



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

Lambourne House

**8 Ursula Avenue
Selsey
Chichester
West Sussex
PO20 0HT**

Lead Inspector
David Bannier

Key Unannounced Inspection
29th February 2008 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 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	Lambourne House
Address	8 Ursula Avenue Selsey Chichester West Sussex PO20 0HT
Telephone number	01243 606065
Fax number	
Email address	anne.sharman@achuk.com
Provider Web address	www.achuk.com
Name of registered provider(s)/company (if applicable)	Aitch Care Homes (London) Ltd
Name of registered manager (if applicable)	Ms Anne Kathleen Sharman
Type of registration	Care Home
No. of places registered (if applicable)	9
Category(ies) of registration, with number of places	Learning disability (0)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category/ies of service only:

Care home only - (PC) to service users of the following gender:

Either

Whose primary care needs on admission to the home are within the following categories:

Learning disability (LD).
2. The maximum number of service users to be accommodated is 9.

Date of last inspection N/A

Brief Description of the Service:

Lambourne House is a care home, which is registered to provide personal care for up to nine service users in the category learning disability (LD) who are between the ages of 18 to 65 years of age.

It is a detached property, which has been extended and adapted for its current use, and is located in a quiet residential area of Selsey. The property is a two - storey building providing private accommodation to service users in single bedrooms located on the ground and first floors. A vertical passenger lift is available and provides alternative access to the upper floor. Communal accommodation is made up of a lounge and a dining room located on the ground floor. An enclosed garden which has been laid to lawn, is available to service users, and is located to the rear of the premises. The garage has been adapted and equipped to provide an activity room for residents.

Fee levels currently range from £1,600.00 to £1,750.00 per week. Personal items such toiletries and hairdressing are not included.

The registered provider of this service is Aitch Care Homes (London) Services Ltd. The Responsible Individual acting on behalf of the organisation is Mr Peter Flood and is responsible for supervising the management of the care home. Ms Anne Sharman is the registered manager and is responsible for the day to day running of the care home.

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.

The inspection has followed the Inspecting for Better Lives methodology and is called a key inspection as it assesses those standards determined by the Commission as key standards. This inspection will also determine the frequency of inspections hereafter.

The registered provider returned an Annual Quality Assessment Form (AQAA) prior to the inspection. Residents who were considered capable of completing it and their relatives were sent surveys by the Commission entitled "Have Your Say." These are designed to enable residents, relatives and other stakeholders to give their opinions about how the care home is being run. Unfortunately we did not receive them in time to include them in our report. However, if we discover they include any information that gives cause for concern we will discuss this with the provider. Information received from the provider will be referred to in this report.

A visit to the care home was made on Friday 29th February 2008. This was an unannounced inspection. We were unable to have meaningful conversations with all the residents, however we spent time with some of them during the morning in order to form an opinion of how it is to live at the care home. We spoke to four staff on duty in order to gain a sense of how it was to work at the care home. We also viewed the accommodation and observed care practices. Some records were also examined.

The visit lasted approximately six hours. Ms Sharman was present and kindly assisted us with our enquiries.

What the service does well:

Lambourne House provides individualised care to meet each resident's needs. This is achieved through thorough assessments prior to admission, detailed care plans and regular reviews of the needs of the residents.

The manager and the staff have the knowledge, skills and experience needed to provide a good level of care. The manager has ensured staff are well supported in their work with residents.

Residents are able to participate in community and in house activities and are given choices about the way they live their lives.

The home has a clear complaints procedure so that people know how they can make a complaint.

The environment at Lambourne House is of a high standard with good quality furniture and fittings that are kept very clean and well maintained.

What has improved since the last inspection?

This is the first inspection since this care home has been registered with us.

What they could do better:

The registered manager needs to draw up a system for recording complaints received together with any investigations carried out and their outcomes.

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):

1 and 2

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

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

Prospective residents are provided with information about the care home so that they can make an informed choice before moving in.

Prospective residents' individual needs and aspirations have been assessed.

EVIDENCE:

As part of the registration process we identify some areas that need to be considered at the first inspection. In this instance, it included the production of clear information about the care and services provided at Lambourne House. We were given copies of this information during the course of our visit. This document clearly detailed the care and services the care home has to offer. Some of the information had been designed to ensure people with learning disabilities could understand it. The manager told us this information is given to residents, their families or their representatives.

Four residents have been admitted since Lambourne House has been registered. We identified two residents for case tracking purposes. Documents

and records seen confirmed that the needs of the identified residents had been appropriately assessed before they have been admitted. Assessments included information about each resident's general background, health care and personal care needs, sleep patterns, mobility, independent living skills, day and leisure activities, relationships and friendships, communication needs, cultural and religious needs, and details of any challenging behaviours present. The assessment also includes an overview of the resident's assessed needs and concludes with a judgement confirming if the care home is able to meet them.

We could not have meaningful discussions with residents. However, we observed residents were calm and relaxed when interacting with staff. Discussions with staff on duty confirmed they had been made fully aware of the needs of each resident and how they should be met.

Information returned by the registered provider confirmed that, "A referral policy and procedure is in place that includes good practice, such as full assessment, visits to the home by the person, their care manager and family as well as an agreed transition plan."

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 and 9

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

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

Residents' assessed needs are reflected in their individual care plan.

Residents can make decisions about their lives with assistance as needed.

Residents are enabled to take risks as part of an independent lifestyle.

EVIDENCE:

We found that information about each resident's needs together with comprehensive and detailed guidance for staff had been drawn up. Staff are expected to follow guidelines, which gives them specific instructions to ensure they work in a consistent and continuous manner with residents. They are also expected to sign them to confirm they understand the contents. We also saw that risk assessments have been carried out when necessary to determine the

level of risk an identified activity would present to a resident and the action staff should take to reduce it. All the information has been reviewed to ensure it is up to date and reflects the current needs of each resident. This has taken place six weeks after they have been admitted and included the resident, where possible, their relatives, the manager or deputy manager and their allocated care manager.

We observed staff working with residents. They demonstrated that care practices and support provided to residents were in line with the guidance provided. Discussions with staff on duty confirmed they had been made fully aware of the needs of each resident and how they should be met.

Residents are encouraged to make choices on a daily basis with regard to what to eat, how to spend leisure time, when to go to bed, what to wear etc. However, in order to take account of residents' safety and wellbeing there are occasions when choice has been limited. For example, residents are unable to make use of the lounge, the garden or the activity room unless accompanied by a member of staff. They are able to have some quiet, personal time in their own rooms. However, there are very clear specific guidelines, which staff must follow to ensure residents are not placed at risk.

Information supplied by the registered provider confirmed that, "We have drawn up care plans that include the support required to meet individual needs and to enable each resident to make choices about their every day life"

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, 15, 16 and 17

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

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

Residents are able to take part in appropriate activities.

Residents have been encouraged to become part of the community.

Residents have been supported in maintaining family relationships.

Residents' rights have been respected whilst ensuring their safety is maintained.

Residents have been provided with a healthy, varied and appropriate diet.

EVIDENCE:

As part of the registration process we identify some areas that need to be considered at the first inspection. In this instance, it included ensuring programmes of meaningful daily activity, including and social opportunities are in place for residents.

Each resident has an individual activity programme. This includes clear information about a range of activities, including free time, in which they wish to participate. Activities provided take into account the wishes of each resident and information gathered during the assessment process. They include in house activities such as cooking, art and crafts, music and using sensory equipment. Activities arranged for residents, which are located in the community include trips to shops, to local cafes and pubs. Some residents like to go for walks or car trips to local places of interest. One resident attends college on a regular basis. On the day of our visit one resident had gone to college whilst another had been taken out for a ride in the car. The other residents were playing games with staff in the dining room. We observed interactions between staff and residents were warm, friendly and appropriate. When residents' personal care needs were attended to we saw that staff treated residents with respect and ensured their dignity was maintained.

Information supplied by the registered provider confirmed that they, "Support residents to access community facilities, including a local college, shops, riding school and theatre."

We were informed that residents are supported in keeping in contact with their families and friends. Information about this is included in care plans together guidelines for staff to follow to ensure this is a positive experience and is in line with the wishes of all concerned.

The main cooked meal is provided in the evening. A snack meal such as sandwiches or soup is provided at lunchtime. We saw there were sufficient staff so that they can supervise residents and provide assistance where needed. At the time of our visit, the lunchtime meal consisted of a selection of sandwiches. We were provided with copies of the menus to examine. The information provided demonstrated residents have been provided with a varied, wholesome and nutritious diet appropriate to their needs.

Information supplied by the registered provider confirmed that, "The menus are planned to include residents' choices and alternatives are offered."

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 and 20

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

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

Support and personal care provided takes into account the wishes and personal preferences of each resident.

The physical and emotional health care needs of residents have been met.

Staff deal with medicines in a way that protects and supports residents.

EVIDENCE:

Guidance has been developed for each resident to ensure care plans have been implemented. This includes clear information about the manner in which each resident gets up and has care provided. It also includes detailed guidance for staff to follow to ensure challenging behaviours are dealt with appropriately. There are also clear guidelines with regard to each resident's preferred routines when staff provide them with personal care. Staff are

expected to follow guidelines which give specific instructions to staff to ensure they work in a consistent and continuous manner with residents. Following observations of staff interacting with residents we concluded that staff do follow them. Care plans have been reviewed to ensure they are up to date and reflect the current needs of each resident. Residents' families are encouraged to take an active part in reviews of care plans to ensure they include each resident's own wishes regarding how they want care and support to be provided.

Records seen included a clear record of medical appointments made to health care services such as residents' GP. This also includes a record of the outcome of the consultation and, where necessary, the treatment to be provided.

Information supplied by the registered provider confirmed that they, "Support residents with their personal care in privacy, maintaining and enhancing their independence.... The registered provider also confirmed that, what they do well is, "...meeting the health needs of each resident."

We noted that medication has been appropriately and securely stored. Records seen had been well maintained and up to date. We were advised that only staff who have been appropriately trained are allowed to administer medication. Training records seen confirmed that staff have received in house training in the safe administration and dispensing of medication. We were informed that, currently, no resident is considered to be capable of administering his or her own medication safely.

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 and 23

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

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

The home has set up a system for ensuring residents' views are listened to.

Residents are protected from abuse, neglect and self harm.

EVIDENCE:

A complaint procedure has been drawn up so that residents' families know how to make a complaint if they wish to do so. This is included in the Statement of Purpose.

The registered manager has received one complaint since Lambourne House has opened. We were shown documentation that demonstrated it had been appropriately dealt with. However, the manager was unable to confirm she had set up a system for recording complaints received along with any investigation conducted and its outcome. We spoke to the manager about this who agreed to ensure such a record is set up.

Information supplied by the registered provider confirmed that what they do well is, "Listen to act on concerns raised by parents." The provider has also identified what they could do better is, "Add picture symbols to the written procedure to aid understanding for residents."

Staff on duty confirmed they know how to identify different types of abuse and also know what to do if they witness a resident being abused. Training records confirmed that staff are provided with training about safeguarding adults procedures and reporting abuse. The registered provider has also provided information that confirms appropriate policies and procedures are in place that are designed to protect vulnerable adults from harm.

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 and 30

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

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

Residents have been provided with a homely, comfortable and safe environment in which to live. The premises has been decorated, maintained and furnished to a high standard.

The home has been kept to a high standard of cleanliness and hygiene.

EVIDENCE:

We visited the private accommodation of each resident, the lounge and the dining room. Those areas of the home seen were presented in a homely and comfortable manner. The decoration and furnishings have been provided to a high standard and ensured residents live in a comfortable and safe environment. We also noted that many of the rooms are spacious, light and

airy. The staff have worked with residents to ensure their rooms reflect the personality of residents. Whilst work on this has just begun we saw items bought on behalf of residents include posters and pictures, televisions, CD players, and sensory equipment.

We also visited bathrooms, toilets, the kitchen and the utility room. These areas of the premises were fresh, very clean and hygienic. We were informed cleaning schedules are in place to ensure all areas are cleaned on a regular basis to ensure hygiene is maintained to a high standard.

Information supplied by the registered manager prior to this visit confirmed the registered provider has also taken appropriate steps to ensure the premises and equipment within the care home is safe for use. Gas and electrical appliances have been checked and maintained regularly. There is an internal system for staff to use to record and report any issues related to the maintenance of the premises to ensure any defects or repairs are dealt with efficiently. The registered provider employs maintenance staff who are able to deal with such issues.

Information supplied by the registered provider confirmed that, "All bedrooms have ensuite facilities and the decoration of the home is to a high standard. The company has a maintenance team that will respond quickly to requests for repairs, redecoration etc. The furniture and fittings are of a high standard that will be replaced if showing signs of wear and tear. Changes to bedrooms are made to suit individual resident's needs and wishes wherever possible."

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, 34 and 35

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

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

Competent and qualified staff support residents.

The home's recruitment practices and procedures protect vulnerable residents.

The staff team have met residents' needs.

EVIDENCE:

We examined the recruitment records of three staff who had been appointed since the care home has been open. We found that all appropriate information and checks were in place to ensure vulnerable residents have been protected. This included two written references, proof of identity and criminal record checks (CRB).

We looked at staff training records. They demonstrated that newly appointed staff undertake structured induction training. This includes providing an understanding of the principles of good care practices and covers the

promoting of residents' rights, independence, choice and dignity. Training records also provided evidence that confirmed staff have been provided with mandatory training such as identifying and reporting abuse, fire safety, health and safety, first aid, infection control and food hygiene. Staff spoken to confirmed the training and induction training they had received. They also confirmed that they had received training in understanding autism, understanding epilepsy and working with people who have challenging behaviours.

There was also evidence that demonstrated they receive regular support and supervision from a senior member of staff. Staff also told us they found the management does provide staff with the support they need.

Information supplied by the registered provider confirmed that, what they do well is to ensure "Each member of staff has a job description and terms & conditions so that they are aware of their role & responsibilities; induction training for new staff, including mandatory training by a registered training provider; sufficient numbers of staff on duty at all times that know the residents and are able to respond to the support needs of individuals; regular staff meetings; a robust recruitment policy and procedure; recruitment of a bank staff team that undergo the training provided; all staff receive regular supervisions."

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 and 42

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

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

The care home is well run and in a way which benefits residents.

The views of residents and their families are sought as part of any self – monitoring, review and development of the care home.

The health, safety and welfare of residents and staff have been promoted.

EVIDENCE:

Ms Anne Sharman has been registered as the manager of this care home. As a result of the registration process she has demonstrated she has the necessary skills, knowledge and experience to manage the service.

The registered provider has set up a system to ensure their representatives visit Lambourne House each month to ensure this care home is being run in the best interests of residents. We looked at reports of such visits which have taken place. Reports include details of discussions with staff on duty and, where possible, discussions with residents or observations of care and support provided.

The registered manager meets regularly with her staff team to discuss issues related to the service provided and the individual care needs of residents. This ensures the staff team are clear about what is expected of them and are aware of how the aims and objectives of the service should be implemented. We were given copies of minutes of meetings to read. They confirmed they have been held regularly and provide an opportunity for the manager to communicate with her staff team. Staff who we spoke to confirmed they meet regularly to discuss the needs of residents and the work they are expected to perform.

We also found evidence that the registered provider has set up a system for monitoring, reviewing and improving the care and services provided by the care home. The system also includes satisfaction questionnaires for residents, their relatives or other representatives to complete. This ensures their views are taken into account as part of this process. As Lambourne House has been open for six months this system has yet to be employed at this care home.

Information supplied by the registered manager prior to this visit confirmed the registered provider has also taken appropriate steps to ensure the premises and equipment within the care home is safe for use. Gas and electrical appliances have been checked and maintained regularly. There is an internal system for staff to use to record and report any issues related to the maintenance of the premises to ensure any defects or repairs are dealt with. Training records seen confirmed that staff have been provided with training regarding health and safety issues, fire prevention, manual handling and food hygiene. This will ensure the safety and wellbeing of residents and staff.

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	3
2	3
3	X
4	X
5	X

INDIVIDUAL NEEDS AND CHOICES	
<i>Standard No</i>	<i>Score</i>
6	3
7	3
8	X
9	3
10	X

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

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	4
25	X
26	X
27	X
28	X
29	X
30	4

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

CONDUCT AND MANAGEMENT OF THE HOME	
<i>Standard No</i>	<i>Score</i>
37	3
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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