



Making Social Care
Better for People

inspection report

CARE HOME ADULTS 18-65

St Denys

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

Lead Inspector
Andy Towse

Unannounced Inspection
16th November 2005 12:40

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 Adults 18-65*. 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	St Denys
Address	16 Newport Terrace Newport Barnstaple Devon EX32 9BB
Telephone number	01271 343295
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Mr Stephen Winch-Furness Mr Malcolm John 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	Learning disability (13), Mental disorder, excluding learning disability or dementia (13)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 14th July 2005

Brief Description of the Service:

St. Denys comprises two properties made into one. It is registered to accommodate up to thirteen people who have either mental health problems or learning disabilities. All residents are accommodated in single occupancy bedrooms. The premises are domestic in size and style of furnishings. The home is situated close to the facilities of Barnstaple and is indistinguishable from other residential properties in the area.

SUMMARY

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

This was an unannounced inspection which took place over a period of three hours. The information contained in this report came from discussions with staff and residents and from examination of policies and records kept on the premises. Neither the registered manager nor proprietor was present during this inspection. A senior support worker was in charge and was competent in responding to questions asked by the inspector.

What the service does well:

The proprietor has a commitment to staff training and as well as mandatory training and NVQ being available he also compiles training in specialist topics relevant to the needs of the residents.

Staff are knowledgeable about the needs of residents and there is an effective key worker system.

The home has a welcoming atmosphere and there is good interaction between staff and residents.

What has improved since the last inspection?

The standard of care, effectiveness of the key worker system, and refurbishment of the premises continues with, at this inspection, no perceptible change since the last inspection.

What they could do better:

The home continues to offer a good standard of care with continued involvement of the proprietor in the day to day running of the home. No major issues were identified during this inspection, although the testing of portable electrical appliances should have been renewed just prior to the inspection.

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 – 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 the following standard(s):

Standards 2, 3 and 4 were inspected during the announced inspection of 14th July 2005. No further standards from this section were inspected during this inspection.

EVIDENCE:

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 the following standard(s):

Standards 6, 7 and 9 were inspected as part of the announced inspection of 14th. July 2005. No further standards from this section were inspected as part of this inspection.

EVIDENCE:

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 the following standard(s):

16

Residents rights and responsibilities are respected.

EVIDENCE:

Residents can have keys to their rooms. One resident showed her keys to the inspector. Another resident said he had had a key but had lost it. Staff discussed reissuing keys to those residents who had lost theirs.

Staff said that they did not open residents' mail but left it in an agreed place in the hallway for individual residents to collect. Residents confirmed that this was the usual practice and that staff did not open their mail.

In respecting privacy, but responding to the needs of residents, only those residents who are assessed as needing support with personal care have staff accompany them to the bathroom.

Staff were seen to talk and interact with residents.

Residents can choose when to be alone and when to be in company. They have access to all the communal areas of the home and the enclosed courtyard.

Whilst the home previously had two pet cats these have now been rehomed as residents no longer wanted to take responsibility for them. The decision to rehome the cats reflected the feelings of the residents which were obtained during a minuted residents' meeting.

Residents take responsibility for carrying out domestic tasks around the home, taking turns to do different jobs. One spoke about his having done the washing the previous day. Another resident was seen taking his laundry to be washed. Residents assist with the preparation of food.

Residents at the home are free to smoke and there is a conservatory which is designated for this purpose, and which was seen to be used by several residents.

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 the following standard(s):

Standards 18, 19 and 20 were inspected as part of the announced inspection of 14th. July 2005. At this time they were assessed as meeting the National Minimum Standards.

EVIDENCE:

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 the following standard(s):

Standards 22 and 23 were inspected as part of the announced inspection of 14th. July 2005. At that time they met the National Minimum Standards.

EVIDENCE:

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 the following standard(s):
26**

Residents' bedrooms promote their individuality and independence.

EVIDENCE:

One resident was eager to show the inspector his room. There was definite ownership of the room. The resident had filled it with a vast collection of videos reflecting his individual preferences. The other room seen was similar, having artefacts which showed the resident collecting items of personal interest and choosing the layout of the room. All bedrooms within this home are single occupancy.

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 32, 34 and 35 the key standards to be inspected at least once during a 12 month period.

**JUDGEMENT – we looked at outcomes for the following standard(s):
32**

The competency of the staff is enhanced by the proprietor's commitment to ongoing, relevant training.

EVIDENCE:

Staff were seen to communicate well with residents. A resident confirmed that staff were 'friendly enough.' This resident also spoke about his key worker going through his care plan with him and that she also asked him about how he thought the service at the home could be improved. In conversation the staff were knowledgeable about the personalities and needs of individual residents. To compliment this the proprietor, who has qualifications and experience of working with people with mental health problems offers training. Some of this training is devised and presented by the proprietor and covers subjects such as cognitive therapy, sensitivity and behaviour modification. These subjects assist staff in understanding the needs of residents.

Staff also receive mandatory training such as that of fire safety and manual handling.

The home also offers NVQ training to its staff. At the time of the inspection the majority of the staff are either studying for NVQ 2 or 3 or have attained these qualifications. A member of staff is an NVQ assessor.

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 37, 39, and 42 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s): 37, 42

Safe working practices and maintenance of the premises ensure that the safety of residents is promoted and protected.

EVIDENCE:

The registered manager has considerable experience of managing residential care homes. She has also attained the qualifications expected by the National Minimum Standards of a registered manager.

All staff receive mandatory training in subjects such as first aid, food hygiene, manual handling and fire safety.

The home has safe electrical and gas installations which was confirmed by valid gas safety record and NICEIC certificates.

A bacteriological analysis was carried out last December when tests for legionella bacteria proved negative.

The testing of portable electrical appliances was carried out a year ago and is rescheduled for renewal.

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	X
3	X
4	X
5	x

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

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

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

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

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

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

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

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

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