



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

Eynesbury House

**Howitts Lane
Eynesbury, St Neots
Cambridgeshire
PE19 2JA**

Lead Inspector
Elaine Boismier

Unannounced Inspection
29th April 2008 9:45

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 Adults 18-65*. 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	Eynesbury House
Address	Howitts Lane Eynesbury, St Neots Cambridgeshire PE19 2JA
Telephone number	01480 218899
Fax number	01480 218900
Email address	ngrauwiler@brookdalecare.co.uk
Provider Web address	na
Name of registered provider(s)/company (if applicable)	Brookdale Healthcare Limited
Name of registered manager (if applicable)	Mrs Nicola Caroline Grauwiler
Type of registration	Care Home
No. of places registered (if applicable)	9
Category(ies) of registration, with number of places	Learning disability (9), Mental disorder, excluding learning disability or dementia (9)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 15th May 2007

Brief Description of the Service:

Eynesbury House is a registered care home to provide accommodation, care and support for up to nine places for adults with a diagnosis of Autistic Spectrum Disorder and Mental Disorder.

The home is situated in its own grounds and the accommodation for service users comprises of two units. There are six bedrooms split into one unit with four bedrooms and two single bed sits all with ensuite facilities. There is a communal kitchen, dining room, lounge and one WC.

The second unit, The "Mews" is adjacent to the main building of Eynesbury House and provides three ensuite bedrooms. There is a communal kitchen and shared dining/living room area within this unit. Access is via its own door, rather than via the existing build.

The home is within walking distance of St Neots town centre and there are shops and facilities close by.

Fees range between £1867 and £2935 per week. Additional costs include payment for more than one holiday per year, clothing and costs for mobile phone accounts. Further information can be obtained from the home.

A copy of the CSCI inspection report is available at the home or via our CSCI website www.csci.org.uk

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.

We, The Commission for Social Care Inspection, carried out this key unannounced inspection between 9:45 and 13:35 and it took just under 4 hours to complete.

We looked at documentation, observed what was going on in the home, spoke with people and staff and had a look around both of the units.

We have received surveys from residents and relatives/advocates/carers and information from the home since the last inspection of May 2007 and up to this inspection, of April 2008.

Two applications have been made to vary the registration of the home. All of the above has been referred to in this inspection report.

Our records show that we sent out an Annual Quality Assurance Assessment (AQAA) form, in January 2008, although the home reported that did not receive this document. We have re-issued this AQAA for the home to complete and return to us.

For the purpose of this report people who live at the home are referred to as "people", "person" or "resident/s".

What the service does well:

Care plan records continue to be of an excellent standard and people are actively consulted about their care and aspirations.

There continues to be a range of opportunities for people to live an excellent quality of life.

People live in a comfortable, safe and homely place. People we spoke with said that they liked living at the home and they liked their bedrooms.

We found the home had a welcoming and relaxed atmosphere.

What has improved since the last inspection?

The three requirements have been met and the one recommendation has been considered. The requirements were relating to admissions to the home, fire training and safety checks on portable appliance equipment. The recommendation was regarding self-administration of medication.

Other areas that have improved include medication practices, replacement floor covering of a lounge and the encouragement of the people to become more independent in daily living skills.

What they could do better:

All staff must attend training in safeguarding (previously known as protection of vulnerable adults or POVA). We expect the home to manage this, rather than we make a requirement on this occasion.

All of the required information about staff must be kept at the home. We expect the home to manage this, rather than we make a requirement on this occasion.

Records to demonstrate portable appliance tests have been carried out should be kept at the home.

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 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

2 & 3 Quality in this outcome area is **good**.

People have access to a good standard of information to help them in their decision where to live.

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

EVIDENCE:

All of the 5 residents' surveys said that the person had received enough information about the home before they moved in. Examination of two people's care records indicated that there was detailed information about the person provided by their previous placement.

A requirement was made for the home not to admit any person that the service is not registered for. This requirement was as a result of a person being admitted to the home who had a mental disorder (MD). Following our inspection of 2007 we received an application for a major variation of registration in July 2007, and this was approved on the 9th October 2007 to allow the home to admit any person with a category of MD (excluding learning disability or dementia).

Examination of care records of two people admitted to the home, since the inspection of May 2007, indicated that these people were admitted within the categories and conditions of registration. This requirement has been met.

A copy of the last inspection report was available in the office. One person said that they had read parts of this document.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

6,7 & 9 Quality in this outcome area is **excellent**.

People's right to choice and needs is valued within a framework of assessment of risk.

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

EVIDENCE:

We received a copy of a report of a visit to the home, made by a representative of Brookdale Healthcare Limited. The visit was carried out in December 2007 and it told us, "The service user I spoke with informed me that he meets with his key worker on a regular basis and is very happy to discuss any issues he may have."

Examination of people's care records, discussion with the people and observation of their activities indicated that the care plans are detailed, person centred, working documents. The people confirmed that they are consulted about their care plan and are actively involved in their reviews; summaries of these reviews were seen and these recorded the person's active involvement in the care review meetings. We observed a person being consulted, by a

member of staff, about their diet and an agreement was reached between the two. Risk assessments, including activities in and out of the home, were carried out and people had signed some of these, with particular regard to smoking and the safe keeping of lighters.

Three of the 5 residents' surveys said that the person always made decisions about what they did each day; the 2 remaining residents' surveys said that the person sometimes made decisions what they did each day. All of these surveys said that the person could do what they wanted during the day, in the evening and at weekends. One person wrote, "I am always making decisions about what I want to do, this helps me to feel like I lead a productive life." One person said that their activities timetable was to be reviewed with them and their key worker.

We noted that people are encouraged to become as independent as possible and this has improved since our inspection in May 2007. Observation and care records indicated that this fostering of independence includes daily living skills such as cooking, cleaning, laundry and shopping. People were seen going to the shops and cooking in the home, with the support of the care staff.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12,13,14,15,16 & 17 Quality in this outcome area is **excellent**.

People are provided with a range of opportunities to live an excellent quality of life.

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

EVIDENCE:

People we spoke with indicated that there are educational opportunities at local colleges and the home supports the people in accessing these facilities. Another person confirmed that they continue with their educational interests within the home.

People were seen going out into the community, to the local shops, with the support of the staff.

Discussion with the people and examination of their care records indicated that people have access to a wide range of activities including bowling, exercising on a trampoline, visiting an outdoor activity centre, indoor crafts, computer interests and going on holidays. Minutes of the most recent residents' meeting

allowed the people to express their wishes of what activities they would like to pursue such as day trips and future holidays.

Discussion with the people, examination of their care records and an observation of care staff interacting with the people, indicated that people are supported in maintaining links with their families and friends and between each other in the home.

Staff were noted to ask people's permission before entering their rooms and we had confirmation from staff that some of the residents have their own keys to enter the home as well as into their own rooms. Staff were seen to be interacting with the people in a wholly inclusive manner.

People were making and eating their breakfast when and how they wanted to, with some support of the staff if needed. People were supported in food shopping and making their own meals. We observed the staff in discussing with a resident about healthier eating and in one of the care records a person was satisfied as they had wanted, and was able to lose weight, with the support of their key worker. Records of food were seen and these indicated people have a range of food to include eating in, having meals out, including when they are out shopping.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

- 18.** Service users receive personal support in the way they prefer and require.
- 19.** Service users' physical and emotional health needs are met.
- 20.** Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
- 21.** The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

18,19 & 20 Quality in this outcome area is **good**.

People are safer as they receive an improved standard of personal and healthcare.

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

EVIDENCE:

All of the surveys from relatives/advocates/carers said that the home gave the support and care the resident needed. One of the surveys said that the home does well as it, "Offers support whilst encouraging independence." We received a copy of a report made by a representative of Brookdale Healthcare Limited. The visit was carried out in December 2007 and it told us "The service user is very pleased with the progression in his independence he has made since moving in, ie (sic) cooking meals for himself and other service users."

Staff indicated that people are supported with their personal care if needed. One of the people's bathrooms had pictures to remind the person about what to do when carrying out their personal care. People were seen to be getting up when they wanted to and this was confirmed by examination of some of the people's care records.

People's care records that we examined indicated that the people have access to psychiatric and general practitioner services, dentists and opticians. According to staff Brookdale Healthcare Limited provide nursing staff to administer injections for prescribed medication.

In June 2007 we received a notification from the home informing us that a medication error had taken place and this was not picked up until 3 days after the administration error had continued. Nevertheless we were satisfied that appropriate action had been taken, once the error had been noticed, and that the resident had no ill effects. Since this notification we have received no other reports of such errors.

Since our inspection of May 2007 there has been an improvement in medication practices. Safer procedures are in place for medication to be handled, administered and recorded, for when people are not in the home and when they are on leave. The temperature of where medication is stored is recorded daily and these were of a safe level. Medication records were satisfactory.

A recommendation was made for people to be assessed to see if they could give their own medication. Discussion with the staff and examination of people's records indicated that people have been assessed for self-administering medication and procedures have been put in place to support any person who has been assessed safe, and willing, to be as independent as possible, in giving their own medication. This recommendation has been considered.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

22 & 23 Quality in this outcome area is **good**.
People are listened to and generally safe from the risk of abuse.

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

EVIDENCE:

We received a copy of a report of a visit made by a representative of Brookdale Healthcare Limited. This visit was carried out in December 2007 and it told us that one of the residents spoken with knew how to make a complaint.

All of the 5 residents' surveys said that the person knew who to speak to if they were unhappy about something. Four of these surveys said that the person knew how to make a complaint although the remaining surveys said that the person did not know what to do if they had a complaint. These surveys said that staff always or usually acted on what the resident said to them. Of the four surveys we received from relatives/advocates/carers three people knew how to make a complaint although the other person did not know the complaints procedure. Nevertheless all of these surveys said that any concern that they had made, they felt listened to and were satisfied with the home's response to their concerns. The home has received one written complaint and this was responded to in a sensitive and open manner.

Two people's personal monies were checked and these reconciled with the balances. Examination of the record of incidents occurring in the home indicated that care staff had responded to these in an appropriate way and no unlawful use of restraint had been used.

The staff-training matrix was examined and findings indicated that some but not all of the staff have attended training in safeguarding awareness and procedures. Arrangements are in place for some but not all of the staff to attend this training in 2008. We expect the home to manage this rather than we make a requirement on this occasion.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

24 & 30 Quality in this outcome area is **good**.

People live in a well maintained, comfortable and clean home.

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

EVIDENCE:

We received an application, for a major variation of registration, on the 13th November 2007, to increase the number of registered places from 8 to 9. A spare room on the first floor in "The Mews" section of the home was converted into the third bedroom with an en-suite facility. We approved this application on the 16th January 2008. A visit to "The Mews" was carried out and the new room was comfortable and homely looking, as were other bedrooms in the main part of the home. The people we spoke with said that they liked their rooms.

There is an ongoing refurbishment programme as evidenced in the records that we examined. Since the inspection of May 2007 replacement flooring has been provided in the lounge area of the main house.

All of the 5 residents' surveys said the home was always clean and fresh and we found this to be the case.

Staffing

The intended outcomes for Standards 31 – 36 are:

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

32,33,34 & 35 Quality in this outcome area is **adequate**.

People are safe and receive proper care from staff who are generally well recruited and trained although these areas could be improved upon.

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

EVIDENCE:

Discussion with the staff and observing their interaction with the people indicated that the staff had a good understanding of the needs and personalities of the people they were caring for.

Currently the home has less than 50% of care staff with an NVQ level 2 in care although two more staff are working towards this qualification.

The residents' surveys said that the care staff treated people well. One person wrote, "Our staff are great at supporting and there are not many staff teams that can parallel the expertise (sic) of our staff...". Another person wrote, "Some staff are easy going and some are too firm" although the person did not give us any more information about this.

As a result of the increase number of registered places the original staffing levels were increased by one, giving sixteen full-time staff. We saw people receiving 1:1 attention and support and the activities in the home were neither

rushed nor delayed. The staff roster indicated that there is a system in place, with a staggered shift pattern, to accommodate the different level and changing activities in the home, ensuring there is a sufficient number of staff on duty, to meet the needs of the people any time of the day or night.

One of the relatives'/visitors' surveys expressed a concern, that although the person was satisfied with the care provided at the home ("There is a good overall quality of care...") "I think that they do their best in difficult circumstances. Constant staff changes do not help." The person went on to say that this change of staff has resulted in a number of changes of key workers for the resident they were linked to. Another of these surveys considered that the more experienced staff were able to meet the special needs of the people because they ..."have the right skills and experience..." although the person went on to say, "The newer staff members are wanting in this area, and certainly need more training and guidance to have a more united approach."

Two staff files were examined and the majority of the required information about the person was on file with the exception of one written reference. A copy of this was emailed to the home, by the personnel department, before we completed the inspection. This reference however did not provide a 100% guarantee of its authenticity; there was no headed notepaper or signature on this reference. We have taken the reasonable and proportionate view that we will not make a requirement on this occasion.

Discussion with the staff and examination of their training files indicated training opportunities are provided to include caring for a person with challenging behaviours, infection control and care of a person with epilepsy.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

37,39 & 42. Quality in this outcome area is **good**.
People benefit from a well managed service.

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

EVIDENCE:

In April 2008 we received a letter, from the registered owner, to inform us that there has been a change of home Manager. On the day of the inspection the new Manager had commenced his new position. He has 6 years working with people with a learning disability and has transferred from another service owned by Brookdale Healthcare Limited where he worked as a Team Leader. He has an NVQ in care. An application to register him as the Manager of Eynesbury House has yet to be received.

On the same day of our inspection the Team Leader, who deputised for the Manager, was leaving her current position and, according to staff, interviews to fill this vacancy have taken place.

We are pleased with the improvement in the standards of care and management of the home and we expect such improvements to be maintained, and to continue, under the new management arrangements of the home.

A copy of the regulation 26 visit report for January 2008 was seen and this included residents' and staff views about the home, an audit of staff records and of the home environment. The visitors' record book showed that another regulation 26 visit was carried out on the 22nd April 2008 although the home had yet to receive the report of this visit. According to the new Manager and Team Leader arrangements are in place to send out surveys to ask residents' and families' views about the home.

An examination of health and safety checks was carried out and these included temperatures of hot water, emergency lighting and fire alarm checks, temperatures of food fridges and freezers and these were satisfactory. Fire drills had been carried out in November 2007 and February 2008 and names of all those in attendance and names of people not in the home, were recorded.

Examination of staff training records and discussion with staff indicated that a requirement has been met as staff have attended training in fire safety, to include their attendance during the fire drill procedures.

A requirement was made for portable appliance tests (PATs) to be carried out. Although there was no record of these, the staff roster had a record that the member of staff had protected time to carry out these tests. Staff also reported that the PATs had been carried out. On the basis of this evidence we consider this requirement has been met although we expect to see the records of these kept at the home for inspection purposes. The last fire safety officer inspection report for November 2007 was satisfactory.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 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	
<i>Standard No</i>	<i>Score</i>
1	X
2	3
3	3
4	X
5	X

INDIVIDUAL NEEDS AND CHOICES	
<i>Standard No</i>	<i>Score</i>
6	4
7	4
8	X
9	4
10	X

LIFESTYLES	
<i>Standard No</i>	<i>Score</i>
11	X
12	4
13	3
14	4
15	4
16	4
17	4

PERSONAL AND HEALTHCARE SUPPORT	
<i>Standard No</i>	<i>Score</i>
18	3
19	3
20	3
21	X

CONCERNS AND COMPLAINTS	
<i>Standard No</i>	<i>Score</i>
22	3
23	3

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
24	3
25	X
26	X
27	X
28	X
29	X
30	3

STAFFING	
<i>Standard No</i>	<i>Score</i>
31	X
32	2
33	3
34	2
35	3
36	X

CONDUCT AND MANAGEMENT OF THE HOME	
<i>Standard No</i>	<i>Score</i>
37	2
38	X
39	3
40	X
41	X
42	3
43	X

No

Are there any outstanding requirements from the last inspection?

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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