



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Tenby House

**28 Downview Road
Worthing
West Sussex
BN11 4QH**

Lead Inspector
Beth Tye

Unannounced Inspection
26th March 2008 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	Tenby House
Address	28 Downview Road Worthing West Sussex BN11 4QH
Telephone number	01903 502687
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Mr Prashant Brahmbhatt
Name of registered manager (if applicable)	Post Vacant
Type of registration	Care Home
No. of places registered (if applicable)	32
Category(ies) of registration, with number of places	Dementia (10), Dementia - over 65 years of age (32)

SERVICE INFORMATION

Conditions of registration:

1. A total of thirty-two service users may be accommodated.
2. Service users in the category dementia Elderly DE(E) over the age of sixty-five years may be admitted/accommodated.
3. The 10 Service users in the category (DE) must be aged sixty years and over on admission.

Date of last inspection 15th May 2006

Brief Description of the Service:

Tenby House is registered with the Commission for Social Care Inspection to provide care and accommodation for thirty-two service users. The home's category of registration has been varied since this visit from OP, Old age not falling within any other category to DE(E) Dementia over the age of 65 years with 10 places permitted for residents with dementia who are over 60 years of age (DE).

Tenby House is a detached property with living space arranged on three floors and is situated in a residential area of Worthing. Accommodation is provided in thirty-two single rooms, twenty-six of which provide en suite facilities. There are garden areas at the rear and to the sides of the property. Communal space is provided in two lounges and a dining room on the ground floor.

The current scale of charges is £350-£470 with additional charges made for chiropody and hairdressing services. The home's inspection report is available on request and is on display in the main entrance of the home.

Mr. Prashant Brahmhatt privately owns the service. The manager in day-to-day control of the service is Ms Lara Swan, she is not yet registered with the commission.

SUMMARY

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

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

Prior to the inspection all relevant information and correspondence relating to the home was examined. This included a completed pre-inspection questionnaire by the manager called an annual quality audit assessment, a staff list, rotas and training schedules, menus and notifications of significant incidents within the home.

Eleven feedback forms were received by the inspector, which included comments from current residents, their relatives, three staff members and a health professional.

During the course of the inspection the inspector spoke to some of the people living in the home, interviewed staff and spoke at length to the manager and her deputy.

A tour of the premises was undertaken. The inspector observed lunch being served and staff interaction with residents.

Three care plans and staff personnel files were examined alongside the homes records including, staff training, complaints, fire, incident and accident reports and all records relating to health and safety.

This is the first inspection of 2006/2007. This is called a key inspection and will determine the frequency of visits/inspections hereafter

What the service does well:

Overall Tenby House provides a good standard of care to vulnerable people. The atmosphere was calm and relaxing. Staff were observed interacting with residents in a respectful way. Residents are able to participate in a varied activities programme and go out regularly with staff members.

Some of the residents and relatives were happy to discuss the care provided at the home and all gave positive feedback.

Staff members on duty were able to demonstrate a sound understanding of the needs and preferences of the residents.

The administrative/recording systems to support care practice in the home are very well organised and information is easily accessible for staff.

What has improved since the last inspection?

Since the last inspection the homes environment has undergone several new areas of refurbishment and improvement (see environment section). The new manger has met, and in some cases exceeded requirements made at the previous inspection. New care planning and recording is of an excellent standard, staff training, induction and supervision fully reflects the needs of the staff and resident group. Residents are more involved in the planning of their care and the way the home is run. Overall the home has improved in all outcome areas and provides a well-run service, which benefits both residents and the staff group.

What they could do better:

There were no recommendations or requirements made following the inspection of this service.

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):

Quality in this outcome area is **good**

Residents' needs are met appropriately by the home. The manager carries out a full assessment prior to each admission. Each resident is provided with a written contract of terms and conditions, which is signed by all involved parties, so residents are clear about their rights within the home.

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

EVIDENCE:

A statement of purpose and service user guide has been submitted to the Commission for Social Care Inspection, these accurately reflect the details of the registered manager.

A detailed pre-admission assessment is carried out for all residents. Relevant correspondence from involved professionals was seen on care files. Three residents were case tracked during the inspection. Those spoken to confirmed they had received relevant information and either they or a representative had visited the home prior to admission. This enabled them to make an informed decision about what the home has to offer them.

Each resident receives an improved contract of terms and conditions indicating what is included in the fees. Residents have a signed copy of their contract held on file. All records seen in respect of admissions are up to date and in good order.

The home does not offer 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):

Quality in this outcome area is **excellent**

Resident's needs are set out in an individual plans of care which is comprehensive and up to date.

Input from health care professionals is sought to meet residents health needs. Actions to minimise risks have been recorded in detail on care files. Reviews of care provision are undertaken on a monthly basis.

Medication practises have been improved, as have the storage and dispensing systems for medication.

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

EVIDENCE:

Three care plans were sampled as part of case tracking during the visit to the home.

Care planning and recording at Tenby House have improved significantly since the last inspection. Records are now well organised and comprehensive. Each resident has three aspects of care planning based on the pre-admission assessment. A person centred care plan, which is built upon throughout their

stay, a care diary, which is completed daily by staff and a needs assessment care plan which is completed monthly by the manager and involved care staff.

Each aspect of the care plans is regularly reviewed when significant changes occur. The manager has excellent audit and recording systems to ensure all aspects of care are recorded accurately in line with residents changing needs.

It was evident from care records and discussions with residents that care plans are shared and agreed with them or their representative. This was confirmed by some feedback received through comment cards, which indicates that communication and consultation between the home and resident's relatives or representatives about care needs is excellent.

Care records also include assessments of risk to resident's health, safety and well being including falls, nutrition and pressure areas. In relation to these areas, actions have been identified to minimise the risk and where possible eliminate it. All risk assessments are reviewed on a monthly basis and agreed with the residents and/or their relatives.

Records and discussions with residents and staff indicate that input from health professionals including general practitioners, community nurses and chiropodists is sought and arranged on behalf of residents.

A new key worker system is now in place, which provides residents with effective and personal healthcare support, using a person centred approach. Staff training in specialist care needs promotes appropriate responses to the varying needs of the residents.

Specialist equipment is provided by the home to encourage maximum independence of residents. Pressure mats have been installed in resident's rooms to reduce the risk of falls and injury and higher staff ratios on each shift have promoted preventative care within the home.

Staff receive medication training from a local chemist, who audits the homes medicines on an annual basis. The home has an up to date policy, procedure and code of practice relating to dispensing medication. Medication charts and storage of medicines within the home was examined. These were all completed correctly, demonstrating the staff adhered to the procedures within the home. Procedures within the home have improved due to the home purchasing two medicines trolleys to split the medication rounds within the home. The manager has reported that this makes the system more efficient.

The inspector observed staff knocking on doors to resident's accommodation and noted positive feedback from residents about how staff respect their privacy and dignity. Responses from visitors and health professionals on comment cards indicate that they are able to conduct visits in private.

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):

Quality in this outcome area is **good**

A range of activities is offered within the home. The meals are nutritionally balanced and varied according to dietary requirements and preference. Residents are treated with dignity and respect.

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

EVIDENCE:

Resident's visitors are welcomed to the home and feedback from residents confirmed that contact with family and friends are encouraged. A visitor's policy is in place to support this.

A range of activities are organised at the home on a regular basis, offering stimulation to those residents who are less able to explore interests outside the home. Since the last inspection residents are now provided with one to one interactions in their rooms if they prefer this to arranged group activities. Residents also go on weekly outings with their carers on an individual basis.

The manager audits the activities programme monthly and each resident's participation is recorded on a daily basis. The records for this were reviewed and found to be detailed and up to date.

A residents meeting is held on a monthly basis to encourage the residents to contribute about how the home is run. A regular relatives forum is also being set up to gain feedback and input from involved parties.

The menu offered at Tenby House offers a wide range of balanced, home cooked food.

Specialist diets for diabetics and vegetarians are catered for and detailed in care plans. Menus are displayed in the dining area and a choice is offered from the main meal of the day. Staff record the daily nutritional intake of each resident in the home in their care plans.

Menus are reviewed on a six monthly basis and residents are encouraged to contribute to this process. This promotes choice for the residents and provides an opportunity for them to eat what they prefer.

Staff were observed knocking on rooms before entering and those seen speaking to residents demonstrated relaxed but respectful interactions.

Resident's feedback about the staff confirmed this. One relative stated 'this is a wonderful home with wonderful staff'.

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):

Quality in this outcome area is **good**

The home has provided residents with information in respect of complaints. Residents spoken to were aware of their rights and how to complain. Staff have received abuse training, and those spoken to were clear about appropriate action if they suspected abuse within the home.

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

EVIDENCE:

There is a complaints procedure included in the Statement of Purpose and Service User's Guide. Residents and relatives spoken with said they knew who to complain and felt confident to do so should the need ever arise.

All staff have undertaken a full induction with the Care Consortium and annual Adult Protection training to ensure they respond appropriately to suspected abuse in the home. A copy of the West Sussex County Council Multi Disciplinary Adult protection Policy is kept in the office for reference.

Since the last inspection the manager has implemented risk assessments for challenging behaviour by some residents, this identifies triggers and appropriate responses by staff. Resulting in a reduction of incidents with the home.

Training for the staff includes specialist subjects such as challenging behaviour, physical intervention and dementia, which promotes safe practice and a better understanding of residents needs.

The procedures for the recruitment of staff are robust and provide the necessary safeguards to offer protection to the residents living in the home. All care staff have undertaken a Criminal Records Bureau enhanced check to ensure they are suitable to work with vulnerable people.

Staff spoken to during the visit demonstrated a sound knowledge of how to act should an incident of suspected abuse arise. All stated they felt the management at the home was 'supportive and approachable' if there was an issue of concern they needed to discuss.

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):

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

The communal areas of the home and residents bedrooms were clean and homely providing the residents with a pleasant and hygienic living environment. Specialist equipment is provided to maximise the independence of residents.

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

EVIDENCE:

The home was clean, tidy and free from offensive odours on the day of inspection. Domestic staff are employed in addition to care staff.

Since the last inspection significant improvements have been made to the environment. New bedroom furniture has been provided for residents with lockable drawer units.

Bedroom carpets have been replaced and where appropriate some residents have had laminate flooring. A programme of re-carpeting the entire home is underway and will continue throughout this year.

The home has installed a number of profiling beds. 50% of bedrooms now have these with the rest to be provided over the coming year.

New armchairs have been purchased for all communal areas and bedrooms. Radiators are shielded by covers or where not covered have been taken out of the central heating loop to eliminate the risk of injury to residents.

A new lift has been installed to increase independence of residents within the home.

Communal area furnishings have been provided to improve the environment for residents.

Maintenance records are now kept and audited regularly by the management. Environmental risk assessments are in place and reviewed on a monthly basis.

All staff have undertaken Infection control and Health & Safety training to ensure the health and welfare of the residents is promoted.

The few requirements made in recent Environmental Health Visit are currently underway. A fire safety report was available to confirm the recent completion of requirements made within the home.

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):

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

The staff numbers are sufficient to meet the assessed needs of residents. The recruitment procedures are robust. An induction and training programme for staff is provided, to ensure resident's needs are met in full.

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

EVIDENCE:

On the day of this visit the home was sufficiently staffed during the morning with five care staff including the deputy manager. In addition, the registered manager, the cook and a domestic member of staff were on duty. Information provided to the Commission indicates that staffing levels have improved significantly over the past year. Interviews with staff members and feedback from residents confirmed this.

The inspector sampled three recruitment records, all of which provided evidence that the recruitment process at Tenby House has significantly improved. Recruitment records demonstrated that a robust procedure, including obtaining two written references, a PoVA (Protection of Vulnerable Adults) First and CRB (Criminal Records Bureau) check before the commencement of employment, is in place. Previous requirements made in this area have now been addressed.

Staff records indicate that an in house induction is completed through the Skills for Care Consortium and the registered manager records their achievements and work practice in their induction handbooks.

Records provided to the Commission prior to the fieldwork visit indicate that a programme of training has now been implemented at Tenby House; this was supported by the inspector's discussion with staff who demonstrated knowledge and enthusiasm for training that has been provided. The training programme includes medication training, adult abuse and PoVA training, health and safety and training specific to the needs of residents such as Alzheimer's, dementia and challenging behaviour.

Discussions with staff members indicate that the new management structure has improved significantly and staff are supported to achieve NVQ (National Vocation Qualification) awards. Information provided to the inspector indicates that 60% of care staff are trained to NVQ Level 2 or above.

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):

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

Resident's benefit from a well run home and are safe guarded by the homes policies, procedures and record keeping.

The management of the home is competent and committed to the best interests and welfare of the people who live and work there.

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

EVIDENCE:

The manager is experienced in running residential homes for older people and is training to gain her qualification as a nurse. She is not registered with the Commission as she has been promoted within the company and another newly recruited manager will be taking over from April 2008. The Registered provider is aware the new manager is required to be registered at the earliest opportunity.

Feedback from staff indicates that they feel supported by the management structure now in place. Relatives and residents also fed back that the team are approachable with concerns and issues.

The home has comprehensive policies and procedures in place in line with current legislation to safeguard the interests and rights of the residents and staff.

The homes insurance is up to date and the last inspection report from the Commission was displayed in an area accessible to residents and parties involved in the home.

All care records are kept in a locked office to maintain confidentiality.

From information provided prior to this fieldwork visit and observations whilst touring the building the inspector concludes that the health and safety of staff and service users is promoted and protected by the servicing of equipment.

Those staff spoken with had received fire training and were aware of the procedure to follow in the case of a fire.

The inspector examined all health and safety records including fire checks, accident book, maintenance checks, water temperatures, regulation 37 reports and risk assessments. All were found to be up to date and in good order.

Money is stored securely and individually with records of incoming money, outgoings and an ongoing balance.

Records and discussions with staff indicate that supervision and annual appraisals are in place for staff at Tenby House and these sessions have included observation of their practice.

An annual development plan and quality assurance system is in place, which includes contributions from residents and their families. In addition regular meetings are held and questionnaires are sent out to gain feedback from residents and relatives about aspects of the home. Use of consultation with residents, staff and their families ensure those providing and receiving care have an input into how the home is run.

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	X

HEALTH AND PERSONAL CARE	
Standard No	Score
7	4
8	4
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	X
23	3
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	3
32	4
33	3
34	3
35	3
36	3
37	3
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

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

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