



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Holme Manor

Holme Manor
Holme Lane
Townsend Fold
Rawtenstall
Lancashire
BB4 6JB

Lead Inspector
Mrs Christine Marshall

Unannounced Inspection
13th November 2007 10:00

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	Holme Manor
Address	Holme Manor Holme Lane Townsend Fold Rawtenstall Lancashire BB4 6JB
Telephone number	01706 218953
Fax number	01706 830735
Email address	office@holmemanor.co.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	Mr Michael Reginald Bird Mrs Rosemarie Bird
Name of registered manager (if applicable)	N/A
Type of registration	Care Home
No. of places registered (if applicable)	32
Category(ies) of registration, with number of places	Dementia - over 65 years of age (30), Old age, not falling within any other category (2)

SERVICE INFORMATION

Conditions of registration:

1. The home is registered for a maximum of 32 service users to include within the overall total of 32, a maximum of 30 service users, requiring personal care, who fall into the category of DE(E)
2. Within the overall total of 32, a maximum of 10 service users, requiring personal care, who fall into the category of OP.

Date of last inspection 26th September 2006

Brief Description of the Service:

Holme Manor is registered with the Commission for Social Care Inspection to provide personal care for 32 older people aged 65 or over.

Of the 32 places, the home can accommodate up to 30 older people who have dementia.

Holme Manor is located at the end of a quiet residential cul-de-sac, reached by a lane, which is potholed in places.

The home is a two storey detached and extended property, situated in its own grounds.

There is a small car park at the front of the home.

Bedroom accommodation is provided in 30 single rooms and one double room.

The home has two lounges, two separate dining areas and a large conservatory.

The provision of ramps, hand grab rails, passenger lift and chair lift makes all areas of the home accessible to those with mobility difficulties.

Mr and Mrs M Bird own and manage the home.

A Domiciliary Care service is also managed from the home.

At the time of this visit, (13/11/07) the information given to the Commission showed that the fees for care at the home are from £386.00 to £396.00 per week, with added expenses for hairdressing and chiropody. Newspapers are provided by the home.

SUMMARY

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

The inspection process of Holme Manor included a site visit to the home, which we completed in one day, and unannounced, which means that the manager, staff and residents were not expecting us.

An Expert by Experience, who is a person who has a shared experience of using care services and who is trained by the Commission, accompanied the inspector on this visit, helping to gather a picture of what it is like to live at the home. Her time was spent sitting and talking with people who use the service and observing the day-to-day routines of the home and care staff, as they provided support.

We went on a tour of the home, which included some bedrooms, the lounges and dining areas, toilets and bathrooms. This was so that we could assess whether the home provided a comfortable, homely environment for the enjoyment of everyone, and to ensure their safety.

The manager completed a pre-inspection Annual Quality Assurance Assessment (AQAA) questionnaire before this key visit, which gave us good information about the operational management of the home and this helped us to plan the visit.

We sent comment cards to the home for residents, and to relatives' home addresses, and to visiting professionals such as Social Workers and GPs for them to fill in; a good number were returned to us and these showed that they were all happy with the care at Holme Manor.

We received seven comment cards from the residents and their opinions included –

“I really enjoy the activities man when he comes.”

“I have no complaints at all about the home.”

During the visit we asked residents for their comments and they said;

“Oh they do look after me.”

“I am well looked after here.”

“They (the staff) will do anything for you.”

We received nine comments cards from relatives and these were very positive in their comments included -

“Friendly, approachable staff.”

“I am very satisfied with the home, the care and the atmosphere.”

“The standard of the rooms is quite high, comfortable and warm.”

"Good provision of meals."

"Caring staff who are concerned for their clients."

One visiting professional (GP) commented "A good service for the elderly."

We had discussions with Mr and Mrs Bird who are the owners and managers, two assistant managers and other members of the care staff; we also looked at administration records.

Everyone at the home made us welcome throughout the visit.

What the service does well:

In line with the home's policies and procedures, they (Holme Manor) endeavour to ensure that race, gender, disability, sexuality, age, religion and belief are promoted and incorporated into the operational management of the home, and to offer equality of care to all residents.

They offer employment to male, female, and overseas staff, between the ages of 18 and 65 years.

There is a very friendly atmosphere in the home and the furnishings are comfortable.

They have a very person-centred approach to the care for each of their residents, which means that every person is given individual care that suits their strengths and needs and promotes their independence.

The carers were friendly and understood the personal needs of each resident; we saw good interactions between the staff on duty and the people living at the home.

Residents were spoken to and they said that the staff were very kind and caring.

Two visiting relatives said, " This home is very good, they do their best."

A thankyou card from a relative said "A heartfelt thankyou for the care you gave to my mother, her room was always spotless, the food smelled delicious and the quality of her life was made better by her carers."

We found that all areas of the home were also clean, hygienic and nicely furnished:

What has improved since the last inspection?

They have fully refurbished the kitchen area, and they now provide a safe area for any resident who might want to make themselves a cup of tea, with the assistance of their carers.

They have provided new curtains and carpets for bedrooms and lounges, as part of an ongoing refurbishment process to keep the home nice.

They have acquired a new hoist for the convenience of those with mobility problems.

They have reviewed and increased the staff levels so that their duties include attending to personal laundry for each resident, rather than have a separate laundry person. This makes it more personal and reduces any incidences of lost or spoiled laundry.

Soap dispensers have been fitted in bathrooms and toilets, to promote health and hygiene for the staff, the residents and visitors.

What they could do better:

The home endeavours to provide a good quality of care for the people who live there strive to continually improve their service. No areas of concern were noted during this visit and no requirements or recommendations have been made.

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 (Standard 6 does not apply to this home)

Quality in this outcome area is excellent.

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

The home provides, and gathers more than enough information about prospective residents to ensure that their needs can be met.

EVIDENCE:

Standard one concerns the home's Statement of Purpose, which is a document that gives full information about the home and its service. Holme Manor has an extremely informative document that is available in regular and large size print. This gives any prospective resident the information that they need, to be able to make an informed judgement about whether or not the home is the right one for them.

Standard two was not fully assessed on this visit, however the manager assured us that they provide fair contracts for every person who enters the home, regardless of whether they are privately funded or supported by the local authority.

Standard three concerns the pre-admission assessment of prospective residents.

We looked at three of these pre-admission assessments and they included all aspects of physical, social and psychological care, making sure that the prospective resident's needs were identified and that the home could provide the care that was needed.

They also complete a Mental Capacity Act guided assessment for each prospective, which includes looking at each person's ability to make decisions. This provides extra information about each person that is being assessed and will add to, and improve future plans of care.

We think that this is very good and shows extra consideration for each person before they actually go into the home.

We saw that all of these assessments were done by the assistant managers and agreed by the resident and/or their family. All residents were assessed by the same tool, thus promoting equality of assessment and care provision.

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 residents' health and social care needs are met and people are treated with dignity and respect at this home. Residents are supported and protected in their daily lives.

EVIDENCE:

Care plans are written records that describe the care that is given to each resident.

We looked three of these and found them to be satisfactory, they have been improved by generally assembling the information in order, so that the care

plan system could be audited regularly as part of the quality monitoring at the home.

When we spoke to the people who live at the home, they were mostly unable to say that they knew about their care plans; carers said that they know about the care plans and that they contributed to what was in these on a regular basis.

We noted that health care opportunities were offered equally to all residents and there were records of GP, chiropody and physiotherapy visits.

A visiting District Nurse spoke to us and gave a good testimonial about the home, the professional approaches to care and their seeking advice about care or pressure sore issues.

We looked at the medication systems and these were satisfactory. They have policies and procedures for residents who wish to take responsibility for their own tablets or medicine; this promotes equality of choice for all at the home, although there are currently no residents able to manage this. All senior staff have had medication training.

They were seen to treat the residents with respect, privacy and dignity, and there were good personal interactions between residents and their carers.

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.

The people who live at the home are supported, so as to promote the quality of their daily lives.

EVIDENCE:

We saw that there were activity programmes for the people there that varied according to the abilities of each person; these included communal games, one to one times, visits from the clergy and outings. For the people with dementia, there are specifically designed activities to stimulate and improve their quality of life, for example reminiscence.

The managers are planning a good Christmas programme of activities including a Christmas party, and a visit by the local church choir: these activities will be recorded on a DVD and all residents will be given a copy.

There is an Induction Loop system in the television lounge that makes it easier for anyone with hearing difficulties to be able to watch the new 50" screen television, or their Christmas DVD.

Visiting relatives told us that they were always welcomed to the home.

We spoke to the people who live at the home and they said that they were happy with their care and that they felt safe and secure. They said that if they were unable, or did not want to go out shopping, then their special carer, who is called a Keyworker, would pay particular attention to the colours that they liked most when going out to shop for them. A shoe catalogue was also available for them so that they could decide what style they would prefer. One particular person had a shoe specialist involved to tailor make her footwear. They have a talking books and talking newspaper service delivered to the home, so that people with sight problems can keep up with the news or listen to a book.

Everyone said that they enjoyed their lunch. The food looked to be cooked well, and they had choices of menu.

They commented that -

"The food is good here."

"I can have something different if I don't like what is on offer."

Everyone who lives at the home has a nutritional assessment, taking into consideration their likes and dislikes. This makes sure that they can enjoy the food of their choice at the times that they want it. The kitchen, which has been fully refurbished, catered for various diets including diabetic and vegetarian.

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 excellent.

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

The home's complaints and protection policies, procedures and practice are rigorous and make sure that residents are supported and protected.

EVIDENCE:

They have a written complaints procedure for the residents and their relatives and this is included in the home's information pack.

The residents were spoken to and they said that they had no complaints at all: They also said that they could get in touch with their relatives, solicitors or anyone else that they might need for help, if they wished.

There are advocacy information leaflets and advice available, which is for anyone who is without relatives and who may need someone to speak on their behalf.

The managers said that where complaints or safeguarding adult issues are raised, then they would deal with them in accordance with agreed policies and

procedures and in an effective and efficient manner. Systems for recording any such issues were comprehensive and well detailed.

They continually make provision for residents and their relatives to voice their opinions and concerns through regular surveys and personal contact.

All staff are given induction abuse awareness training and then an in-depth post- induction course follows to make sure that staff are aware of all issues of abuse and dementia issues.

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):

Standard 19 & 26

Quality in this outcome area is good.

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

The residents are provided with a comfortable, clean and hygienic environment and bedrooms are personalised. This means that they feel at home with their belongings around them.

EVIDENCE:

We noticed that Holme Manor's environment appeared to be well thought out, having a conservatory area or quiet room, a television and chatty room, and a supervised more dependent residents' room, thus giving a varied choice of sitting areas for the people who live there.

We looked at some bedrooms and each had been made comfortable, with photographs and personal items, and all were clean and hygienic.

We spoke to the people who live there and they said that they were happy with their rooms.

We looked at the bathrooms and toilets and each was clean and hygienic. They are planning to fit swags to each bathroom window to make the rooms a little more cosy and personal.

They have policies and procedures for keeping the home clean and to help prevent cross infection. All bathrooms and toilets now have soap dispensers fitted and there are plans for staff to have anti-bacterial gel solution with them at all times, to clean their hands so that they do not pass on any infection when changing care from one person to another.

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 excellent.

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

The residents care needs are met through adequate levels of well-trained, supervised and experienced carers.

EVIDENCE:

We saw that there were more than adequate levels of staff looking after the people there.
They worked happily and efficiently, and we did not see anyone having to wait for help or to go the toilet.

We saw that although the carers were busy, they were relaxed and quietly confident. Residents seemed to reflect this by not appearing to be perturbed or agitated about anything at all.

We made a recommendation on the last inspection visit, for a dedicated laundry person to be employed; however the managers have reviewed and increased care staff numbers, so that the residents' laundry can be attended to by their carers, on a more personal basis.

We looked at records and found that 87% of the staff have achieved their National Vocational Qualification (NVQ) with the remaining 13% currently undertaking it. This means that the residents are looked after by properly trained and experienced staff who can give a good quality of care.

They have a rigorous recruitment procedure and the home is also an "umbrella body" for Criminal Records Bureau (CRB) checks. This means that other employers use Holme Manor's status as a registered body, to get their own staff CRB checked.

There is a very good programme of training provided for the staff and the owner/manager, Mrs Bird is a qualified care trainer and assessor.

We spoke to staff and they said that they had very good opportunities for training and that they felt confident that they could do their jobs.

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 31,33,35 & 38

Quality in this outcome area is excellent.

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

The people who live at this home are well supported by qualified and experienced managers who make sure that they are protected.

EVIDENCE:

The managers are also the owners of Holme Manor and they are very experienced and highly qualified.

Mrs Bird holds the NVQ level 4 and Registered Managers Award; she is also

an NVQ trainer and assessor and has recently become a Bsc (Hons) in Psychology.

She is very enthusiastic about staff training and development and holds very regular supervision with all of her staff.

Mr Bird is involved in a number of care associations including being the chairman of the North East Lancashire Community and Care Home Association, a founder and director of the Lancashire Care Homes Association

We found that 20 members of staff have the basic First Aid Certificate and 4 are Appointed First Aiders.

They hold regular relatives, residents and staff meetings to look at issues of quality and care provision. They also undertake regular quality surveys, both for the local authority and for the home itself.

The results of their surveys are posted on the home's notice board for people to see.

The Commission for Social Care Inspection have produced an Equality & Diversity Legal Booklet for guidance and we asked the managers if they knew about it. They said that they did and that they are looking at it further so that they can pass on these guidelines to their staff.

We asked two members of staff if they knew about the booklet and they both said that they had been told about it by the managers and that they would be getting more information about it soon.

We saw two "lists" on the wall near the telephone: one was a short list of questions for anyone who answers a call from a member of staff who has rung in sick. The answers would then give any manager immediate information that was needed for the re-arrangement of a rota, thus making sure that the people are cared for by having enough carers on duty.

The other list was of Electrical and Emergency Contact telephone numbers and where any particular equipment could be switched off at source in the home, for example water supply, fridges, freezers, TVs and moving and lifting aids. This promotes and supports the management of the health and wellbeing of the people who live there.

The AQAA showed that the health safety and welfare of the residents was attended to and that the staff were protected.

We found that the home was very well managed.

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	4
2	3
3	4
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	4
17	X
18	4

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

STAFFING	
Standard No	Score
27	3
28	4
29	3
30	4

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	4
32	X
33	3
34	X
35	3
36	X
37	X
38	4

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

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

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

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