing cleaning duties and assisting in the garden. Another spoke about visiting local cafes. Others attend the Resource Centre which also offers them the opportunity for further community involvement. One resident uses the library and, whilst previously some have attended college courses, none are doing so at present. Some residents attend church and some use local public houses.

Within the home there have been successful attempts to involve the more reclusive residents in activities. Residents spoke enthusiastically about a 'clay group' when they made pottery objects.

During the course of the inspection residents were seen to be free to come and go from the home into the local community.

Residents go on day trips out to destinations which they select at residents' meetings and there are also small group trips out arranged to suit the individual choices of residents. An example being the recent trip by one resident to Bristol.

The home has a written policy on relationships and friendships. Residents have the right to have personal relationships and to invite friends to the home.

On the day of the inspection residents were having a barbecue in the garden of the home. All were clearly enjoying themselves. When spoken to residents said that they enjoyed the food available at the home. One resident spoke about the food he helped prepare and on the day of the inspection, residents were seen assisting with the preparation of food. Residents' files showed that staff discussed aspects of diet with residents and tried to involve them in healthy eating.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

- 18.** Service users receive personal support in the way they prefer and require.
- 19.** Service users' physical and emotional health needs are met.
- 20.** Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
- 21.** The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) 20,18, 19

The home runs an effective key worker system, which combined with its medication policy ensures that residents' emotional and physical needs are met.

EVIDENCE:

Although the home promotes the independence of residents, at the time of the inspection none had been risk assessed as being capable of managing their own medication.

The administration of medication was seen to be recorded appropriately, including that of controlled drugs. Care staff spoken to demonstrated knowledge of how to assist residents who had diabetes and training regarding this had been available to staff.

Inspection of care files showed that residents received the emotional and physical care they required as the home, wherever necessary accessed the services of relevant healthcare professionals.

The home runs an effective key worker system. Residents were aware of who their key worker was and what the role of key worker comprised.

Staff were aware of respecting the privacy and dignity of residents and gave examples of this.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) 22, 23

Residents' are safeguarded by the home's complaints procedure and the confidence they have in their key workers and the home's internal communication system.

EVIDENCE:

All the staff have seen the 'No Secrets' training video which is about the protection of vulnerable adults. The manager and member of staff have attended Protection of Vulnerable Adults training.

The home has a written complaints procedure. In the lounge there is a book in which residents can write down any complaints and concerns they have.

Two residents spoken to said that if they had any problems or complaints they would speak to their key worker about them or discuss them at house meetings.

Since the last inspection there has been one complaint, which was made direct to the CSCI and upon investigation was found to be unsubstantiated. This demonstrated that residents were aware of the complaints procedure.

Environment

The intended outcomes for Standards 24 – 30 are:

- 24.** Service users live in a homely, comfortable and safe environment.
- 25.** Service users' bedrooms suit their needs and lifestyles.
- 26.** Service users' bedrooms promote their independence.
- 27.** Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
- 28.** Shared spaces complement and supplement service users' individual rooms.
- 29.** Service users have the specialist equipment they require to maximise their independence.
- 30.** The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) 24, 25, 26, 30

This is a home like, domestic environment which meets the needs of those who reside there and which reflects their personal choices.

EVIDENCE:

St Denys comprises two terraced properties made into one. It is a small home, domestic in size and in its furnishings. It is indistinguishable from other residences within the area.

There is ongoing refurbishment, which is undertaken by the proprietor and a handyman and was evident at the time of the inspection.

Residents assist with choice of décor within the home and bedrooms were seen to be personalised. As has been stated in previous reports, one bedroom has a floor space smaller than that recommended by the National Minimum Standards, however this room has an ensuite facility and the resident who occupies it is totally happy with this accommodation.

As well as choosing the colour scheme of their rooms, residents are also free to personalise them. All bedrooms are single occupancy.

The home has an appropriate standard of hygiene and cleanliness. Residents are responsible for keeping their rooms to an acceptable standard and some are involved in domestic duties around the home.

The home has separate lounge and dining rooms, domestic sized kitchens, which are used by residents and a conservatory which is a designated smoking area.

Externally there is a well maintained courtyard/garden area which is easily accessible to all residents.

Staffing

The intended outcomes for Standards 31 – 36 are:

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

The Commission considers Standards 35 the key standard to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) 34, 35

The home has a commitment to training which relates directly to the needs of residents. Residents are protected from abuse by the home robust recruitment procedures.

EVIDENCE:

The files of the two most recently recruited staff were examined. Although these were staff who had previously worked at the home, new CRB clearance had been obtained for them.

All staff have a training programme which runs from April to April. Staff training includes a variety of subjects including behaviourism, cognitive therapy, POVA, Care Plans, key skills and schizophrenia. The proprietor himself facilitates much of the training utilising his knowledge and experience as a psychiatric nurse.

At the present time approximately 25% of the staff have achieved their NVQ 2 qualifications, but others are on the course with some scheduled to commence NVQ 3 training in September. This will result in the majority of staff having NVQ 2 or above within the next year.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 39, and 42 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) 39,

The home is pro-active in seeking the views of residents in order to provide a service which meets their needs and expectations.

EVIDENCE:

Previously the proprietor has arranged to see relatives of residents either singly or in groups. Prior to this inspection he wrote to all relatives informing them of the CSCI inspection and inviting them to come and speak to the inspector if they wished.

In September 2004 a questionnaire was circulated to all residents. The responses to the questionnaire were listed into the home's Action Plan and were then implemented.

The proprietor has also written to both residents and their advocates inviting them to become involved in activities within the home.

With regard to the safety of residents, records showed that the home had valid NICEIC certification confirming the safety of electrical wiring within the home,

valid gas safety certification, and portable electrical appliances had been checked. The fire book was appropriately maintained with staff having received training in fire safety precautions.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 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	
<i>Standard No</i>	<i>Score</i>
1	X
2	3
3	3
4	3
5	X

INDIVIDUAL NEEDS AND CHOICES	
<i>Standard No</i>	<i>Score</i>
6	3
7	3
8	X
9	3
10	X

LIFESTYLES	
<i>Standard No</i>	<i>Score</i>
11	X
12	3
13	3
14	X
15	3
16	X
17	3

PERSONAL AND HEALTHCARE SUPPORT	
<i>Standard No</i>	<i>Score</i>
18	3
19	3
20	3
21	X

CONCERNS AND COMPLAINTS	
<i>Standard No</i>	<i>Score</i>
22	3
23	3

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
24	3
25	3
26	3
27	X
28	X
29	X
30	3

STAFFING	
<i>Standard No</i>	<i>Score</i>
31	X
32	X
33	X
34	2
35	3
36	X

CONDUCT AND MANAGEMENT OF THE HOME	
<i>Standard No</i>	<i>Score</i>
37	X
38	X
39	3
40	X
41	X
42	3
43	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.		

Commission for Social Care Inspection

Suites 1 & 7

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