



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Pickering House

Ridgeway Road
Dorking
Surrey
RH4 3AY

Lead Inspector
Jo Griffiths

Unannounced Inspection
19th November 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

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Pickering House
Address	Ridgeway Road Dorking Surrey RH4 3AY
Telephone number	01306 888077
Fax number	01306 888212
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Journalists` Charity
Name of registered manager (if applicable)	Helen Tomlinson
Type of registration	Care Home
No. of places registered (if applicable)	20
Category(ies) of registration, with number of places	Dementia (0), Old age, not falling within any other category (0)

SERVICE INFORMATION

Conditions of registration:

None

Date of last inspection Not applicable

Brief Description of the Service:

Pickering house is a purpose built home providing 24 hour care and nursing to people who are over 65 and who may have Dementia. The home is owned by the Journalist charity and all residents of the home have either worked in journalism or been connected to journalism in the past.

The home has single ensuite bedrooms and a number of lounge areas. There are large gardens to the rear and car parking to the front. The home has ceiling hoists and some mobile hoists and there is a lift to each floor. Therefore people in wheelchairs can be comfortably accommodated.

Anyone wishing to move to the home will have their needs assessed by the Manager and will be provided with information about the service.

The fees for the service range from £500 - £650 per week. This includes accommodation, meals, care and nursing care, equipment, physiotherapy and some activities.

SUMMARY

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

This was the first key inspection of Pickering House since it was registered with CSCI in June 2007. The inspection included getting the views of relatives, the residents of the home and health professionals through surveys. The Manager of the home completed a self assessment of the home called the 'Annual Quality Assurance Questionnaire (AQAA)' and returned this to CSCI. The inspection also included a visit to the home where the support provided to residents was observed, people were asked their views and some of the records were inspected.

What the service does well:

The residents of the home and their relatives gave positive feedback about the service they were receiving. Comments included

"The rooms are delightful and the whole home is clean, light and airy. Pickering house is very well run."

"The staff have a very good attitude."

"Even a request for a cup of tea in the middle of the night was treated with a swift response."

"It would be quicker to ask what the home does not do well."

The service supports people as individuals and the care plans are written in a way that demonstrates respect for the residents of the home. People living in the home feel they can talk to the staff and the Manager about any concerns they may have and that they will be taken seriously.

The environment of the home comfortable, modern and has plenty of facilities and space.

The home fully meets the health needs of the residents by provision of nursing staff, contact with the GP and twice weekly physiotherapy sessions in the home.

What has improved since the last inspection?

This is the first key inspection of Pickering House.

What they could do better:

More permanent staff should be recruited so that the home does not have to rely on agency workers. New staff should complete their inductions and training courses should be booked as soon as possible.

It would be beneficial to residents if their care plans gave staff information on how to ensure their social needs and emotional needs are met. This should include whether people require any support to maintain contact with friends and social groups outside the home or whether people need support to build new relationships.

Some people said they would like more activities to be available. It is acknowledged that the activity programme is new and it is recommended that when it is reviewed the residents be formally consulted about what they would like to do.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 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):

Standard 2 and 3

Quality in this outcome area is **good**

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

People have an assessment of their needs to ensure they can be met before they move into the home. People have a contract but this has not been understood and signed by the residents.

EVIDENCE:

The service does not provide intermediate care but does provide some respite care.

The assessment documentation for three people was inspected. Each person has a full assessment of their needs before they move into the home. The assessment includes all areas of the person's life to ensure their needs can be met before a place is offered. The Manager carries out all assessments and includes their views and preferences of the person.

If the persons needs can be met this is confirmed to them in writing. People's needs are kept under review when their care plan is reviewed.

Feedback from residents and their relatives confirmed that an assessment was completed and that their views were included in this process.

The care home is able to take people with varying levels of need and disability. People with mobility issues can be accommodated. The cultural and religious needs of people are assessed and met. This is noted in the daily life section of this report.

Everyone has been issued a contract, but few have signed this. The Manager feels this is due to the contract being very hard for people to understand. She is working to get it reproduced in an easier to understand format.

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):

Standards 7, 8, 9 and 10

Quality in this outcome area is **good**

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

People have a care plan that ensures their needs are met. They have their health and personal care needs fully met by trained staff and healthcare professionals. They would benefit from their care plans addressing their social needs further.

People are safeguarded by the homes systems for managing their medication.

People are treated with respect by staff and their privacy and dignity are maintained.

EVIDENCE:

The care plans for three people were inspected. These showed that their assessed needs had been addressed and that they had been consulted on their preferences about their daily routine and their care. The care plans for the three people had not been signed, however, feedback from residents confirmed

that they understood their care plans and had been involved in writing them. The care plans were not dated when they were written and therefore it was not clear to see when they were due to be reviewed or had last been reviewed.

The care plans are written in a person centred way focussing on the needs and preference of the individual. The care plans for nighttime are very detailed and give staff lots of information about the support needs and the wishes of the person at night. The care plans address people's health and personal care needs clearly and there was evidence of emotional needs being met through the care plan for some people. One person's daily notes showed frequent tearfulness but the reasons for this and the support required had not been recorded in detail on the plan to ensure staff know how to reassure and support the person. This person was seen to be tearful at times during the inspection and staff responded well, but it would be of benefit to explore the reasons for this further in the care plan.

It was positive to see that the care plans took account of people's self esteem, identity and sexuality with regard to their appearance and what is important to them about the way they looked.

People's health needs were addressed in the plan and the daily notes evidenced that support was being provided to access health professional quickly. Feedback from residents showed that they felt their health needs were being met and that staff listened to any worries they had about their health. Feedback from the GP's and physiotherapist was positive about how the home meets the health needs of its residents. Physiotherapy is provided to residents of the home twice a week and is included in the fee.

Medication is stored securely and is administered by qualified nursing staff. The deputy Manager takes the lead in the management of medication. The pharmacist has recently audited the storage of medication and the records and was satisfied with the procedures.

The support provided to residents was observed at periods throughout the visit. Staff were seen to be patient and respectful in their approach. It was positive to see that people were not rushed through their lunch and that they were given choices throughout the day of what to eat, where to spend their time and whether they wished to join in any activities. Personal care was provided in people's own rooms and during this time 'do not disturb' signs were used. People's care plans take into account their right to privacy and dignity. Feedback from residents confirmed that people felt the staff treated with respect. Comments include;

"Staff are sensitive and efficient." and "Staff have a very good attitude."

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):

Standards 12, 13, 14 and 15

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

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

People in the home enjoy the activities provided. They are supported to maintain contact with family and friends.

People are supported to make their own choices. They enjoy a balanced diet in a relaxed dining setting.

EVIDENCE:

There is a new timetable of weekly activities in the home. This has just been introduced and as such will be reviewed. The feedback from residents showed that some were satisfied with the activities available but that others would like more to do during the day. There is not yet a formal system in the home for consulting with people about issues in the home. It is recommended that arrangements be made to consult with people about the activities programme when it is next reviewed.

People are supported to maintain contact with their family and friends. Visitors are welcomed at any reasonable hour and lots of visitors were seen at the

home during the inspection visit. Some day trips out have taken place and people said they have enjoyed these. Other events, including Christmas shopping trips, are planned.

There is a Chapel in the home and Church of England and Roman Catholic services are held every two weeks. The Manager said that people from any religion are welcomed in the home and that arrangements could be made for them to be visited by the minister of their choice.

There was evidence throughout the visit of staff offering choice to people about their activities, meals and how they would like to spend their time. The care plans reflect people's preferences and those spoken with said they always get a choice of when to get up, what to eat and drink, where to spend their time and what activities to do.

There is a four-week menu for the home. People can choose something from the menu or an alternative dish. The kitchen staff ask everyone what they would like each morning. Feedback from residents and relatives was very positive about the food. Comments include;

"X thinks the service is quite remarkable, food very good and well presented"

"My father reports the food is excellent."

During mealtimes the bar is open so that people can enjoy an alcoholic drink with their meals. Water, soft drinks and tea and coffee are also provided at the tables. The atmosphere in the dining room was relaxed and people that needed support to eat were helped in a sensitive way and at a pace that suited them.

The four-week menu appears balanced and nutritious. Staff said people could have drinks and snacks at anytime of the day or night. This was confirmed by two people who said they had been brought cups of tea when they had requested on in the night. One person commented, "Even a request for a cup of tea in the middle of the night was treated with a swift response."

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):

Standards 16 and 18

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

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

People know how to make a complaint if they need to and feel they will be listened to. Residents are safeguarded from harm and abuse.

EVIDENCE:

There is a complaints procedure displayed in the home for residents to use and a copy is given to everyone, in their Service User Guide, when they move in. There have been no complaints received by the home or by CSCI. The residents and relatives stated that the Manager is approachable and takes action in response to issues. Both parties were seen to approach the manager during the inspection with queries. There was an open atmosphere in the home. People said about the home;

“The manager is attentive, responsive and prompt.”

“ The Management are keen that I should raise any concerns with them so that they could sort them out quickly.”

All the staff are thoroughly checked through the recruitment procedures before they start work. This includes a Protection of Vulnerable Adults (POVA) register check and a Criminal Records check. All staff spoken with were aware of what abuse was and what to do if they had any concerns. All staff had either

completed training in POVA or had this planned for next year. The majority of the staff team are NVQ qualified. There have been no Safeguarding Adults issues in the home.

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, 23 and 26

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

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

The environment meets the need of the residents and is clean, comfortable and safe.

EVIDENCE:

The home is purpose built as a care home. It has large single bedrooms, with ensuite shower facilities, ceiling track hoists and powered high/low profiling beds. In each wing of the home there is a bathroom with an assisted bath.

There are five different lounge areas, a dining room, bar, physio room, hairdressing salon and chapel. All areas are furnished to a high standard. Some of the lounge areas are designated as quiet rooms and some have TV and music. There is a well-stocked library in the home with books, DVDs, a

computer with Internet access and seating areas. Some residents were using the internet to contact relatives and friends during the inspection.

All areas of the home are bright, airy and clean. There is a team of housekeeping staff on duty each day to carry out the cleaning and laundry duties.

There are large gardens to the back of the home. The pathways have been extended since the home opened following a resident's request. Residents can walk around all areas of the garden and seating has been provided. There is a patio area with pots and seating outside the dining room.

As the building is new there have been some issues with the heating but the Manager has taken steps to address this. People said the home is always kept very warm and it was warm and comfortable during the inspection visit.

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):

Standards 27, 28, 19 and 30

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

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

Residents are supported by trained and qualified staff. They would benefit from the recruitment of more permanent staff and the full induction of new staff.

Residents are protected by the homes procedure for recruiting new staff.

EVIDENCE:

There has been some difficulty recruiting new staff to the home since it opened, particularly nursing staff. Some agency staff are used, but these are regular workers in the home so that residents get to know them. There is currently one nurse on duty and three care staff per shift for ten residents. During the inspection staffing levels appeared to be sufficient to respond to people's needs. No one was left waiting for support. The residents and relatives that gave feedback about the service spoke highly of the staff and said they felt there were enough staff. Comments include;

"The staff have a very good attitude."

"The staff listen to you."

"They treat people as individuals. I am impressed with the service and the staff are patient and kind."

“They give more than I expected in terms of support and I have high expectations.”

The recruitment procedures ensure that staff are not employed in the home until they have been thoroughly checked with references confirmed, a CRB check made and a full interview. Two of the recruitment files for new staff were inspected.

When new staff start they undertake the skills for care induction. Due to the difficulties in recruiting nurses the Manager has been working on shift a lot and has not been able to complete as much of the induction work with new staff as she would have liked. All staff are issued with a handbook of the key policies of the home.

All the staff, with the exception of new staff, had completed training with the company in the key areas of health and safety, POVA, first aid, fire safety and moving and handling. Some of the new staff had completed the training with their previous employer. Training updates are planned for the beginning of 2008.

The majority of staff have their NVQ award. This is very positive for residents as they can be assured they are being supported by qualified staff. The nursing staff provided evidence of their valid NMC pin number to show they are registered.

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):

Standards 31, 32, 33, 35 and 38

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

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

The home is run by a qualified and competent Manager. Residents feel the Manager is approachable and listens to their views. The home is run in the best interests of the residents but they would benefit from a formal system to review the quality of the service.

The health and welfare of residents and staff are promoted and protected in the home.

EVIDENCE:

The Manager of the home is an RGN and holds the DipSW and has begun the Registered Managers Award. The Manager was seen to be available throughout

the day of the visit and responded to questions from relatives, residents and staff. The residents and relatives said that the Manager is approachable and that they can always talk to her about any concerns. Some of the comments made in the surveys were;

“Team are led by a manager with a high level of commitment. The manager is attentive, responsive and prompt.”

“Very proactive manager.”

The Manager and the staff talk informally to the residents on a daily basis about the service they are receiving and any issues or views they may have. There is no formal system in place yet for reviewing the quality of the service. The Manager hopes this will be set up to reviewed the service after Christmas. Residents said they do feel they are consulted about things and that they are given choices.

The home does not deal with any money for residents. Secure lockable space is provided if people wish to store their money and valuables.

Risk assessments have been completed for risks to individual residents and also general risks in the environment of the home. The home has a maintenance man who carries out repairs in the home. The Manager ensures the home is checked weekly for any health and safety issue. As the property and all equipment is new it is yet to be serviced, but arrangements have been made with contractors to service pieces of equipment.

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

CHOICE OF HOME	
Standard No	Score
1	X
2	2
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	3
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	2
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	3
21	3
22	X
23	3
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	2
28	3
29	3
30	2

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	3
33	2
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? N/A

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	OP30	18(1)(c) (i)	The registered person must ensure that all new staff complete their skills for care induction and undertake the training they need to carry out their roles.	31/10/08

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	OP2	The contracts that are provided to the residents should be in a format they can understand and therefore sign.
2	OP7	The care plans could be further expanded to include information about the support people need to maintain their emotional wellbeing. They should also include information of how to meet people’s social needs and how to support them to maintain or build new relationships.
3	OP12	It would be beneficial for residents if they were to be formally consulted about the range of activities they would

		like to have available to them when the programme is next reviewed.
4	OP27	It is recommended that more permanent staff be recruited to the home to reduce the use of agency workers and provide more consistency for residents.

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