



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### St Josephs Rest Home

16 The Drive  
Ilford  
Essex  
IG1 3HT

*Lead Inspector*  
Ms Harina Morzeria

*Unannounced Inspection*  
17th December 2007      10:30

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

## Reader Information

Document Purpose	Inspection Report
Author	CSCI
Audience	General Public
Further copies from	0870 240 7535 (telephone order line)
Copyright	This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI
Internet address	<a href="http://www.csci.org.uk">www.csci.org.uk</a>

This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at [www.dh.gov.uk](http://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](http://www.tso.co.uk/bookshop)

This report is a public document. Extracts may not be used or reproduced without the prior permission of the Commission for Social Care Inspection.

# SERVICE INFORMATION

<b>Name of service</b>	St Josephs Rest Home
<b>Address</b>	16 The Drive Ilford Essex IG1 3HT
<b>Telephone number</b>	0208 518 3004
<b>Fax number</b>	0208 270 6085
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Mr Avtar Sandhu Mr Ajvinder Sandhu
<b>Name of registered manager (if applicable)</b>	Gracy Metilda Bhoopalan
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	26
<b>Category(ies) of registration, with number of places</b>	Dementia (10), Dementia - over 65 years of age (0), Old age, not falling within any other category (16)

# SERVICE INFORMATION

## Conditions of registration:

None

**Date of last inspection** 23<sup>rd</sup> & 26<sup>th</sup> November 2006

## Brief Description of the Service:

St Josephs Rest Home is registered to care for 26 elderly residents and includes 10 beds for people with dementia. It is located in the London Borough of Redbridge and is situated close to the centre of Ilford. The home is within walking distance of a park and a bus route for easy access into the town centre. There are 24 single rooms and 2 double rooms, all of which have a wash basin. The rooms are situated on the ground and first floor which is served by a lift and stairs. Bathing and toilet facilities are suitable for the needs of older people. There are two lounges plus a separate dining area and a large well-kept garden. There is also a multi-sensory room (snoezelen) in place for all the residents. The external grounds and premises are well maintained and secure. The home employs sufficient numbers of experienced and skilled staff to meet the needs of the residents. Personal care is provided on a 24-hour basis, with health needs being met by visiting professionals or by staff accompanying residents to hospital appointments and other healthcare specialists as required. A large variety of activities and entertainment are enjoyed by the residents provided by the activities co-ordinator as well as in-house entertainment and outings.

A Statement of Purpose is available upon request and a Service Users Guide is given to each prospective service user, which details the service the home can provide. The home displays a copy of the Commission for Social Care Inspection report in the foyer and make it available at the request of the service user or their relative/representative.

The scale of fees charged by the home is between £450 - £525 per week.

# SUMMARY

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

This inspection was unannounced and took place over approximately seven hours. The manager and general manager were interviewed and assisted with the inspection. The inspector was accompanied to this inspection by an "Expert by Experience" who looked around the home with a member of staff. She spoke to the residents and staff, observed the lunchtime routines at the home and provided a report of her findings to the inspector, part of which have been incorporated in this report reflecting her findings. Care staff were asked about the care that residents receive, and were also observed carrying out their duties. Staff, care and other records were checked. Feedback questionnaires were sent to residents, relatives and staff. Responses were received from 15 residents 10 relatives and 6 staff. Feedback was also received from a visiting healthcare professional.

The Commission has not received any complaints about this service.

The inspector would like to thank the residents, staff, relatives and the expert by experience for their input during the inspection.

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

The home is fully staffed and there is a stable staff team that residents say are kind and caring.

More than half of the staff team have got NVQ qualifications and have had the training needed to help them to provide a good service for the residents.

St Josephs Rest Home uses the Alzheimer's Society standards as a good practice guideline when caring for residents with dementia.

Signages like photographs, room numbers and names are placed on residents' personal room doors and toilets and other facilities for ease of movement for residents with dementia. Rooms, lounges and corridors are painted in appropriate colours and textures to assist residents with orientation.

There is a relaxed atmosphere in the home and relatives are welcomed.

Families can have meals with their relatives and are invited to any celebrations or events organised at the home.

Activities and entertainment are organised daily.

Staff, residents and relatives all have the opportunity to discuss the service and to make suggestions about future changes. Staff feel that they get a lot of help and support and that this enables them to provide a good service that meets the residents' needs.

The Expert by Experience states in her report, "my impression of St. Joseph's is that the home is a very friendly, caring establishment making my visit a very pleasant one. St. Joseph's is clean, bright, neat, tidy and organised.

Upholstery, carpets, flooring were in really good condition although some paintwork needed attention."

Relatives state, " I go to St Josephs and the best thing I see them do is to treat the residents like family." Another relative states, "very friendly and homely atmosphere".

Positive feedback was received from the London Borough of Redbridge Commissioners who have a block contract with the home.

The GP said that the staff always take steps to address any issues that have been raised.

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

All the requirements made at the previous inspection have been addressed and are now met.

Lounges and corridors have been redecorated.

Activities continue to improve, as do the opportunities for residents to go out. Staff receive extensive training and are knowledgeable and able to meet the needs of the residents.

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

The manager and staff team continue to work to provide a good service for the residents and to meet each person's needs. The requirements in the previous inspection have been met. There are not any requirements from this visit.

It was suggested to the manager that she uses the Key Lines of Regulatory Assessment (KLORA) to assist and continue to identify and evidence the excellent quality of the service provided.

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**

## **CONTENTS**

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

## Choice of Home

### The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

### The Commission considers Standards 3 and 6 the key standards to be inspected.

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

1, 2, 3 and 5 (standard 6 is not applicable to this service)

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

Prospective residents have an individual needs assessment and are given the opportunity to visit the home prior to making a decision to live there. Information is now available in different formats and residents are provided with a written contract or statement of terms and conditions.

### EVIDENCE:

The files of two new residents were viewed and all showed evidence of a comprehensive pre-admission assessment and a statement of terms and conditions or contract.

There is a Statement of Purpose & Service Users guide. These are reviewed and updated annually and can be made available in different formats and languages. Residents spoken to said that they had been given of copy of the

guide. Many staff and residents in the home are bi-lingual and from different faiths meaning that they can share information with prospective residents about what it is like to live in the home and the services provided to meet individual needs.

Each resident has a contract with the provider and a copy of these were seen in residents' files.

Referrals are made by Social Services department and they provide initial assessment information. This may be from information that they have gathered or from assessments made by hospital staff. Assessments are then carried out by the manager before an individual moves into the home. At this time the prospective residents and/or their relatives are provided with information about the home and encouraged to visit. The assessments cover all of the required areas and include health, mobility, nutrition, religious, cultural and spiritual needs. Examples of this were seen in residents' files. From this assessment information, an initial basic care plan is drawn up to enable staff to provide appropriate care for an individual when they move into the home. Evidence was seen on new residents' files that they can visit the home and enter the home for a trial period of stay before deciding to move in permanently.

The home does not provide intermediate care.

## Health and Personal Care

### The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

### The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

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

7, 8, 9, 10 and 11

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.

Residents receive personal care that meets their individual needs and preferences. The principles of respect, dignity and privacy are put into practice.

The healthcare needs of all of the residents are met and clearly recorded in each person's care plan which is drawn up with the involvement of the resident and/or relatives. Personal support is responsive to the varied and individual needs and preferences of the residents.

The medication policies and procedures, and staff training, ensure that all residents are protected through the safe administration of medicines.

Residents can be assured that at the time of their death, they and their family will be treated with care, sensitivity and respect.

The staff team are able to meet the needs of residents and support them in a way that they prefer, through gathering detailed information and good care planning arrangements.

## **EVIDENCE:**

The files of six residents were viewed and all had a person centred care plan. There was evidence that residents and/or their family are now involved in drawing up the care plans. Reviews take place on a monthly basis, or more frequently if necessary.

There was some evidence of life histories and this needs to be developed further. Obviously, the successful development of life stories will need the involvement of relatives because some residents who are living with dementia may not be able to remember some significant events in their lives.

All of the residents have comprehensive care plans, which give details of their needs and how to maintain their independence as far as possible. Individual plans clearly record people's personal and healthcare needs and detail how they will be delivered. Hence, the care plans identify specific needs for example, for one service user who has a sight impairment and hearing problems the care plan very clearly specified how staff should assist her by sitting on the correct side where she has some hearing, maintaining eye level communication, how she should be helped when getting in and out of a chair, mobility issues and communicating with her in her own reality. They also contain information about residents' likes and preferences. For example "prefers to have a shower ", "leave the bedside lamp on at all times during the night ", "prefers female carers". Residents and/or their relatives are asked to read and sign the care plans. Each resident has a nominated keyworker. The care plans refer to a person's cultural, religious as well as dietary needs as the home accommodate people from different cultural backgrounds. The care plans reflect how a person should be supported in these areas. Staff respect people's preferences and have expert knowledge about individual personal needs when providing support, including intimate care.

The care plans are used as working tools and are reviewed and updated when a person's needs change.

They therefore contained up to date information to enable staff to meet residents' current needs. The following feedback from relatives was received "The home certainly look after my mother to a level acceptable to our family. The food is good. The activities organiser works hard to try and bring stimulating activities for all occupants. The home is clean and we can speak to management whenever we wish."

"As well as care and support to my mother they also offer understanding and patience to her and the family." " St Joseph's is multicultural and I have been extremely impressed in how they respect and follow multicultural events. "

Residents are registered with local GPs. The optician and dentist make regular checks. The district nurse visits as and when required to provide nursing support. Residents' weight is monitored and dietary needs addressed. The NICE Tool (Malnutrition Universal Screening Tool (MUST)) is used to record residents' weight, height and BMI is used and a comprehensive risk

assessment is formulated which alerts staff to refer a person to an appropriate health professional if there is cause for concern, for example, the dietician, GP, Nutritionist.

Manual handling assessments are in place and reviewed monthly. Aids and equipment are provided to encourage maximum independence for people using services, these are regularly reviewed and are replaced to accommodate changing needs. Specialist advice is sought by the home to ensure the effective use of equipment.

Medical information is recorded and the outcome of visits to the doctor or hospital and any follow up action is recorded. Residents are supported to attend doctors and hospital appointments. The home arranges training on health care topics that are related to the health care needs of the residents. Therefore staff are trained and competent in health care matters.

The home is registered as a service for people with dementia and staff assist residents appropriately as they have all received dementia care training. In addition a specialist in this field has visited to talk about dementia mapping and has carried out an audit of the building and service.

Overall the evidence above confirms that residents receive excellent personal and healthcare that not only meets their needs but also encourages and maintains their independence, privacy and dignity.

None of the residents can self medicate and medication is administered by staff that have received medication administration training. There are policies and procedures for the handling and recording of medication. A random sample of Medication Administration Record (MAR) charts were examined and these were appropriately completed. The medication records include a photograph of the resident, a medical history and details of any allergies. There is also information about the medication and what it is for. This is good practice. Medication is appropriately and safely stored in locked cabinets and liquid medicines have the opening dates recorded on them. There are regular times for administering medication. Medication is safely and appropriately administered in a way that meets residents' individual needs and preferences. The service have undertaken a 'dignity audit' during November/December 2007 as per the DOH initiative and have identified areas which need improvement and are currently actioning the plan.

The number of falls at the home has been drastically reduced through the use of assistive technology that is in the use of pressure mats in bedrooms, and for additional emergency alarms for some residents. Bed rails are used in accordance with a risk assessment, and are used in line with health and safety requirements.

All of the staff have received training about death & bereavement and details of residents' wishes in the event of their death are recorded in care plans. Religious needs and wishes are also recorded. The staff are proactive and are sensitive to the particular religious or cultural needs of the individual or their family. These are clearly recorded, respected and known to the staff delivering the care. All staff receive in-house training and practical advice and have continuous support and opportunities to discuss any areas of anxiety and concern. Residents who are at the end of their life are supported in the home, as far as is possible, with input from the district nurse or palliative care team. The manager has developed an 'end-of- life' plan and the inspector has suggested further improvements be made to this.

## Daily Life and Social Activities

**The intended outcomes for Standards 12 - 15 are:**

- 12.** Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
- 13.** Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- 14.** Service users are helped to exercise choice and control over their lives.
- 15.** Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

**The Commission considers all of the above key standards to be inspected.**

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

12, 13, 14 & 15.

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

Residents have the opportunity to join in a range of activities and outings. The home is good at being able to meet the cultural and religious needs of people from different backgrounds living at the home.

Visiting times are flexible and visitors are welcomed in the home and residents can keep in contact with friends and relatives.

Residents' views and opinions are important and are used in planning and developing the service.

The meals in the home are good and residents have a choice of what to eat.

**EVIDENCE:**

An activities coordinator is employed who works five days a week and a variety of activities are provided each day. These include art & craft, bingo, musical entertainment and reminiscence. The care plans seen include information about preferred activities that residents may like to participate in including spiritual and cultural activities. Residents spoken to said that they enjoy the activities. The activities coordinator also takes some of the residents out to the shopping centre subject to a risk assessment. Appropriate activities are provided for people with dementia, for example, activities based on the Alzheimer's society activities tools like 'Alzheimer's society book of activities and 'memories are made of this' . A multi-sensory room with various sensory equipment is available for stimulation of service users with dementia. The staff converse with residents with dementia in their own reality and do not attempt to bring them back to the present.

There are photographs of the various activities and outings the residents have enjoyed over the year. The manager hopes to display these in the hallway.

The Expert by Experience who accompanied the inspector, during this inspection states, "during my visit there were mental activities in one of the main lounge areas and the service users were encouraged to contribute to the exercise. A hairdresser visits St Joseph's once per week and ensures that the ladies have their hair done and the gentlemen have their haircuts. During one of my conversations, one of the resident said that she regularly attended and enjoyed the Sunday morning service."

Christmas carol singing was being planned for the coming weekend for the residents' enjoyment as well as a Christmas dinner and a residents' Christmas party. The home was brightly decorated for Christmas and a visiting shop was coming to the home for the residents to do their Christmas shopping.

Once a month a different entertainer visits and this has included singers and pearly kings and queens. The Roman Catholic preacher comes to the home every Tuesday morning to give Holy Communion and hold prayers for three service users and Jewish prayers are held every Friday for the Jewish residents in the home. These are conducted by the activities coordinator who is of the same faith. Therefore the home is very much part of the local community. Residents said that some people go to church and would also be assisted to attend a Gurudwara or Temple if they wish. Therefore residents spiritual needs are met.

Visitors are welcome at any reasonable time and relatives' meetings are held regularly and chaired by one of the residents. Residents said that they talk about what they like, any complaints and what they want. They put forward ideas and staff see what they can do. Residents' opinions are sought and acted upon.

A relative said " we visit regularly and you can come when you want to. The family feel very comfortable to visit."

Another relative commented "my mother can call me at any time and I have been able to call and visit freely at any time".

Residents are encouraged to be as independent as possible and to be involved in choices about the home and about their lives.

Several residents are bilingual and there are sufficient numbers of staff working in the home from different cultural backgrounds who can understand and communicate effectively with the residents in order to be able to understand and meet their needs.

Residents are offered a choice of meals. Special diets are catered for and also different types of meals are catered for. For example, kosher food and Asian/vegetarian meals. The chef was aware of people's choices and had a list of this available to him in the kitchen. He said that he would prepare something different if the choices of the day were not to a resident's liking.

Meals are served in the dining area and the tables are nicely laid. Drinks and snacks are available and the night staff make a cup of tea or a drink for any residents who have difficulty sleeping during the night. The Expert by Experience states that, "The residents I spoke to and observed during the lunch hour, were very enthusiastic about the selection of food available. One comment was "what is there not to like- it's perfect". They all said they enjoy their food. The tables were nicely set and drinks were provided prior to the dinner being served. Two service users, although being encouraged to join the majority of residents in the dining-room for lunch, were sleepy and reluctant to move so their lunch was served to them in the lounge and assistance was given to encourage them to eat".

Picture menus are being developed to assist residents to make choices.

Most of the staff have received training regarding nutritional care and carry out a nutritional screening for their key residents in order to implement good practice points around meals and mealtimes. The importance of providing good nutritional care for all service users has been discussed with staff during staff meetings and all staff recognise the importance of this. The general manager carries out a meals audit every three months which is incorporated into the quality assurance tool and any issues raised are followed through promptly.

# Complaints and Protection

**The intended outcomes for Standards 16 - 18 are:**

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

**The Commission considers Standards 16 and 18 the key standards to be.**

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

16 & 18.

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

There is a user-friendly complaints procedure that is followed in the event of any complaints being made.

Staff have received safeguarding adults training to ensure that they are clear about what constitutes abuse and what to do if abuse is seen or suspected. This gives residents greater protection from abuse.

## **EVIDENCE:**

There is a complaints procedure and this is displayed in the home. Complaints are recorded and dealt with by the manager and the staff team. Complaints are checked by the general manager and by the Local Authority. Residents and relatives are encouraged to voice any problems so that they can be sorted out as soon as possible. The manager actively seeks feedback from residents and relatives. Staff are reminded to record any complaints so that they can be appropriately dealt with and evidence of this was seen in the complaints book. Feedback from relatives states that any concerns raised are dealt with immediately by the manager or the staff team. A relative stated that,

"whenever I contact the home they contact me if the person I'm trying to contact is occupied elsewhere. I can only think of one instance in 2 3/4 years when we had to chase the home. Once the message got through we were updated to our satisfaction".

The registered persons are part of the London Borough of Redbridge safeguarding adult providers subgroup consisting of a group of service providers from various areas including health care, learning disability services, the volunteer sector, residential care, CSCI and the local Redbridge safeguarding adults coordinator. The general manager is an active participant to the Local Authority Safeguarding Committee and has devised an audit on safeguarding adults based on the national framework to assess the standards for providers to tackle the factors which contribute to its occurrence at all levels. This document will be used in future forums to audit "safeguarding adults" implementation in the home. It also considers issues relating to dignity and accident prevention.

The manager has reviewed the home's adult protection policy and procedure which now clearly tells staff the actions to take in the event of abuse/suspected abuse being discovered. All staff working within the home are fully trained in safeguarding adults and unknown home to respond in the event of another. Staff spoken to were aware of the issues of abuse and aware of their responsibility to residents. The home has an open culture and are transparent when discussing incidents with external bodies. Staff, residents and relatives feel able to raise any concerns that they might have. There is a clear system for staff to report concerns about colleagues and managers which ensures that concerns are investigated in line with local policies and procedures. The home have appointed two dignity champions from the staff group to assess and report on safeguarding concerns.

There were no safeguarding issues reported to the CSCI inspector since the last inspection.

Staff understand what restraint is and the use of any equipment that may be used to restrain individuals such as bed rails and wheelchair belts is decided within a risk assessment framework. Residents said "the staff are kind and always around when you need them."

Some of the residents keep their own money and the home holds cash for others. The cash held is used for items such as hairdressing, chiropody and newspapers. The home's policy is that no more than £100 can be held for any resident. Records are kept of financial transactions. Regular checks are made by the general manager to ensure that these are correct. Therefore systems are in place to ensure that residents are protected from financial abuse and that residents' finances are appropriately managed and monitored.

# Environment

## The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

## The Commission considers Standards 19 and 26 the key standards to be inspected.

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

19, 20, 21, 22, 23, 24, 25 & 26.

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

The residents live in a clean and comfortable home that has suitable aids and adaptations for their needs. The staff team continue to work to improve the environment and to make it as homely as possible.

### EVIDENCE:

The home is in Ilford and is near to the town centre and on the main bus routes. The home is accessible to wheelchair users. On the ground floor there are two lounges and a dining area and bedrooms are on both floors. New chairs have been purchased for the lounges and the curtains have been changed in these areas which gives the home a fresh and updated look. There is a lift to the first floor. Adapted bathing and toilet facilities are available to meet the residents' needs. Hoists and slings are available for residents that need these. Therefore, the equipment needed to meet the residents' specialist needs is available in the home.

Since the last inspection the hallways and the lounges have been redecorated as well as the kitchen. The home is appropriately decorated and furnished throughout. New furniture including beds and wardrobes have been purchased for all bedrooms. Residents are encouraged to bring some of their own furniture and personal possessions with them. Some of the residents showed the expert by experience their bedrooms, her comment is as follows, "the bedrooms I looked at were all of a good size, clean, tidy and well furnished. Service users are able to bring their own possessions if they wish. I observed that one service user has a piano in their room which I thought was reassuring for the person concerned. The en- suite bathrooms I felt were quite small for elderly persons and the shower trays generally had a rather deep lip to be negotiated before entering the shower."

The AQAA form returned states that as part of the maintenance programme they plan to re-decorate the existing toilet and bathroom facilities.

The kitchen is appropriately equipped and is clean. Food was appropriately labelled and stored. The cook carries out the necessary checks to ensure that the environment meets the necessary standards of hygiene and that residents' food is prepared in line with good food hygiene practice. There is a separate laundry and this has appropriate equipment.

There is a nice garden at the rear of the home and this has a patio area and tables and chairs. It is spacious and accessible. The garden also has tubs and hanging baskets in the summer and as previously stated one of the residents helps to look after these.

New fencing will be fitted at the back of the building and CCTV will also be fitted to the exterior of the building to safeguard staff, residents, relatives and the building.

At the time of the inspection the home was clean and free from offensive odours. There is an infection control policy and advice is sought from external specialists if the need arises. All staff have received infection control training and the manager aims to raise staff awareness of this issue further in the coming year. Anti bacterial slots have been placed in the lounges and other areas around the home to prevent cross- infection. The NHS "stop germs spreading" guidelines are placed in the bathrooms and toilets to ensure that staff follow these guidelines at all times.



## Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

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

27, 28, 29 & 30.

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

Residents are supported and protected by the home's recruitment practice.

Staffing levels are plentiful at all times to support the needs of people who use the service. Staff receive the necessary training, supervision and support in order to meet residents' current needs and provide a good service for them.

Residents are supported by a staff team that know them well and who are committed to providing a good quality service.

### **EVIDENCE:**

At the time of the visit there were twenty three residents living at the home with three vacancies. There are three shifts for staffing the home and the usual staffing is one senior and three carers on all shifts. At night there are two waking night carers and one senior person on call. Domestic, kitchen staff, laundry staff, a handyman support the care staff. There is generally a stable

staff team and agency staff have not been used in the recent past. Hence, the home is fully staffed and any additional shifts are usually covered by the staff team. Therefore, residents receive a consistent service from a staff group that are aware of their needs and how to meet them and residents get continuity in their care.

The staff team is a diverse staff team recruited from different backgrounds and have a balance of all the skills, knowledge, and experience to meet people's needs.

The service has plentiful staff available at all times to support the needs, activities and aspirations of residents in an individualised and Person centred way. The service is aware of staffing levels needed in order to provide the level of service which meets the residents needs at all times. The staffing arrangements are sufficient to meet the residents' needs and the views of residents who contributed to the inspection was that the staff were available to attend to them and meet their needs. One resident said "staff are always around if you need them". The report by the Expert by Experience states , "I spoke to several members of staff. I found them very pleasant and more than willing to spend time with me and answer anything I asked. By observation I found the staff extremely caring and helpful with the residents. It was also pleasing and extremely reassuring for the residents, that several members of staff were bi-lingual".

A relative's feedback says, "the staff always give me a summary of how my mother has been since my last visit." Another relative sated, "with all my visits I have seen all the staff treat residents with patience and as individuals."

In addition to short courses the staff team have also shown a commitment to achieving their NVQ. More than fifty percent of staff have obtained NVQ Level 2 & 3 qualifications. The home has internal developmental training as well as formal training for staff as part of an ongoing training plan. The training records checked of three members of staff confirmed that they have received training in manual handling, fire safety, dementia care (yesterday, today and tomorrow), infection control, safeguarding adults, oral care, medication and first aid. Hence, staff are receiving the necessary training to provide an appropriate and safe service to meet the needs of the residents and future training needs have been identified.

Staff are provided training on 'communication' and 'dignity' specifically related to residents with dementia and staff are expected to incorporate their learning in to practice for example, when drawing up care plans for people with dementia.

Staff records seen and feedback from staff confirms that they receive the right support from the manager to meet the different needs of the people who use the service. The following feedback is typical staff members, "I am very happy with my manager. She will give us support when we need it. My manager works very well with all of us. The support she gives to the home is magnificent. She has time for every resident and they are not just a number but a person." Staff records checked confirmed that they receive regular supervision from the manager.

Staff have job descriptions and are clear as to their individual role in the home. Staff files checked evidence that the home has a thorough and appropriate recruitment procedure. There are application forms, interviews and the appropriate references and checks are made. A random sample of staff records were checked during the inspection and were found to contain the required information.

## Management and Administration

### The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

### The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

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

31, 32, 33, 35, 36, 37 & 38.

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

The home is very well managed and provides a safe environment for the residents.

The manager and the staff team work well together and receive appropriate support and supervision to make sure that residents are safe and secure whilst living at St. Josephs.

The manager sets an example of good practice to her team and is keen to continue to develop the service at St. Josephs.

She places a strong emphasis on residents' rights and welfare and encourages residents to be involved in the day-to-day operation of the service.

## **EVIDENCE:**

The manager has worked in the home for one and a half years and has experience of working with older people. She holds a Diploma in Nursing and midwifery and has completed her Registered Manager's Award and is waiting for the certificate. She is also registered by the CSCI as a fit person to manage the home. The manager undertakes regular training and understands and values opportunities for continuing professional development. She will be enrolling on the Dementia Care Mapping training in March 2008. Therefore, the registered manager is highly competent to run the home and meets its stated aims and objectives.

The atmosphere in the home is relaxed and friendly and there is a stable staff team. The manager communicates a clear sense of direction is able to evidence a sound understanding and application of best practice operational systems particularly in relation to continuous improvement, customer satisfaction and quality assurance. Equality and diversity, human rights and person centred thinking I given priority by the manager who is able to demonstrate a high level of understanding and demonstrate best practice in these areas. The way the home is run shows an understanding of people's needs in respect of their many diverse needs and staff are aware of these and deliver individualised care within this framework. She also promotes good practise which incorporates equality and diversity issues. A member of staff said "she will work alongside staff and does whatever is necessary to ensure that the residents are well looked after." The manager is always looking for ways to improve the service provided and to ensure that residents are involved in this.

The quality of the service provided to the residents is monitored by the manager and by the management team. The management team strive through the quality assurance systems in place to provide a person centred service and aim to continuously improve the service in order to meet the residents' individual needs. The general manager carries out monthly monitoring visits to assess how effectively the home is operating to meet its stated aims and objectives, and reports are written. These indicate the action to be taken when deficiencies are identified. Copies of these reports were available in the home and sent to the Commission. In addition to this the general manager carries out a quality audit each year and also a financial audit. Residents are regularly asked for their feedback about the service and improvements made where gaps are identified. Therefore the quality of the service provided to the residents is continuously monitored.

Residents' finances are appropriately managed and monitored and this lessens the risk of financial abuse. People are supported to manage their own money where possible.

Record keeping is of a consistently high standard. Records are kept securely and staff are aware of the requirements of the Data Protection Act. Residents know they can access their records at any time.

The AQAA contains excellent information that is fully supported by appropriate evidence. It includes a high level of understanding about the importance of equality and diversity and a wide range of evidence showing how they have listened to residents. The home recognises the areas that it still needs to improve and has detailed ways in which they are planning to do this.

The home has a comprehensive range of policies and procedures to promote and protect residents' and employees' health and safety.

The home has a part-time handyperson who carries out health and safety checks and assessments. The manager is very proactive with regards to health and safety to ensure that any potential risks are minimised as far as possible. Health and safety awareness issues are cascaded to staff to raise their awareness. The handyman and the manager meet regularly to review health and safety and the maintenance of the building. All of the necessary health and safety checks are carried out and a safe environment is provided for the residents. This is reflected in the fact that there are very few accidents in the home.

Staff meetings and staff supervision have been taking place regularly, providing staff with the opportunity to discuss problems and to be involved in the development of the service. Staff meetings have an agenda and are minuted, supervision notes are also taken. Staff spoken to said that there is very good communication and teamwork in the home. Training and development needs are identified as part of supervision and appraisal. There are clear lines of accountability in the home. Appropriate insurance cover is in place.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

<b>CHOICE OF HOME</b>	
<b>Standard No</b>	<b>Score</b>
<b>1</b>	3
<b>2</b>	3
<b>3</b>	3
<b>4</b>	X
<b>5</b>	3
<b>6</b>	x

<b>ENVIRONMENT</b>	
<b>Standard No</b>	<b>Score</b>
<b>19</b>	3
<b>20</b>	3
<b>21</b>	3
<b>22</b>	3
<b>23</b>	3
<b>24</b>	3
<b>25</b>	3
<b>26</b>	3

<b>HEALTH AND PERSONAL CARE</b>	
<b>Standard No</b>	<b>Score</b>
<b>7</b>	4
<b>8</b>	4
<b>9</b>	4
<b>10</b>	4
<b>11</b>	4

<b>STAFFING</b>	
<b>Standard No</b>	<b>Score</b>
<b>27</b>	4
<b>28</b>	4
<b>29</b>	4
<b>30</b>	4

<b>DAILY LIFE AND SOCIAL ACTIVITIES</b>	
<b>Standard No</b>	<b>Score</b>
<b>12</b>	4
<b>13</b>	4
<b>14</b>	4
<b>15</b>	4

<b>MANAGEMENT AND ADMINISTRATION</b>	
<b>Standard No</b>	<b>Score</b>
<b>31</b>	4
<b>32</b>	4
<b>33</b>	4
<b>34</b>	4
<b>35</b>	4
<b>36</b>	4
<b>37</b>	4
<b>38</b>	4

<b>COMPLAINTS AND PROTECTION</b>	
<b>Standard No</b>	<b>Score</b>
<b>16</b>	3
<b>17</b>	X
<b>18</b>	4

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

## **Commission for Social Care Inspection**

Ilford Area Office

Ferguson House

113 Cranbrook Road

Ilford

IG1 4PU

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk)

Web: [www.csci.org.uk](http://www.csci.org.uk)

© This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI