



*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
Sue Dewis

Key Unannounced Inspection
24 September 2008 09:45

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)	12
Category(ies) of registration, with number of places	Learning disability (12), Mental disorder, excluding learning disability or dementia (12)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 2nd November 2006

Brief Description of the Service:

St. Denys comprises two properties made into one. It is registered to provide accommodation and personal care for up to twelve people who have either mental health problems or learning disabilities. All accommodation is provided 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 near to a small group of shops. It is indistinguishable from other residential properties in the area.

Charges range from £322 to £450 per week with additional fees being levied for hairdressing, chiropody, some newspapers and toiletries. General information about fees and fair terms of contracts can be accessed from the Office of Fair Trading web site at <http://www.offt.gov.uk>.

Copies of previous inspection reports are pinned to the notice-board or available from the office.

SUMMARY

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

The quality rating for this service is **2 star** service. This means the people who use this service experience **good** quality outcomes.

This unannounced visit took place over 8 hours, one day towards the end of September 2008.

The home had been notified that a review of the home was due and had been asked to complete and return an AQAA (Annual Quality Assurance Assessment). This shows us how the home has managed the quality of the service provided over the previous year. It also confirms the dates of maintenance of equipment and what policies and procedures are in place. Information from this document was used to write this report.

During the inspection 3 people were case tracked. This involves looking at peoples' individual plans of care, and speaking with the person and staff who care for them. This enables the Commission to better understand the experience of everyone living at the home.

As part of the inspection process CSCI likes to ask as many people as possible for their opinion on how the home is run. We sent questionnaires out to people living at the home and staff. At the time of writing the report, responses had been received from 10 people living at the home and 6 staff. Their comments and views have been included in this report and helped us to make a judgement about the service provided.

During the inspection 4 people living at the home were spoken with individually, as well as observing staff and people living at the home throughout the day. We also spoke with 3 staff, the manager and the owner. A tour of the building was made and a sample of records were looked at, including medications, care plans, the fire log book and staff files

What the service does well:

Good admission procedures ensure that people who are thinking of moving into the home have sufficient information and know their needs will be met.

Everyone living at the home has a care plan that sets out their goals and achievements as well as their personal care needs and preferences. The plans are reviewed regularly and individuals are encouraged to take part in the reviews. Detailed risk assessments ensure people are safe, whilst being encouraged to meet their full potential.

There is a very good variety of activities and outings on offer that meet the differing needs of the individuals at the home. Good multidisciplinary working ensures people's health care needs are met and medication is stored and administered appropriately.

Complaints are well managed and staff are aware of their duty to report poor practice. There are good staffing levels, staff receive regular training and there are robust recruitment procedures in place. There was a good rapport between staff and people living at the home.

The environment is well maintained and meets the needs of people living at the home. The registered manager works closely with the owners to maintain the standards of the home.

What has improved since the last inspection?

Safety checks in relation to electrical appliances are now completed on time and there have been several improvements to the environment, including redecoration and the purchase of some new furniture.

What they could do better:

No requirements were identified at this visit. Throughout the inspection the manager discussed ways that the home was thinking of improving, such as installing new windows.

Supplying liquid soap and paper towels in the laundry was discussed and we were told that the manager had ensured that these were available the day after the visit.

The quality assurance system for the home could be improved by inviting people outside the home to comment on the quality of care provided (although the home does invite this feedback by leaving questionnaires in the entrance hall, and for evidence to be recorded when identified actions have been met.

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. The summary of this inspection report can be made available in other formats on request.

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.

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

2 and 4

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

There is a good assessment and admission process in place, which means that people thinking of moving into the home can be sure that their needs will be met.

EVIDENCE:

There have been no recent admissions to the home. However, one person is currently following the home's admission procedures to determine if they would be suitable or would want to move into the home.

Information about this person is recorded on a pre-admission procedure form. This shows that the person has visited the home on several occasions for differing periods of time. Each visit was recorded and used towards assessing the person's compatibility with other people already living at the home, assessing their needs, obtaining their view of the home and staff and evaluating the general success of the visit.

The record showed that the person had enjoyed visiting the home and that they were looking forward to moving in. People already living at the home had been consulted about the possible new admission through the house meetings.

The files that were looked at for other people already living at the home showed that a similar procedure had been followed when they had been admitted.

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.

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

6, 7 and 9

Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service.

There is a clear care planning system in place that provides the information that staff need in order to satisfactorily meet the day-to-day needs of individuals. People's choice is sought and acted upon whenever possible.

EVIDENCE:

The files of three people living in the home were inspected. They were seen to have been regularly reviewed and in some cases, where appropriate, there was evidence that people had been involved in reviewing and updating their care plans.

Wherever possible people are involved in the review of their care plans and are able to choose where the meeting is held. Records of these meetings showed that the key workers fully discussed the contents of the plans with the

individual. Some people are only partially involved in the compilation of their care plans this is generally because the home had made an assessment that attendance at the review or complete involvement in the compilation of the plan would be detrimental to the well being of that person. Such assessments were seen on file. There were some good directions to staff on how to deal with a person's unpredictable behaviour.

Some people living at the home are unable to read or communicate verbally, in such cases much effort is made by the key worker to involve the individual in the decision making process.

The home has a key worker system in place. This is where a staff member is allocated a number of people living in the home, for who they have special responsibilities. The key worker spends some special time each week with the person they 'key work', doing whatever the person chooses. People we spoke with were generally aware of who their key worker was and they showed some understanding of how the role of key worker differed from that of other staff that worked with them. For example they said if they were unhappy about something they would talk with their key worker. Discussion with people showed that wherever possible they were allocated the key worker of their choice.

Where restrictions have been placed on people, the reasons for these decisions are well documented in their care plan. Such decisions were related to the safety of the individual. The risk assessments relating to the restrictions are detailed and not unnecessarily restrictive. Where they do include restrictions the individual is aware of the reasons for the restriction and generally understand the reasons behind the restriction and abide by it.

Mental Capacity Act assessments had been completed as necessary to determine the capacity of the individual to make decisions on a number of issues that were relevant to them, for example in relation to finances.

There are risk assessments completed for many areas of daily living concerned with promoting independence. These included, people accessing hospital, through to involvement in domestic tasks around the home, and also relating to health and safety issues such as smoking and window restraints (which are now fitted in all bedrooms). These assessments assessed the amount of support individuals needed to undertake domestic or personal tasks and gave the reason for the amount and type of support needed.

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.

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

12, 13, 15, 16 and 17

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

People benefit from being offered a good variety of activities and social opportunities that enrich and fulfil their lives. Meals are nutritious and balanced and offer a healthy and varied diet for everyone. Individuals' rights are respected and recognised within the home affording them as much independence as possible.

EVIDENCE:

At the time of the visit no one living at the home was attending college or in employment of any kind. People told us that they had, in the past, attended college and if they wished this would still be available to them.

People are generally encouraged and supported to arrange their own lives. There are specific days when individuals go out shopping with staff and participate in trips out. Within the home there are some activities arranged by staff, such as Bingo, which is very popular. As a group people go out to various groups and meetings. Some people attend art groups either at the hospital or in a local drop-in centre.

Individuals told us that they are able to keep in contact with their friends and relatives.

Within the home people are expected to take responsibility for ensuring the home is kept clean and tidy. Everyone is responsible for keeping their rooms tidy, with support, when necessary, from their key worker. Some individuals undertake specific tasks around the home for which they get paid. In addition to this there is a rota for individuals regarding the preparation of meals and washing up. People were seen to be actively involved in the cleaning of the home and those observed and spoken to said they generally enjoyed the tasks. People who wish to smoke, have to do so in the conservatory or garden.

People's files contained risk assessments relating to their ability to carry out domestic tasks such as cleaning their rooms, doing their own laundry, washing up and preparing vegetables.

One person has been identified as a link between individuals and staff. Everyone was aware of who this person was, their role, and how they might help. Regular meetings are also held to involve people as much as possible in the running of the home. Minutes of these meetings were seen, and discussion with staff and people living at the home showed that individuals were offered as much choice as possible, including what was prepared for meals.

The home promotes healthy eating, which was demonstrated by entries on some care plans and the successful reduction of weight achieved by some individuals. People told us that they always enjoyed the food and that if they didn't like something there was always something else on offer.

The AQAA (Annual Quality Assurance Assessment) submitted prior to the inspection indicates that in order to improve the service the home intends to increase the number of trips out for fun, exercise and social skills training.

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.

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

18, 19 and 20

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Staff have a good understanding of the personal support needs of individuals, and people benefit from the very positive relationships they have with staff.

To ensure the safety of individuals, all medicines are stored securely, administered appropriately, and good records maintained.

EVIDENCE:

Key workers have responsibility to ensure that the needs of individuals are met and to review and update care plans.

Good records are maintained and recordings confirm that key workers ensure that people's health and welfare needs are met. However people are encouraged and supported to take as much responsibility as they can for their own health. On the day of the inspection someone was going to the hospital for

a check up and they told us they get regular visits from a therapist to help with exercises. Records show that some people arrange and attend health care appointments on their own.

The home also seeks out the advice of health and social care professionals and this was evidenced by letters on people's files and recordings on care plans. The home regularly carries out urine tests to see if people have diabetes and staff have been trained by a specialist diabetes nurse on how to prepare insulin for one person to inject themselves.

No one is currently self-medicating, although the manager told us this would be encouraged if it were assessed to be appropriate. Staff were seen administering medication appropriately and were able to describe good practice in relation to storing and administering medication. The Medication Administration Record Sheet (MARS) showed that the administration of medication was recorded appropriately.

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.

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

22 and 23

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Complaints are dealt with appropriately and individuals are protected by staff who are able to recognise abuse and know their duty to report poor practice.

EVIDENCE:

The home has a simple written complaints procedure. In addition to this there is a book in the lounge where people can write down complaints. People also have access to identified individuals who they can ask to pass on concerns, as well as being able to talk with their key worker. People who were spoken with confirmed that if they were unhappy about anything they would talk to their key worker or the identified individual.

Survey forms that were returned by people living at the home indicated that people might not know the complaints procedure, but that they would know who to speak with if they were unhappy about anything. Staff confirmed that they know people well enough to know if they have any concerns, and how to deal with issues raised.

All staff, except the two newest, have received training in the Protection of Vulnerable Adults (POVA). Two of the three staff that were spoken with had attended this training and the third had only worked at the home for a short

while and had not yet received the training. All of the staff were able to describe various forms of abuse from taking away people's rights to financial abuse. Those that had received the training were able to describe the procedure for reporting any suspicions, including contacting outside agencies. The newest member of staff said they would report any suspicions to the owner and knew where to find the home's policy on reporting abuse.

Some money is managed by the home on behalf of several individuals. All monies are kept separately and good accounting procedures are followed.

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.

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

24 and 30

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The home has a good standard of décor throughout and ensures that individuals live in a safe, homely and comfortable environment.

EVIDENCE:

A full tour of the communal areas of the building was made and it was clear that improvements have been made. Some individuals also showed us their bedrooms. All bedrooms are for single occupancy and those that were seen reflected the personality of the individual. There are locks fitted to all doors and people can have a key if they wish.

Where necessary adaptations have been made to ensure that people that need it have the specialist equipment necessary to maximise their independence.

Communal space within the home consists of a large lounge/diner and another dining area off the kitchen, there is also a conservatory and small garden. The communal areas are nicely decorated and furnished in a homely comfortable manner. Several areas have recently been redecorated and new furniture has been purchased.

The home was clean and there were no unpleasant smells around the home. There is an infection control policy and procedure for the home and disposable gloves and aprons are available.

The laundry area is located just outside the main house and though small it has the necessary equipment to deal with people's laundry. There is a sink for hand washing but there were no paper towels or liquid soap there. The manager said she would address this straight away.

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.

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

32, 34 and 35

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Staff are well trained and available in sufficient numbers to meet the needs of the individuals living there. The procedures for the recruitment of staff are robust and offer protection to individuals.

EVIDENCE:

The staff rota shows that there are generally two staff on duty and often the manager as extra. Two staff sleep in overnight. There is generally three staff on duty on Thursdays so that a member of staff can go shopping with people.

Three members of staff were spoken with about the various routines, procedures and training at the home.

Staff receive regular training to ensure people's needs are met consistently and safely. Currently all staff, except the two newest starters have obtained NVQ Level 2 or above.

The home's induction process meets the Skills for Care standards, ensuring that the basics of all aspects of care are covered during the member of staffs' first few weeks at the home.

Staff told us and records confirmed that the training they had received included social skills, food hygiene, OCD (Obsessive, Compulsive Disorder) and fire safety. Staff are expected to complete an evaluation course following any training to show what they have learned from it and if it was worthwhile.

Three staff files were inspected; all contained the required information, which included Criminal Records Bureau checks, application forms, two written references and copies of training certificates.

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.

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

37, 39 and 42

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The home is well managed resulting in practices that promote and safeguard the health, safety and welfare of people living and working there.

EVIDENCE:

The registered manager, Barbara Randall has worked at the home for some time and has the required experience and qualifications expected of a registered manager. One of the owners is also very much involved in the day-to-day running of the home. The home has a relaxed management style with people clearly at ease with the management as they are with the main staff group.

Staff that were spoken with felt supported by the owners and manager, to do a good job. Regular meetings are held with people living at the home to obtain their views, which are acted upon where necessary.

There is an informal Quality Assurance system in place that monitors the quality of care provided at the home. Questionnaires are sent to everyone living at the home and responses are collated and used to prepare an Action Plan. The system would be improved if there were more evidence to show how the identified actions had been met. It would also be enhanced if more people were asked for their opinions about the quality of care, for example, relatives and health and social care professionals. Although we were told that questionnaires are kept in the entrance hall, for any visitor to the home to complete.

The AQAA (Annual Quality Assurance Assessment) submitted prior to the visit, provided evidence that St Denys complies with health and safety legislation in relation to maintenance of equipment, storage of hazardous substances, health and safety checks and risk assessments. Policies and procedures are not always inspected during the visit but the information provided on the AQAA helps us form a judgement as to whether the home has the correct policies to keep people living and working at the home safe. Information provided by the home, evidenced that policies and procedures are in place and along with risk assessments are reviewed regularly and updated where necessary, to ensure they remain appropriate and reduce risks to staff and people living at the home.

Safety checks have been completed for electrical appliances.

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	X
4	3
5	X

INDIVIDUAL NEEDS AND CHOICES	
<i>Standard No</i>	<i>Score</i>
6	3
7	4
8	X
9	4
10	X

LIFESTYLES	
<i>Standard No</i>	<i>Score</i>
11	X
12	3
13	3
14	X
15	3
16	3
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	X
26	X
27	X
28	X
29	X
30	3

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

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