



*Making Social Care
Better for People*

inspection report

CARE HOMES FOR OLDER PEOPLE

Lashbrook House

**Mill Road
Shiplake
Henley-on-Thames
Oxfordshire
RG9 3LP**

Lead Inspector
Delia Styles

Unannounced Inspection
December 1st 2006 11.15

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
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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	Lashbrook House
Address	Mill Road Shiplake Henley-on-Thames Oxfordshire RG9 3LP
Telephone number	01189 401770
Fax number	01189 404342
Email address	lashbrookhouse@majesticare.co.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	Majestic Number One Limited
Name of registered manager (if applicable)	Suresh Gogna
Type of registration	Care Home
No. of places registered (if applicable)	46
Category(ies) of registration, with number of places	Dementia - over 65 years of age (14), Old age, not falling within any other category (46)

SERVICE INFORMATION

Conditions of registration:

1. On admission persons should be aged 60 years and over.
2. Maximum of 30 persons with nursing needs.

Date of last inspection 24th February 2006

Brief Description of the Service:

Lashbrook House is situated in an attractive part of Oxfordshire near the river Thames and there is a railway station in the nearby village of Shiplake, as well as a post office and shop. The home is set in extensive grounds with views across open countryside.

The home is registered to provide residential and nursing care for up to 46 residents aged 60 years and over. Registered nurses are on duty 24 hours a day. There are 30 single bedrooms and one double room on the ground floor, as well as two lounges, a dining room and a reception area. The first floor has 12 single bedrooms, one double room and also a lounge/diner. Most bedrooms have en-suite facilities of a toilet and washbasin. The five bedrooms without these facilities are provided with a washbasin situated within the room. Recreational and social activities are provided.

The fees range between £550 and £750 per week.

SUMMARY

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

This inspection of the service was an unannounced 'Key Inspection'. The inspector arrived at the service at 11.20 on the first day and was in the service for 4.5 hours. It was a thorough look at how well the service is doing. It took into account detailed information provided by the service's owner or manager, and any information that CSCI has received about the service since the last inspection. The inspector arranged to complete the inspection on a second day, so that there was more time to talk to residents about the information they had about the home before they came to live here. On day two the inspector was in the home for 3 hours.

As part of this unannounced inspection, the quality of information given to people about the care home was looked at. People who use the services were also spoken to, to see if they could understand this information and how it helped them to make choices. The information included the Service Users' Guide (sometimes called the brochure or prospectus), statement of terms and conditions (also known as contracts of care) and the complaints procedure. These findings will be used as part of a wider study that CSCI is carrying out about the information that people get about care homes for older people. This report will be published in May 2007. Further information on this can be found on our website www.csci.org.uk.

The inspector asked the views of the people who use the service and other people seen during the inspection or who responded to questionnaires that the Commission had sent out.

The inspector received questionnaire responses from 11 residents, 12 relatives/visitors, three health and social care professionals and a GP who provides medical cover to the home.

A tour of the building took place and samples of documents such as residents' care and medication records, staff records, fire safety and other maintenance records were seen. The inspector spoke individually with four relatives and two residents about their opinions of the home.

The inspector looked at how well the home was meeting the standards set by the government and has, in this report, made judgements about the standard of the service.

The inspector was made to feel welcome by all the staff and appreciated their help and co-operation. Mrs Gogna, the registered manager of the home, was on duty on both days of the inspection and verbal feedback was given to her about the inspector's assessment.

What the service does well:

Lashbrook House has comfortable and homely accommodation that is maintained to a high standard. The range of social and recreational activities is particularly good, with visits to places of interest in the home's minibus regularly arranged.

Mrs Gogna manages the home extremely well. Staff morale is good and this reflects well on Mrs Gogna's leadership skills.

Written comments show that residents, their families and professionals who visit the home regularly rate the home very highly. For example:

- 'A very happy well-run home. Patients/clients looked after very well'.
- 'Lashbrook is a very lovely friendly home, always so nice and clean. Home from home'.
- 'Mrs Gogna, her senior sisters and senior dementia carers manage Lashbrook very well. The staff and patients benefit enormously from their kind, intelligent and professional management.'
- 'The atmosphere at Lashbrook is buoyant and builds trust. The matron is so intelligent and caring, yet a firm and determined manager. We are very lucky'.

What has improved since the last inspection?

There is a rolling programme of redecoration and refurbishment. The lounge and dining rooms have been decorated, with doors and windows changed. The outside of the home has been repainted.

One of the registered nurses has been appointed as staff training co-ordinator to help manage the expanding training programme for staff.

The number of care staff who have achieved National Vocational Qualification Level 2 in Care (or above) has exceeded the minimum 50% as recommended.

Requirements and most recommendations arising from the last inspection report have been promptly addressed.

The programme of activities and environment for residents with dementia has been reviewed and new ways of working in line with current research and information are being tried out to develop and improve the care for residents with memory problems.

The home has introduced a 'traffic lights to well-being' assessment method for older people that helps staff to find out how residents feel about their life and

care in the home, and when to take action to improve their care if they are showing signs of poor emotional and physical well-being. Staff have been trained how to regularly use this assessment tool.

What they could do better:

Though the standard of care plans and records was generally very good, there were two examples in the sample looked at by the inspector that had missing information. Care records should be updated and written as soon after the care has been given or is due for review, so that care staff have all the information needed to provide the residents' care according to their care plans and the home can show that it has taken appropriate actions to address any problems with the residents' well-being.

Similarly, the Medication Administration Records (MAR) were accurately completed and up to date. However, some had had handwritten entries made by nurses, that were not easily legible and did not include the standard cautions or maximum dosage instructions. Any handwritten amendments made by nursing staff to residents' medication record sheets on the instructions of the doctor should be written clearly and legibly and avoid the use of abbreviations so that the risk of medicine errors is minimal and residents receive the correct prescribed medicines.

Recommendations have been made in the past two inspection reports to replace unsuitable and/or unused assisted baths so that there are enough assisted bath or shower facilities for the number of residents in the home. The manager confirmed that the registered persons have agreed to prioritise this work within the next 12 months. Minor temporary repairs to one bath surround and some mobile bath hoist frames should be made to reduce the risk of injury to staff or residents when using or cleaning bath equipment.

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):

1 and 3

Quality in this outcome area is good.

People who choose this home have good information about the home in order to make an informed decision about whether the service is right for them. The personalised needs assessment means that people's diverse needs are identified and planned for before they move to the home.

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

Standard 6 is not applicable, as the home does not offer intensive rehabilitation 'intermediate' care.

EVIDENCE:

Lashbrook House has a Statement of Purpose and a Service User Guide that contain comprehensive information about all aspects of the home. New residents are given a copy of the Service User Guide as part of the admission pack and copies are also available in the home.

Residents receive a contract of residence that sets out in detail what they can expect from the home and what is included in the fee.

Three residents, recently admitted to the home, were chosen by the inspector to talk to about the information they had received about the home before coming here to live, and about who had talked to them about their specific care needs and what kind of help they would need and expect if they chose to come to Lashbrook House. One of the three residents was not able to recall anything about their admission or whether they had signed a Contract of Residence. All three felt they had enough information about the home through their relatives, the written brochure and/or coming to visit the home before they were admitted. They could not recall reading a Contract of Residence and said that they were satisfied that a relative or representative had dealt with this on their behalf. Copies of each person's contract were available in the manager's office and the inspector verified that the residents' relative or representative had signed these. One of the three residents was aware that they had a Service User Guide in a drawer in their room.

All of the 11 residents' comment cards answered positively that they had received a contract and enough information about the home before they moved in so that they could decide if it was the right place for them. Many of the residents' comment cards were completed with the help of a relative, so that these responses were likely to represent the views of the relative acting on behalf of the resident. One relative stated that they had 'inspected a large number of dementia units – also checked out their ratings on the CSCI website before selecting Lashbrook ...the atmosphere, quality and management are satisfactorily in line with my assessment'.

The manager assesses all prospective residents to determine whether or not the home meets the person's needs. The home's pre-admission assessment form is clear and comprehensive, covering all the necessary areas of need and forming the basis of a resident's care plan.

NHS nurses assess residents after admission to determine how much nursing care is needed (if this is the case) and the level of NHS funding to be paid.

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

Quality in this outcome area is good.

The home has a detailed and consistent care planning system in place so that staff have the information they need to satisfactorily meet residents' care needs and they regularly review the care to make sure that the care plans are still appropriate. The staff have a good understanding of residents' care and support needs. Residents' healthcare needs are well met and there is evidence of good communication with the relevant medical, nursing and social care professionals. Personal care is given in a way that promotes and protects residents' privacy, dignity and independence.

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

EVIDENCE:

The sample of residents' care plans looked at was very detailed and mostly up to date, with evidence of a total care plan review every 3 months. Social care plans are evaluated and completed weekly. The company uses an internal audit of care plans.

The inspector was particularly impressed by the home's use of an assessment tool for older people – 'Traffic Lights to Well-Being' - that is used by staff to assess 'how the person is experiencing and feeling the care setting they are living in' and is reviewed monthly for each resident.

Two of the sample of five care plans looked at in detail had omissions – one did not have any written assessment or review action to be taken in relation to a resident's weight loss and one had gaps in the personal care record entries made by carers. These were discussed with the senior nurse for the unit. Records should be written and updated as soon as possible after care has been completed for each shift, and when the care plans are reviewed, so that carers always have an accurate and up to date account of each resident's care needs and the action they need to take to best meet those needs.

Comment cards from a GP and three other health and social care professionals showed that the home has good communication with NHS services to the benefit of residents. For example, amongst the additional written comments added were:

- 'Patients/clients looked after very well'
- 'I feel very welcome, with an openness to ask questions'.
- 'Staff always make time to welcome me and accompany me when I see patients to provide an update'
- 'They work hard to follow advice and ask for help appropriately'.

Residents' and relatives' responses were equally positive about the medical support and communication between the home and relatives if residents experience a change in their condition.

Residents' Medication Administration Record (MAR) charts were looked at and were correctly completed and up to date. The dispensing chemist provides computer-printed MARs listing each resident's medicines. The medicines are provided in individual cassettes prepared by the pharmacist, with sections for each time of administration.

Some MAR charts had handwritten entries, where a nurse had been asked by the doctor to change or add a new medication to the resident's chart before the next printed sheet could be printed from the pharmacist. Some of the handwritten entries were not easy to read and contained abbreviations. If nurses have to make handwritten entries, they should ensure that they are clearly legible (using upper-case letters if necessary) and avoid the use of abbreviations. Any specific instructions (such as whether a medicine is to be taken before, with or after food, or the maximum dosage that must not be exceeded in 24 hours) should be included in the handwritten directions, and that is provided with the prescribed medication packaging. These good practice recommendations should reduce the risk of medication errors.

The home uses a clinical waste disposal service, as required, to collect and safely destroy any unwanted medications. The manager and a nurse maintain a list of the type and amount of any medications put into the collection boxes ready for disposal. This 'returns' book had only the signature of the manager. The inspector recommends that the returns book should be signed by both nurses who check, count and witness the medicines for collection and disposal as an additional safeguard.

Members of staff have a good understanding of the importance of respecting residents' privacy and dignity, which is developed during induction and on further training updates arranged by the company. The inspector saw staff knock on residents' doors and wait before entering. On admission residents are asked for their preferred term of address to ensure that they are treated with respect. There is provision for residents to take phone calls in private and many residents have their own phones installed in their rooms.

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

Quality in this outcome area is excellent.

There is a good range of activities within the home so that residents have opportunities to participate in stimulating and motivating activities. Mealtimes are an enjoyable social occasion for all of the service users. Residents are helped to maintain their individual interests and hobbies and their families and friends are encouraged to support and become involved in social events held in the home and local community.

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

EVIDENCE:

The home employs an activities assistant – a new person had just started in post and was getting to know the residents and the types of activities and social events that they enjoy. A regular programme of activities is listed in the lounges, and residents have an activities calendar to refer to. These include games – Bingo and board games - craft activities, visiting musicians and other in-house entertainments. The home has the use of a minibus and this enables residents to go on shopping trips, visits to local school events, garden centres and other homes in the area for recreation and tea.

In the dementia unit the lounge has been improved to include space for activities for residents here. An iron and ironing board are available for a resident who likes to do ironing (with staff supervision). There are also sweets, biscuits and tea-making facilities so that residents have tea and snacks readily available.

A music and movement session ('Seniorcise') was a lively event enjoyed by residents in the lounge during the morning. However, two of the residents' comment cards showed that perhaps group exercise was not to their taste – 'not very keen to join exercise group with lots of people' and 'I don't enjoy seeing [relative] on those occasions which are very jolly and public, that's my choice'. Some of the residents from the first floor dementia unit join in the group activities. A volunteer worker is involved in helping residents to participate in activities and social events.

One relative had commented that there was 'too much mindless daytime TV on in the residents' lounge – or noisy radio on the rare occasion when the TV sound is turned down'. The inspector found this not to be the case on the days of the inspection and the manager confirmed that they had reviewed the use of music and TV in the communal lounges, so that there was a more positive and relaxing atmosphere.

During the afternoon six residents were sitting around a table in the dining room with two members of staff preparing pastry for mince pies and icing a Christmas cake in readiness for the Christmas Bazaar to be held at the weekend. The interaction between staff and residents was good and the atmosphere was lively and friendly.

There is good support from relatives and friends of residents for social activities organised by the home. Residents' comment cards showed that, overall, the range and level of activities provided suit them.

Residents' comment card responses showed that meals at the home were 'always' or 'usually' liked. People appreciated the variety and choice of food though two relatives referred to food portions being too large for residents. The catering staff meet regularly with residents and relatives to hear people's opinions about the menu choices and mealtimes.

The lunchtime meal looked and smelled appetising on both days of the inspection and residents spoken to during lunch said they were enjoying their meal. A choice of main course is provided daily and there is always a selection of desserts. Wine and soft drinks are served at lunchtime.

Several of the residents needed assistance from staff to eat and this was provided in an unhurried way by staff who sat next to them to give one-to-one help.

Residents reported that they felt well cared for and have the support they need in this home. Two of the 11 resident questionnaires stated that sometimes language differences can cause slight difficulties, but all the respondents felt that staff listen to and act on what residents say - 'all the staff without exception are extremely helpful'.

The current residents of Lashbrook House are from a limited ethnic and racial background, being white and British. In contrast the home's staff have a wide range of racial, ethnic and cultural backgrounds. The manager said that cultural differences and expectations are discussed as part of the induction and supervision of all staff. From the evidence seen by the inspector and comments received, the inspector considers that this service would be able to provide a service to meet the needs of individuals of various religious, racial or cultural backgrounds.

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

Quality in this outcome area is good.

Residents feel safe and listened to, and are confident that the home will act upon any concerns or complaints they have.

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

EVIDENCE:

The Lashbrook House complaints policy is included in the Service User Guide and copies are also available in the home. The address and telephone number of the Commission for Social Care Inspection (CSCI) is provided for any complainant who might wish to contact CSCI directly. Two complaints have been received by the home since the last inspection and have been investigated within the stated timescale and found to be unsubstantiated. No complainant has contacted the Commission with information concerning a complaint made to the service since the last inspection.

All 11 of the residents who completed comment cards are confident that they know how to make a complaint. Two residents interviewed on the day of the inspection also are confident that they can raise any concerns with the senior staff or the home manager (a third resident was unable to express an opinion). Both said that their relatives would make any complaints on their behalf.

The company arranges training for all staff on adult safeguarding and the inspector saw that the training records for staff confirmed that most staff have received training or updates in 2006. The home's recruitment procedure includes checking prospective new employees against the Protection of Vulnerable Adults list held by the Department of Health to ensure that applicants are not listed as unsuitable to work with vulnerable people. The home's safeguarding policies are discussed with staff during their induction training.

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, 21 & 26

Quality in this outcome area is good.

The standard of the environment is good, providing residents with an attractive and homely place to live. There is an on-going programme of redecoration and refurbishment and residents' rooms are personalised and attractive with their own possessions. The home manager, maintenance and housekeeping team work well together to ensure that the home is well maintained, safe and comfortable for residents.

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

EVIDENCE:

There is a programme of routine maintenance to ensure that the building is maintained to the company's own high standards. There is a rolling programme of redecoration and refurbishment.

The exterior of the home has been repainted since the last inspection. A maintenance person is employed to carry out day-to-day maintenance, with outside contractors brought in as and when needed.

The inspector toured the home with the manager on the first day of this unannounced inspection. Individual resident's rooms (the inspector spoke to four relatives and residents in their rooms) were very attractive, clean and highly personalised. The maintenance man puts up shelving and pictures so that residents can have as many of their personal possessions and ornaments as possible.

Cleanliness throughout the home was particularly good and (with one exception in a ground floor corridor and noted only during the first day of inspection) there were no unpleasant smells.

Residents and relatives' comment cards were particularly appreciative of staff members' work to maintain an attractive, clean and comfortable environment for residents. Their written comments included:

- 'It is beautifully looked after'
- 'The home is kept beautifully clean and homely'
- 'Great effort is made to keep things pleasant. Flowers around and about in the house. Grounds and gardens beautifully maintained'.

The majority of bedrooms have en-suite facilities comprising a washbasin and toilet. However, there are only three bathrooms with adapted baths suitable for less able residents. There are three further bathrooms and a shower facility, but there is a need to increase the number of assisted baths because most of the 46 residents need the adapted facilities to enable them to bath in comfort with staff assistance. A recommendation to replace and upgrade bath and shower facilities was made at the last inspection. The home manager confirmed that this work is to be prioritised in the next 12 months.

The inspector made recommendations that a broken tile surround noted in one bathroom and damaged bath hoist frames should be repaired to avoid the risk of injury to staff or residents and enable the thorough cleaning of equipment.

Staff hand washing facilities are prominently sited throughout the home. Infection control training is provided for all staff members during induction and subsequent updates.

The home's laundry facility is in the outbuilding adjacent to the maintenance manager's office/workshop. The covered walkway paving is uneven and needs repair; also the doorway has a ledged access, which makes it awkward for staff to take laundry containers in and out of the laundry. The laundress said that the maintenance man has plans to ramp the door access and repair the walkway. The laundry is clean, tidy and with evidence of good practice – with separation of dirty and clean laundry and protective clothing for staff.

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 and 30

Quality in this outcome area is good.

Residents benefit from having a well managed and trained team of nurses and carers. The manager and staff work well together to provide a consistent standard of care. The arrangements for the induction, supervision and training of staff are good, with the staff demonstrating a clear understanding of their roles.

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

EVIDENCE:

Visitors spoken with were very complimentary about the carers. Relatives of a resident who had recently died told the inspector that they were very impressed by the genuine 'love and concern' shown by staff towards them. Other comments added to questionnaires included:

- 'All staff are most welcoming to residents and visitors'
- 'My carers are loving and caring and do their best for me'.

The home was almost full, having 45 residents. Two registered nurses and seven carers were on duty and, from the observations made by the inspector and discussions held with staff and residents, this level of staffing seemed adequate for the present residents' needs.

One relative suggested in their comment card that additional staff should be, especially in the dementia unit, to enable more residents to go for walks and enjoy more outdoor activities.

A hostess/activity member of staff and volunteer helper were also available. An administrator, catering, domestic and maintenance staff were also on duty ensuring that the home's high standards were maintained in all areas.

There was evidence of particular progress in addressing the needs of those with dementia through the development of the activities and research into the environment most suited to those with short-term memory loss, for example through 'signposting' bedrooms and bathrooms, by experimenting with different door colours to help residents identify their own rooms and toilets – and in the way that staff interact with the residents. The inspector noted that there was more integration of those residents with dementia on the ground floor, with some attending activities and staying for meals, depending on their wishes and needs. The required recruitment information and checks had been undertaken for three staff whose files were looked at. These staff had been employed to work in the home since the last inspection. The inspector noted that further confirmation of one person's 'right to remain' and work in this country was still awaited from the Home Office and the manager said that she would follow this up again.

The home has an extensive training programme for staff and since the last inspection has increased the proportion of staff who have achieved a National Vocational Qualification (NVQ) in Care at Level 2 or above, with nine out of a total of 16 care staff having achieved NVQ qualification. This exceeds the minimum recommended level of 50% (by 2005). The home's owners show a commitment to staff training and one of the senior nurses has now taken on the role of training co-ordinator to manage the programme of training in the home and support the home manager in this work.

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, 33, 35 and 38

Quality in this outcome area is excellent.

The manager is supported well by the senior staff in providing clear leadership throughout the home with all staff demonstrating an awareness of their roles and responsibilities. The systems for consulting with residents and their families are good, with a variety of evidence that shows that residents' views are both sought and acted upon. The registered persons are committed to ensuring that the health, welfare and safety of residents and staff are protected and that the home's policies and procedures are in line with current practice.

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

EVIDENCE:

Mrs Suresh Gogna is an effective manager and has the support of her staff team. Mrs Gogna is a registered nurse and regularly updates her nursing knowledge. She is an NVQ assessor and has recently completed a mentorship programme that has provided her with the knowledge and skills required by the Nursing and Midwifery Council (NMC) to mentor overseas nurses during a training programme leading to registration with the NMC. Mrs Gogna has also successfully completed the Registered Manager's Award.

Extremely good comments were made about the way the home was managed by relatives and residents, for example:

- 'Matron is extremely helpful – organising and supporting'
- 'Mrs Gogna and her senior sisters and senior dementia carers manage Lashbrook very well. The staff and patients benefit enormously from their kind, intelligent and professional managers'.

Mrs Gogna regularly meets with residents to discuss their care and it was clear that she had a good understanding and awareness of their needs. Senior staff meet with the manager for short daily meetings to update each other with any problems or new developments in the home.

Mrs Gogna and her staff team have been given the Majesticare award for the highest achievement in almost all the categories for the year (awarded at the company's last group managers' conference). The cup and other awards are displayed in the reception area. The home has achieved the Investors in People Award and was about to be reassessed to retain its award status.

The company has good systems in place to measure its success in meeting the home's aims and objectives. This includes internal audits for topics such as housekeeping and care planning and records, and residents' satisfaction questionnaires that are analysed and any issues raised as a result are dealt with promptly.

There are good systems in place for looking after residents' 'pocket money' when residents can no longer do this for themselves or do not have relatives to act on their behalf. The income and expenditure accounts for two residents were checked and in order.

The home's approach to health and safety is thorough and well managed. The manager was in the process of undertaking a new review of health and safety risk assessments. The company's fire safety advisor was also in the process of reviewing the fire safety and protection risk assessments for the home, in line with the recent changes in legislation and regulation by the Fire Service relating to Residential Care premises.

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	X
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	4
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	2
22	X
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	4
32	X
33	3
34	X
35	3
36	X
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

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.	OP7	Ensure that daily care records are completed and written as soon after delivery of care to the resident and that entries are consecutive with no gaps left between entries. Written evaluation of care should be current.
2.	OP9	Handwritten amendments to Medication Administration Record (MAR) charts should be clearly written and avoid the use of abbreviations. Any additional instructions, such as the timing of doses in relation to food intake, or maximum doses within a 24-hour time period, should be included. The home's record of the amount and type of medication for collection and safe disposal should be countersigned by two nurses.
3.	OP21	Repair or replace broken wall tiling and paint surfaces on bath equipment in bathroom(s) where these items were identified during the inspection. Increase the number of assisted baths/shower facilities.

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