



*Making Social Care
Better for People*

inspection report

CARE HOMES FOR OLDER PEOPLE

Homecroft Residential Home

**27 Victoria Avenue
Ilkley
West Yorkshire
LS29 9BW**

Lead Inspector
Chris Levi

Key Unannounced Inspection
6th November 2007 09:30

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 Homecroft Residential Home

Address 27 Victoria Avenue
Ilkley
West Yorkshire
LS29 9BW

Telephone number 01943 608062

Fax number

Email address

Provider Web address

Name of registered provider(s)/company (if applicable) Queensland Care Limited

Name of registered manager (if applicable) ****Post Vacant****

Type of registration Care Home

No. of places registered (if applicable) 25

Category(ies) of registration, with number of places Dementia - over 65 years of age (3), Learning disability (3), Learning disability over 65 years of age (1), Mental disorder, excluding learning disability or dementia (3), Mental Disorder, excluding learning disability or dementia - over 65 years of age (3), Old age, not falling within any other category (25), Physical disability over 65 years of age (3)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only: Care home with nursing - Code N, to service users of the following gender: Either, whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - Code OP; Dementia - Code DE(E); Learning Disability - Code LD and LD(E); Mental Disorder - Code MD and MD(E); and Physical disability.
2. The maximum number of service users who can be accommodated is: 25

Date of last inspection

Brief Description of the Service:

Homecroft is a care home situated close to Ilkley town centre. The house is a detached period property that has been converted and recently extended to provide residential accommodation for older people. Public transport is situated close by and there are a number of parking spaces available within the grounds. The accommodation is provided on three floors with two floors being accessible by passenger lift. Additionally, a stair lift is fitted to the first floor. There is ramped access to the front. The home has 23 bedrooms and many provide en-suite facilities.

The home is registered to accommodate a maximum of 25 residents of old age. A small number of service users can be younger adults and a number may be diagnosed with a mental disorder, dementia, learning disability or physical disability.

The current weekly fees are from £440 to £550.
Additional charges are made for hairdressing and chiropody
The Inspection report is held in the manager's office.

SUMMARY

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

This visit by the Commission for Social Care Inspection was the first since the new owners Queensland Care Ltd bought the home in May 2007.

Information about the home requested by the Commission for Social Care Inspection included a new document, the Annual Quality Assurance Assessment (AQAA), which was completed by the home manager and returned promptly. This enabled the inspector to analyse information that included the number of reported accidents, complaints and compliments from residents and relatives and other relevant information to help plan for the visit to the home. It also provided opportunities to demonstrate how the home could improve its services to the people who live at the home.

The providers were not notified of this inspection in advance. This enabled the inspector to observe how the home is run on a day-to-day basis, without any changes being made to the usual routines of residents and staff. The visit started at 9.30 am and finished at 4pm.

The person in charge of the home was Ms M Wright, Acting Manager.

Most of the day was spent talking to residents, relatives, and staff, to find out what it is like to live, work and visit Homecroft.

Twenty residents and relative survey forms, plus ten staff surveys were sent to the home before the visit to enable them to provide the Inspector with opinions about standards at the home. There was a delay due to problems with the post, so the number completed (8 resident surveys plus 2 staff) was less than 50%. Of the 8 resident surveys, all gave very positive responses about what it is like to live at Homecroft. Completed surveys will be sent directly to the Inspector at the local CSCI office.

Resident comments included, " I feel like I am on my holidays every day I live here."

A visitor said, " It is good to see the mutual respect the residents and staff have for each other."

Ms Wright was given feedback about the findings of the inspection at the end of the visit. It is positive to note that there have been significant improvements in standards at the home since the previous visit in January 2007.

What the service does well:

This is a good home where staff are friendly, and welcoming. Care staff were noticed to have a very good rapport with residents and their relatives. There was lots of good-humoured banter between staff and residents during the day of the visit. Residents said, "The staff here are wonderful." and " They treat me like a Queen."

The residents enjoy the food prepared by the cook, especially the homemade soups, cakes and trifles.

The ranges of social events are such there is usually something of interest for the residents three or four times a week.

The manager has demonstrated good practice by increasing the staffing levels on nights, to reduce the risk of harm to a resident who attempts to leave the home in the middle of the night.

What has improved since the last inspection?

This is the first inspection since new ownership in May 2007.

What they could do better:

The owners have introduced new documentation, in which the health and social care needs for each person is recorded. It is a time consuming task to ensure the current good quality of information is sought from residents and families with a person centred approach. Because of a number of staff vacancies, staff appear under pressure to complete the plans. Consideration should be given for additional support to staff enabling them to complete the plans without compromising the quality of the information, which will benefit staff when providing support to residents.

The maintenance of the gas safety system was out of date. This could put people at risk if a gas appliance fails. The Manager made immediate plans to have this work completed as a matter of urgency.

The kitchen, whilst well fitted, would benefit from painting, as paint is damaged on the wall under the fat fryer.

The organisation should consider providing all people living at Homecroft with a Queensland Care Ltd contract which identifies items such as the weekly charge, any additional charges and if these are optional.

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):

Standards 1,2,3.

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

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

There is written information about the home to help people decide if they wish to live there. The needs of prospective residents are adequately assessed to ensure staff can meet their individual needs.

EVIDENCE:

The home has updated a Statement of Purpose, which includes information about services provided at Homecroft. It is adequate, but could be improved by bigger print and comments from existing residents. The Manager said a new brochure was being produced to send to prospective residents.

People who pay for their own care are issued with a written contract between themselves and the home. This identifies the fees to be charged. However, people funded by a local authority do not have a contract with Homecroft, only a copy of the local authority contract. It is good practice to provide all residents or their representative with an additional Homecroft contract, which identifies items such as weekly charges, and any additional charges and if these are optional.

There was evidence that the assessed needs of people before they move to the home are detailed. This provides staff with opportunities to develop effective plans of support in preparation for the person as they move into the home.

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 7,8,9,10

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

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

The health, personal, and social needs of residents are met, in a way that maintains their dignity and independence.

EVIDENCE:

The plans of care for two residents with various health and personal care needs were looked at in detail and discussed with the residents. The information was of a good standard in one plan and included instruction for staff on how the resident's care needs would be delivered. It was updated when changes in the resident's needs were identified. The resident was at risk from frequent falls whilst attempting to maintain independence. It was suggested that a nurse

specialising in falls management be approached to provide advice to minimise the risks to the resident.

The second care plan reviewed had very little information in it. The person had been admitted as an emergency three days before the inspection. It was identified the person was at risk from leaving the home during the night, but no risk assessment was in place. Whilst the manager had taken positive action by increasing the number of night staff there was no documented evidence to assist staff provide care to this person.

It is acknowledged that replacing all existing care plans with the new documentation is going to be very time consuming, it was suggested that staff prioritise those residents who have high levels of risk in their care needs.

The plans are comprehensive and one seen showed positive signs of a person centred approach, giving staff an insight into the resident as an individual and how their needs would be met.

The procedure for staff administering medicines to residents was reviewed and updated in June 2007. The current system is more effective, to ensure staff administer medication prescribed for residents by doctors in a safe way, and ensure they receive the correct medicines and at the correct time.

Comments made by residents and the observations made of staff practice show that staff treat residents with sensitivity and respect. The views expressed by residents and a relative indicated that staff are very caring and the relationships warm.

Throughout the inspection it was noted that staff work hard to ensure the privacy and dignity of the resident is maintained.

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 12,13,14,15.

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

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

Residents spend their day as they choose, seeing whom they choose, when they choose.

EVIDENCE:

Staff work hard to maintain the individuality of residents, some of whom are frail. Residents are encouraged to make choices about how they will spend their time whilst living at Homecroft.

Staff arrange afternoon social events. Those residents who join in them said they were good fun. On the day of the visit "Super Sue" a visiting occupational therapist was leading a keep active session with a number of the residents.

There are opportunities for residents to visit community events that are held in Ilkley. These are enjoyed, as a large number of the residents have lived in Ilkley all their life.

A number of visitors gave very positive feedback about standards of care at the home. It was noted that all visitors are made welcome and have a good rapport with staff.

The residents enjoy the food prepared by the cook, especially the homemade soups, cakes and trifles. The vegetarian requirements of one resident were met.

The manager suggested that new menus were to be introduced. The manager and cook should ensure that the likes and dislikes of residents are considered, and there is consultation with residents if changes are to be made.

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, 18.

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

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

Residents are able to complain, and staff are trained to ensure they understand the systems in place to safeguard residents from abuse.

EVIDENCE:

Three complaints were sent to the CSCI. A senior manager from Queensland Care Ltd investigated two and the outcomes were sent to the complainants.

The Inspector investigated the third during the visit. There was no evidence to support the allegations made. The complainant has been made aware.

The complaints procedure is displayed in the hallway. A number of residents and their relatives said they would talk to the manager if they had a complaint, and were confident that it would be dealt with.

In discussion with staff they were aware of their responsibility to report to the senior person on duty any incidents of abusive behaviour that may happen in the home.

Most of the staff have attended adult abuse awareness training. The remainder have been given dates when the next training session takes place.

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):

Standards 19,20,21,26

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

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

Residents benefit from living in a home that is safe, and appropriately maintained.

EVIDENCE:

Considerable improvements have been made to the building to make it a safer, more attractive environment for the people in it.

Regular testing and recording of emergency lighting, hot water temperatures and the fire safety systems are in place.

A redecoration programme is on going, and new furniture is planned for the dining room. Residents enjoy sitting in different communal areas.

The kitchen should be repainted as paint is flaking off the wall behind the fat fryer. A newly fitted extractor fan is effective for keeping the kitchen cool.

The problem reported to the Environmental Health Agency regarding vermin near the building has been dealt with.

All the communal toilets were working, and had locks to ensure privacy and dignity.

No health and safety hazards were noted. The newly recruited handyman has responsibilities to ensure the building is checked for safety.

It was noted the maintenance of the gas safety system was out of date. This could put people at risk if a gas appliance fails. The Manager made immediate plans to have this work completed as a matter of urgency.

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 27,28,29,30
Quality in this outcome area is **good**.

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

The procedures for the recruitment, training, and deployment of staff are thorough and protect people living in the home.

EVIDENCE:

The home has three part time care staff vacancies, which are currently being advertised. This is putting some pressure on existing staff members, which are covering the additional shifts. However, they are aware that the delay is due to the time it takes to ensure a new member of staff is safe to work with vulnerable adults.

The recruitment file of one member of staff was looked at. It contained all relevant information, with evidence that references and police checks had been completed before she commenced employment, to ensure she was fit to work with vulnerable adults.

It was noted that whilst new staff undertake an in-house induction, there was no evidence to indicate that staff have commenced the induction programme set by the Skills for Care Council. The manager said the organisation is due to introduce the Common Induction Standards for new staff. Consideration should

given as to how this training programme is effectively implemented within the home, as it may benefit all staff when providing care to older people.

Senior care staff take responsibility for shift management, and report to the home manager. All staff that administer medication to people have been trained to do so.

There was evidence that staff had dates for attending training in the safe moving and handling of people, understanding dementia, and safeguarding people from harm. Staff said they enjoyed training; as it helped them become better carers.

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, 36, 38.

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

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

Homecroft is a well managed home, where residents feel valued.

EVIDENCE:

Ms Wright is the Acting Manager of Homecroft. She has worked at the home a number of years and has experience of working with older people. She has yet to be registered as the manager with the CSCI. She is currently working towards a relevant management qualification and hoping to complete it by September 08. This qualification should help her with complex management issues, which are a day-to-day part of being a home manager.

Residents, relatives, and staff said Ms Wright was approachable, helpful and they felt confident in her ability as a manager. Senior Managers at Queensland Care Ltd visit the home on a regular basis to offer support to Ms Wright and also audit areas of services provided at the home, to ensure they are up to standard.

Staff benefit from staff meetings and supervision where their development needs are discussed. Minutes of the last staff meeting on the 9th October 2007 were available.

Ms Wright held the first residents meeting on the 11th October 2007, to inform and discuss possible changes to existing routines within the home. Residents were interested, and there was written evidence that their opinions regarding changes will be considered.

The manager does not hold personal allowance money for any resident. The responsibility is given to a relative or independent advocate. This information should be available in the statement of purpose.

The home has a thorough health and safety checking systems in place, to ensure the safety and well being of anyone in the building. The maintenance person has responsibilities that include checking the hot water to ensure that no resident is at risk from scalding.

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	3
2	3
3	3
4	x
5	x
6	N/a

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

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
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	x
21	3
22	3
23	x
24	x
25	x
26	3

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

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

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
1	OP38	13	The gas supply must be serviced and maintained on an annual basis to protect people from faulty gas appliances.	30/12/07

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	OP38	The kitchen, whilst well fitted, would benefit from painting, as paint is damaged on the wall under the fat fryer.
2	OP2	The organisation should consider providing all people living at Homecroft with a Queensland Care Ltd contract which identifies items such as the weekly charge, any additional charges and if these are optional.
3	OP7	A discussed and agreed phased implementation of the new care planning system with staff could assist them achieve quality information to the benefit of residents

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