



*Making Social Care  
Better for People*

# inspection report

**CARE HOME ADULTS 18-65**

**Sue Ryder Care Centre**

**Holme Hall  
Holme On Spalding Moor  
East Yorkshire  
YO43 4BS**

*Lead Inspector*  
Eileen Engelmann

*Key Unannounced Inspection*  
17th August 2007      09:30

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# SERVICE INFORMATION

<b>Name of service</b>	Sue Ryder Care Centre
<b>Address</b>	Holme Hall Holme On Spalding Moor East Yorkshire YO43 4BS
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<b>Provider Web address</b>	<a href="http://www.suerydercare.org">www.suerydercare.org</a>
<b>Name of registered provider(s)/company (if applicable)</b>	Sue Ryder Care
<b>Name of registered manager (if applicable)</b>	Mrs Linda Christine Chapman
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	40
<b>Category(ies) of registration, with number of places</b>	Physical disability (40), Physical disability over 65 years of age (40)

# SERVICE INFORMATION

## Conditions of registration:

**Date of last inspection**                      5th September 2006

## Brief Description of the Service:

The premises, known as Sue Ryder Care Home, date approximately from 1742 and were previously used as a convent. It is a Grade II listed building set in extensive grounds and has a chapel in the grounds to which the local community attend. Accommodation is currently provided on three floors following a major building and refurbishment programme a few years ago. Bedrooms are provided on the first and second floors with lounges and other communal areas on the ground floor. The home is served by two passenger lifts. The home has achieved Practice Development Unit status accredited by the University of Leeds. The home no longer provides day care services.

Information given by the manager during this visit indicates the home charges fees from £750.00 to £1200.00 a week depending on individual care needs and the nursing input required. People will pay additional costs for optional extras such as hairdressing, private chiropody treatment, toiletries and newspapers/magazines. Information on the specific charges for these is available from the manager.

Information about the home and its service can be found in the statement of purpose and service user guide, both these documents are available from the manager of the home, and copies are given to every person on admission. The latest inspection report for the home is on display in the entrance hall and copies are available from the manager on request.

# SUMMARY

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

Information has been gathered from a number of different sources over the past 11 months since the last key visit in September 2006, this has been analysed and used with information from this visit to reach the outcomes of this report.

The unannounced visit was carried out with the manager, staff and people living at the Sue Ryder Care Centre. The visit took place over 1 day and included a tour of the premises, examination of staff and people's files and records relating to the service.

Informal chats with a number of people and staff took place during this visit; their comments have been included in this report.

Questionnaires were sent out to a selection of relatives, people using the service and staff and their written response to these was good. We received 9 back from relatives (69%), 2 from staff (13%) and 6 from people using the service (40%).

The manager completed an Annual Quality Assurance Assessment and returned this to the Commission within the given timescale.

The manager and staff at Sue Ryder Care Centre have worked hard to maintain high standards at the home and indeed have exceeded the expectations in a number of areas. There is a need for the management team to focus more on staff training in the home, looking at the specialist needs of the people using the service especially those with Challenging Behaviour and Mental Health needs.

## **What the service does well:**

The home has an enthusiastic team of people working within the service, who like doing their jobs and learning more about how to do it well. The people working in the home want to make sure that the people who live in the home receive good care.

People in the home are provided with a warm, safe and comfortable environment that welcomes visitors and makes them feel at home. The home is clean and staff work hard to make sure the building is odour free. People said they are happy with their bedrooms and can bring in their own possessions, making it feel more like home.

Relatives of the people living in the home said that they are made to feel welcome by the people working in the home and that they can visit when they please.

## **What has improved since the last inspection?**

People who work in the home are testing water temperatures before people living in the home have a bath, to make sure the water is not too hot and so protecting people from being burnt.

People who work in the home are to take part in training, to learn how to manage people's behaviours when they are upset or angry. So they can see when someone is likely to be upset and stop that person hurting themselves or others. People working in the home are also taking part in training to learn more about Mental Health issues to help them meet the care needs of some people who live in the home.

## **What they could do better:**

People working in the home need to continue to go to different training sessions, which will help them understand more about the different needs of the people using the service. This will make the service better as people working in the home become more confident in what they do and how they do things.

We would like to thank everyone who completed a questionnaire and/or took the time to talk to us during this visit. Your comments and input have been a valuable source of information, which has helped create this report.

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](mailto: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 3.

People who use the service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence including a visit to this service.

The needs assessment process at the home is robust and thorough, enabling people to be confident that their needs can be met by the service.

### EVIDENCE:

People coming into the Sue Ryder Care Centre undergo a needs-assessment carried out by the manager, head of care or senior nurse before they are offered a placement at the home. The manager ensures that she has received a Community Care Plan before she visits anyone who is to be funded by the local authority. The assessment includes a full discussion with the person, carer and/or family, to look at what needs the person may have and what the home can provide so individuals have a good understanding of the service and what they can expect to receive from it. The manager then sends a letter to the funding authority to outline the needs identified and gives a placement costing before any decision is made about admission. Where individuals are self-funding then the discussion around costs is undertaken with the person, family or carer. At all times leading up to admission the home liaises with commissioners, the individual and their families, the centre's multi-disciplinary team including the local GP's in an effort to obtain all views and reduce any anxieties the person may have over coming into care.

People said in the surveys that they or their family were able to visit the home and look around before coming into stay. One relative said 'since our son came into the home his needs and choices have been carefully considered and, within the facilities and staffing group available, have been met. This is a continuous and changing situation, which takes a very high standard of care from all of the staff involved in the organisation'. Another relative said 'my daughter is disabled and the home is excellent in the way they meet all of her needs'. Other people commented that 'this is the best establishment that our relative has been in for the past ten years'. 'Our relative is well looked after, the caring staff and the close proximity and availability of the GP's have been a big plus for them'. One person living at the home said 'I asked to come here as I did not get enough help at home', and another said 'the care manager visited me to tell me about the home and give me information'.

Individuals are able to comment on their admission and subsequent life in the home through the questionnaires available in their information packs and people said 'there is very good communication between the nurses and people over all aspects of daily living', 'meetings are held every month when we can have our say and ask questions about the service'.

Staff members on duty were knowledgeable about the needs of each person they looked after and had a good understanding of their specific problems/abilities and the care given on a daily basis. Discussion with people showed that they were satisfied with the care they receive and have a good relationship with the staff. Comments from the surveys said 'Nursing staff have various specialities and previous experience, plus knowledge of illnesses cared for within the home. Care is taken to give the correct level of nursing applicable to each person and support is offered for relatives, which is greatly appreciated'. 'New staff on duty are always supervised by one or two regular staff and everyone is helpful and attend quickly when needed'. 'Staff are well trained and extremely courteous, they take great care when moving and handling residents and there is no difference in the care and attention given to one person than another'.

The home employs a multi-culture of staff including individuals from Denmark and South Africa. People using the service are able to make a choice of staff gender when deciding whom they would like to deliver their care, as the home has 2 male care staff for day time duties and 2 for night duties. Discussion with people indicated that they have a good relationship with the staff and are comfortable in asking for specific individuals to deliver their personal care. Preferences for staff gender when giving personal care are documented in the individual care plans.

Information from the Annual Quality Assurance Assessment and discussion with the people using the service indicates that all of the people are of white/British nationality. The home does accept people with specific cultural or

diverse needs and everyone is assessed on an individual basis. Discussion with the manager indicated that the home looks after a number of people from the local community, although placements are open to individuals from all areas.

# 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.

People who use the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence including a visit to this service.

The health, personal and social care needs of the people living in the home are clearly documented and are being met by the service and staff. People are encouraged to be independent within their daily lives using a risk assessment approach to care.

### EVIDENCE:

The care of four people was looked at in depth during this visit and included checking of their personal care plans. These are detailed and include specific information on an individual's health and their medical conditions. The plans are updated regularly and include risk assessments. Any changes in care are documented and actioned by the staff. The care needs and wishes are discussed with the person, their family or carer (as applicable) on a regular basis and any comments or different choices agreed are put into the plan. Reviews with the funding authority take place yearly in addition to the more informal reviews discussed above.

Relatives are satisfied that the home keeps them up to date with any changes in their loved one's care. Individuals said 'the home keeps me fully informed about changes or general weekly care of my relative', 'anything I need to know I am informed about and my questions are always answered'. People said that the home gave appropriate support and care to their friends or relatives. Comments received included 'Sue Ryder is doing everything for my relative that we expect'; 'this is the best place possible for my daughter and is a good, all round care facility'.

One person using the service said that 'I cannot move now and my speech is bad at times, but I am able to make decisions about what I do each day and these are respected'. Each person has their own key worker and named nurse and these members of staff are supportive in helping each person to achieve independence wherever possible.

Not everyone is happy that they are getting the assistance they need to be able to exercise their choice of activities. One person said 'I don't like being here because I am bored, there is nothing for me to do as the recreational therapy activities provided do not suit me'. The home offers a full programme of activities during the day from Monday to Friday, but the manager accepts that evenings and weekends are not well catered for and this is an aspect of practice that she is looking at developing further.

Information about the resident's social interests, likes and dislikes, spiritual needs and wishes regarding death and dying are included within the individuals care plan and individuals and their relatives are involved in updating these with the staff.

Meetings with relatives, friends and people using the service are available every month and the minutes of these demonstrate that individuals are able to voice opinions and viewpoints, which are listened to and action is taken by the staff where needed.

Staff enable people to take responsible risks in their every day lives and information within the care plans includes a number of risk assessments covering activities of daily living and individual ones linked to people's choices and wishes regarding their care. Talking to the people living in the home and watching them go about their daily business showed that some individuals find it relatively easy to maintain their independence and are able to make their choices and decisions known without a lot of input from the staff. Others require a lot more from the staff because of communication difficulties, physical support and assistance and this is managed well on a day-to-day basis. One person said 'the staff look after those using the service, they make them comfortable and where the person is able to express their wishes, these are carried out even if sometimes there is a little delay due to more pressing situations'.

# 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.

People who use the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence including a visit to this service.

Links with the community are good and enrich people's social opportunities. The arrangements for contact between people and family/friends are good, and staff demonstrated a clear understanding of their role in supporting individuals to maintain these relationships.

### EVIDENCE:

Information from the care plans and discussion with the manager indicates that no-one in the home is able to participate in employment opportunities or educational studies due to their medical conditions. However people are satisfied that the home supports people to live the lives they choose saying 'the staff offer careful help to integrate people within the home as appropriate, making sure that individual's rights to privacy and space are respected and maintained'. One person commented that 'the home encourages people to live their own lives and are extremely motivated in this regard'. Individuals have

access to computers within the lounges and these have broadband connections so people can e-mail friends and relatives as they wish. The manager is looking at wireless connections to aid this process, but there are some technical problems due to the building itself that are being addressed by the telephone company. Three people living in the home have their own computers in their bedrooms. Recent funding accessed by the home has provided people with a large plasma screen in one of the lounges, and this includes a range of equipment for people to use with the television, DVD players and other games consoles. People in the room can use it as a touch screen, or there is a range of hand controls and different keyboards to accommodate people's physical disabilities. It is hoped by the manager that people living in the home will make full use of this equipment as part of their leisure activities on an evening and weekend.

Sue Ryder is a registered charity and regularly participates in fundraising activities, which involve garden parties, coffee mornings and raffles. There are a number of volunteers from the local community who come to help do activities with people or assist in the fund raising events. The home has its own minibus and takes people out on day trips to the local area, the day before this visit people had been to Drifffield Market. The local school children visit the home and children doing their lifestyle awards take part in raising funds for the service.

The home employs two full time staff members who have received training in delivering activities to people with disabilities. A physiotherapy assistant is also part of the staff team and she is involved in 1-1 care and input with people using the service, particularly those who find it difficult for whatever reason to access the recreational room or other parts of the centre. The recreational room is spacious and packed with things for people to do; one person was busy completing a crossword at the time of this visit. There are two pet birds at the home and the staff assist the people in the home to look after these. Relatives said 'the activity people do a great job, given the varied nature of people's disabilities'.

A Catholic Church is attached to the home and is used by people from the community as well as individuals in the home. People's different spiritual needs are met by arranged visits from the specific clergy.

Individual risk assessments are in place for outings and activities and one person fulfilled her dream of riding in a hot air balloon during a recent fund raising day in the grounds of the home.

Contact arrangements between people living in the home and families/friends are clearly documented in the individual care plans and have been made using a risk assessment process that looks at vulnerability and risk of harm. Staff help people to maintain links to those relatives who find visiting difficult, by taking the individuals out to visit their families or by writing letters/cards and

using telephone calls as a means of communication. The amount of contact with others depends on the wishes of the person and the family; these choices are recorded in their plans. Some individuals see their families on a regular basis, whilst others choose to visit less often or not at all.

People spoken to are very happy with the way that staff look after them, they felt that they are given choices in their everyday life and staff respected their privacy and dignity. Observations of the interaction between staff and people showed that there is a good relationship between the two groups based on trust and friendship. Bedroom doors are supplied with simple locks and the staff respect the fact that people need time alone or with their partner/family.

Observation of the lunchtime meal showed that people were offered a good choice of food, and it was nicely presented. The manager said that the kitchen is looking at how it can improve the appearance of soft or pureed diets, although those seen during this visit looked acceptable and people were enjoying eating them. Special diets are catered for and staff were seen to offer assistance to those who require help with eating and drinking. A number of people rely on liquid feeds through their PEG tubes, and these are administered throughout the day and night. Dieticians are involved in the care of people living in the home and staff are able to access their help and advice through the GP's.

# 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.

People who use the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence including a visit to this service.

The health, personal and social care needs of people using the service are clearly documented and are being met by the service and staff.

### EVIDENCE:

Information, within the care plans looked at, shows that each person has their own preferred daily routine including their choices and wishes regarding care giving. Comments from the people's and relative surveys indicate that staff have the necessary skills and knowledge to meet the needs of the residents, whilst giving sensitive, flexible and personal support.

There is a dedicated physiotherapy assistant at the home who works with the community neurological physiotherapist. She works to a planned individual programme and was observed carrying out physiotherapy tasks during this visit. Part of her job is to work with the wheelchair services to make sure people's chairs and cushions are regularly reviewed and meet their needs. Practice nurses visit the home to carry out specialist health screening or people can visit the local GP practice. Information in the care plans shows that

speech and language therapists and dieticians are working with the staff to ensure PEG feeding, menu planning and dietary requirements are meeting people's needs. Individuals can be weighed on the wheelchair scales or hoist scales available in the home, and a record of weights is kept in people's care plans.

Equipment is available within the home to assist people in maintaining their independence, this includes computers, mobile hoists and overhead hoists, electric wheelchairs, specialist beds and mattresses, bedrails and bumpers, a sensory room for relaxation and a nurse call system with large buttons on the handsets.

People have access to outpatient appointments at the hospital and records show that they have an escort from the home if wished. Responses to the surveys indicated that people and relatives are satisfied with the level of medical support given to the people living at the home.

Relatives commented that they are kept informed of their relative's wellbeing by the staff; they are regularly consulted (where appropriate) on their care and feel involved in their lives. Overall there is a good level of satisfaction with the care being given to the people using the service.

In the last report (September 06) there were four recommendations made around medication within the home. At the time of this visit these had been actioned and met.

1. The home should have a larger cabinet to accommodate the amount of Controlled Drugs held at the home and the cabinet should be made of metal in accordance with Royal Pharmaceutical guidelines.
2. Arrangements should be made for a new Scheduled Drugs cupboard in the medication storage room on the first floor of the home to replace the existing wooden one, which does not conform to Royal Pharmaceutical recommendations.

There is a new metal cabinet fitted within the treatment room, which meets the guidelines and is large enough for all the controlled medication.

3. The medication fridge should be defrosted on a more regular basis.
4. Temazepam should be recorded in the Controlled Drugs register.

Evidence from documentation shows the last two recommendations are being met.

Medication is supplied by the local GP prescribing practice, which has its own pharmacy at the surgery. Checks of the records and stock levels showed that these are up to date and correct. Controlled drugs are monitored and recorded

in a controlled drug register and refrigerated medication is stored 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.**

People who use the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence including a visit to this service.

The home has a satisfactory complaints system with some evidence that people feel that their views are listened to and acted upon. Staff and people using the service are confident about reporting any concerns and the manager acts quickly on any issues raised.

### **EVIDENCE:**

Checks of the complaints record shows that the manager has dealt with 1 complaint since the last visit in September 2006. This was investigated and resolved.

The home has a complaints policy and procedure that is found within the statement of purpose and service user guide. It is also on display within the home. The policy is available in a number of different formats on request.

Five out of six people who completed a survey showed a clear understanding about how to make their views and opinions heard and one person said 'If I have any problems I tell my parents and they sort it out if they can. As they visit every day this does not take very long'.

Seven out of eight relatives who completed a survey said they were satisfied with the complaints process. One person commented that 'I have regular meetings with the staff and they are quick to remedy minor issues. There have been no major concerns and the complaints procedure has been

explained to me'. All the relatives who answered a survey were happy that the home responded appropriately when they made a complaint. Comments received included 'I have not had to make a complaint, but I am sure the staff would help me if any concerns arose', and 'I am the type of person who would get to the bottom of anything unusual happening, I cannot fault the service'.

At the last visit in September 2006 a requirement was made:

The registered person is required to make arrangements for all staff to receive up to date abuse awareness training so that they know how to report abuse under local authority procedures.

The registered person must have systems in place to make sure that staff had fully understood adult protection training received so that residents are protected from harm.

At this visit it was seen that this requirement has been met.

Information from the staff files indicates that staff have received Safe guarding of Adults training in the past, and that there have been a number of updates given to them through staff meetings and supervision sessions over the last 11 months.

The home has policies and procedures to cover adult protection and prevention of abuse, whistle blowing, aggression, physical intervention and restraint, and management of resident's money and financial affairs.

## 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, 29 and 30.

People who use the service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence including a visit to this service.

The standard of the environment within this home is very good providing people with a comfortable and homely place to live.

### EVIDENCE:

At the last visit a requirement was made:

'The registered person must make arrangements for the water temperatures to be no more than 43 degrees centigrade in outlets used by residents to prevent risks from scalding.

The registered person must ensure that staff adhere to the home's policies and procedures for the safe monitoring of bath water temperatures to prevent risks to the residents from scalding'.

Checks at this visit show the requirement has been met.

Sue Ryder Care Centre is a grade 2 listed building set within a rural community, close to a small village. It has extensive grounds of which some are not accessible to people who live there. A number of people use electric wheelchairs and they are able to independently move around the home using the two passenger lifts, which are fitted with low set buttons specifically for wheelchair users. There is a mix of large and small communal areas giving people options of where they wish to sit and a chance to enjoy quiet times as well as company. Bedrooms are large and spacious enough to accommodate the equipment needed to move individuals about during care giving.

People have a choice of bathing facilities including rise and fall baths, a jacuzzi bath and showers. There are water temperature charts, thermometers and guidance for staff in each bathroom and the water is tested every day before being used for bathing to ensure the temperature is within the acceptable range of 43 degrees centigrade.

Outside the home is a range of well tended gardens and flat walkways, including a sensory area with lights, a water feature and fragrant plants. This area can be accessed from different areas of the ground floor. In response to requests for improved security a special locking system has been added to the main entrance, which people can override to allow access.

Discussion with the staff and manager indicates that there is a wide range of equipment provided to help with the moving and handling of people and to encourage their independence within the home. This includes mobile hoists, over-head hoists, slide sheets, moving and handling belts and handrails. Storage rooms for equipment are provided throughout the home. Bathrooms are fitted with rise and fall baths and Jacuzzi baths and all areas have wide doorways to enable wheelchair access. Specialist nursing beds including profiling and rise and fall adaptations are provided where people have an assessed need, and these aid staff in caring for these people and make life more comfortable for individuals who spend a lot of time in bed. The home provides pressure relieving mattresses and cushions, where people are deemed at risk of developing pressure sores. The passenger lifts are specific to the needs of the people in the home, one is large enough to take a bed and the other accommodates wheelchair users. There is a relaxation room and a recreation room for people to use, which are supplied with equipment and specialist adaptations for use with people with disabilities.

All areas seen during this visit were found to be warm, safe and comfortable, well decorated and welcoming. The home has an infection policy in place and staff receive training around this area of practice. Comments from the day of this visit indicate that the people using the service find the home to be spotlessly clean and they are satisfied with the laundry service provided by the home.

## 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, 35.**

People who use the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence including a visit to this service.

The standards of recruitment, induction and training of staff are good with appropriate employment checks being carried out and staff demonstrating a clear understanding of their roles, ensuring that people are protected from risk and looked after by motivated and knowledgeable people.

### **EVIDENCE:**

At the last visit in September 2006 a requirement was made:

'The registered person must adhere to the home's recruitment policies and procedures so that information disclosed within the Criminal Record Bureau check is followed up and dealt with appropriately to safeguard the interests of the residents'.

At this visit it was seen that the requirement has been met.

The home has an equal opportunities policy and procedure. Information from the staff personnel and training records and discussion with the manager,

shows that that this is promoted when employing new staff and throughout the working practices of the home.

The home has a recruitment policy and procedure that the manager understands and uses when taking on new members of staff. Checks of four staff files showed that police (CRB) checks, written references, health checks and past work history are all obtained and satisfactory before the person starts work. Nurses at the home undergo regular registration audits with the Nursing and Midwifery Council to ensure they are able to practice.

At the last visit in September 2006 a requirement was made 'The registered person must ensure that staff receive specialist training to equip them with the skills and experience to meet the needs of the residents'. At this visit it was seen that training has been booked and the requirement is met.

The home offers staff a wide range of training aimed at meeting the needs of the people who live in the home, in addition to a comprehensive induction and foundation programme, which meets the Skills for Care training targets. Staff receive in excess of three days paid training per year and the home has individual staff training plans that are discussed through supervision and appraisal.

The home has been without a training officer since December 2006, but the post is now filled and the manager is hopeful that this person will start work within the next month and will move the training programme forward. Mental health awareness training is booked for 18<sup>th</sup> October 2006 with the Humber Mental Health team. The manager is sourcing challenging behaviour training, and it is recommended that this is undertaken within the next six months. The manager said that she would send us a copy of the new training matrix by the end of December 2007.

The home has done work to set up a Palliative Initiative in Neurological Care (PINC) which is linked to research into end of life studies that had been carried out at Nottingham University with the aim of improving the quality of life for people at the home. The manager is also looking to implement the Gold Standard Framework for Palliative Care, as this is the model used by the local GP practice in Holme Upon Spalding Moore.

Information from the Annual Quality Assurance Assessment indicates that 7/33 staff have achieved an NVQ 2 or above (21%) and that four other staff are working towards this qualification. It is recommended that 50% of staff should have this award by the end of December 2008.

## **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.**

People who use the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence including a visit to this service.

The management of the home is satisfactory overall and the home regularly reviews aspects of its performance through a good programme of audits and consultations, which includes seeking the views of people, staff and relatives.

**EVIDENCE:**

The registered manager has the qualifications, experience and competencies needed to run the home and meet its stated purpose, aims and objectives. Mrs Linda Chapman has been at the Sue Ryder Centre since 1995, she became the deputy manager in 2002 and in 2003 progressed to manager. She is a qualified nurse and has an active registration with the Nursing and Midwifery Council. Linda has completed her Registered Managers Award and is able to keep her skills and knowledge up to date through regular training sessions

within the home and by attending courses on the company's management programme.

The manager has been joined by a newly appointed head of care services who is a Macmillan nurse and holds a teaching qualification. The head of care will oversee the day-to-day running of the clinical services and assist in the development of the end of life care programme.

The home is currently committed to the Investors in People programme of quality assurance and is working towards achieving this award. Meetings for people and relatives are held on a regular basis and minutes are circulated to people living in the home. Staff have meetings with the manager and everyone is encouraged to join in with discussions and voice their opinions. People in the home and staff agreed that they are able to express ideas; criticisms and concerns without prejudice and the management team will take action where necessary to bring about positive change. Policies and procedures within the home have been reviewed and updated to meet current legislation and good practice advice from the Department of Health, local/health authorities and specialist/professional organisations. The manager completes in-house audits of the home and its service on a monthly basis, and the registered individual does spot checks and completes the regulation 26 visits.

The importance of the Commission's document called Key Lines Of Regulatory Assessment (KLORA) was discussed with the manager, and how it is used in the inspection and report writing process.

Maintenance certificates are in place and up to date for all the utilities and equipment within the building. Accident books are filled in appropriately and regulation 37 reports completed and sent on to the Commission where appropriate. Staff have received training in safe working practices and the manager has completed generic risk assessments for a safe environment within the home. Risk assessments were seen regarding fire, moving and handling, cot sides and pressure relieving equipment.

# 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

<b>CHOICE OF HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>1</b>	X
<b>2</b>	4
<b>3</b>	4
<b>4</b>	X
<b>5</b>	X

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

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

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

<b>CONCERNS AND COMPLAINTS</b>	
<i>Standard No</i>	<i>Score</i>
<b>22</b>	4
<b>23</b>	3

<b>ENVIRONMENT</b>	
<i>Standard No</i>	<i>Score</i>
<b>24</b>	4
<b>25</b>	X
<b>26</b>	X
<b>27</b>	X
<b>28</b>	X
<b>29</b>	4
<b>30</b>	4

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

<b>CONDUCT AND MANAGEMENT OF THE HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>37</b>	4
<b>38</b>	X
<b>39</b>	3
<b>40</b>	X
<b>41</b>	X
<b>42</b>	3
<b>43</b>	X

Are there any outstanding requirements from the last inspection? No

**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.	OP32	50% of care staff should achieve an NVQ 2 by the end of December 2008.
2.	OP35	Staff should participate in challenging behaviour training before the end of December 2007.
3.	OP35	The manager should send the commission a copy of the training matrix by the end of December 2007.

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