



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Wymondley Nursing Home

**Little Wymondley
Nr Hitchin
Hertfordshire
SG4 7HT**

Lead Inspector
Yoke Lan Jackson

Key Unannounced Inspection
11th October 2007 10:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Wymondley Nursing Home
Address	Little Wymondley Nr Hitchin Hertfordshire SG4 7HT
Telephone number	01438 312434
Fax number	01438 759906
Email address	wymondleynursinghome@hotmail.com
Provider Web address	
Name of registered provider(s)/company (if applicable)	Wymondley Nursing and Residential Care Home Limited
Name of registered manager (if applicable)	Ms Joanne Kendell
Type of registration	Care Home
No. of places registered (if applicable)	59
Category(ies) of registration, with number of places	Dementia - over 65 years of age (3), Old age, not falling within any other category (59), Physical disability over 65 years of age (59), Terminally ill over 65 years of age (59)

SERVICE INFORMATION

Conditions of registration:

1. This home may accommodate up to 4 older people who require personal care.
2. This home may accommodate up to 3 older people with dementia who require personal care.
3. This home may accommodate 59 older people who require nursing care.
4. This home may accommodate 59 older people with physical disability who require nursing care.
5. This home may accommodate 59 older people with terminal illness who require nursing care.
6. This home may accommodate 59 older people who require convalescent nursing care.

Date of last inspection 10th October 2006

Brief Description of the Service:

The building is a former vicarage with a large modern extension. The provider, Wymondley Nursing and Residential Care Home Limited, was first registered by Hertfordshire County Council under the Registered Homes Act 1984 in March 1990 prior to the current registration under the Care Standards Act 2000. The home provides nursing care and accommodation for older people, with or without physical disabilities and for older people with terminal illnesses. It is also registered to provide personal care for 3 older persons with dementia. The home is situated in the village of Wymondley, close to the towns of Hitchin, Letchworth and Stevenage, a short distance from the village centre with facilities such as the church and pub. The home has links with organisations in the village. Access to public transport is limited. Accommodation is provided on three floors served by 2 passenger lifts. All bedrooms are single rooms, 22 with en-suite toilets. There are several day rooms. The building stands in extensive, attractive grounds, greatly enjoyed by many service users. There is ample car parking space in front of the home.

The home charges £583 - £663 per week. Further information can be obtained from the home's Statement of Purpose and the Service User Guide. A copy of the CSCI inspection report should be available in the home.

SUMMARY

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

The unannounced inspection was carried out on 11/10/2007. The registered manager and one of the proprietors were present. The home has 59 residents.

The inspection began with a tour of the premises. Time was spent observing how the staff interacted with the residents. Residents and staff were spoken with, and documents were examined. The inspection ended with a detailed discussion with the managers.

To gain the views of people who use the service and those who visit socially and professionally the Commission sent survey forms to residents, relatives and health & social care workers. Their comments have been included in this report.

Information received by the Commission since the last inspection has also been reviewed. This includes the Annual Quality Assurance Assessment (AQAA) which providers of registered services are required to complete. The AQAA focuses on how well outcomes are being met for people using the service.

What the service does well:

The home is very well organised. The residents, including those with dementia, appeared content and relaxed. They live in a safe, homely and comfortable environment. Several residents were eager to share their positive views about their home and the care given by the staff and management.

The residents are well supervised in the communal areas. Two staff are assigned routinely to assist those residents who are in their bedrooms. Staff interacted well with the residents who are well informed of events in the home.

In a recent CSCI survey, practically all the respondents including residents, relatives and healthcare professionals gave positive feedback about the care and service. A resident said, "The staff are very good and are always attentive and it is a pleasure to be around them." A relative commented, "I have found all the staff very helpful and caring." Others describe the staff as "caring" "friendly" "helpful" and amenable".

A healthcare professional described the service provided at Wymondley as "efficient", as having "a calm atmosphere", "good ambience and caring" "seems to be the best around". Another health care professional said it was a "caring friendly environment" where residents are "well looked after."

What has improved since the last inspection?

The standards of care and the management of the service continue to be maintained.

What they could do better:

The management is in the process of reviewing the written care plans and to improve on person centred planning.

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, 3, 4 & 5. Standard 6 is not applicable.

People who use the service experience good quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

Prospective clients and their relatives are given the opportunity to visit and assess the facilities and suitability of the home. They have the information they need to make an informed choice. A pre-admission assessment is carried out before the prospective client is admitted to ensure that the home can meet all their care needs.

EVIDENCE:

The admission files examined contained pre-admission information concerning the residents. All the residents had been assessed prior to their admission. A trial period of stay is arranged. Each resident is given a Service User Guide on admission.

In a recent CSCI survey, seven out of eight residents confirmed that they had received a contract and they all said they or their relatives had received sufficient information to make an informed decision to move to Wymondley.

All the relatives who completed surveys confirmed that they had received enough information to make a decision about the service.

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.

People who use the service experience good quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

Residents are treated with respect, and their right to privacy is upheld. They have access to healthcare services, and each resident has a written care plan so that staff know what care is required and how to deliver the care to meet individual needs.

EVIDENCE:

Each resident has a written care plan. All relevant information is updated accordingly. The management is hoping to modernise the care plan format to a more person centred style. Risk assessments were seen in the care plan folder.

All the residents share the same communal space regardless of their physical and mental health status. The home has 3 residents with dementia. All the residents have equal opportunities for recreational exercise and mental stimulation through activities and one-to-one attention as required. On the day of the inspection there were staff readily available to assist people. The

residents are well supervised in the communal areas. Two staff are assigned routinely to assist those residents who are in their bedrooms.

The incidence of falls is minimal and there has been no admission to hospital as a result of a fall incident since the last inspection. All the residents are well cared for including three residents who are currently on bed rest because of their medical condition. There has been no incident of pressure sores.

Each resident is given access to healthcare and specialist services. Residents choose their own doctor. However, the majority of them are registered with a general practitioner who is also the retainer doctor for the home. The system works well as the general practitioner visits the home weekly and so the residents' healthcare needs are reviewed weekly.

All medicines are kept in a drug trolley that is attached to the wall when not in used. There is a storage room for stock medicines. The controlled drugs cupboard is in the storage room. The temperature in the storage room was 25 degrees centigrade. Medicines were administered and recorded appropriately on the Medication Administration Record (MAR) charts. A member of staff spoken to said that staff have regular refresher courses on medication administration. The management carries out random checks to ensure the proper handling, storage and administration of medication.

Seven out of eight residents who completed the CSCI survey forms said that they always received the care and support they needed. A resident said this was usually the case. However one resident said that requests for the toilet are sometimes not responded to. Six out of eight residents said that they always received the medical support they needed. Two residents said this was usually the case. A resident commented, "I'm always pleased with the care and attention I receive." Another resident said, "I'm always highly satisfied with the way I'm supported in having my bath. I love having a bath here."

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.

People who use the service experience good quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

Residents find the home meets their needs, and meets their expectations and preferences. They are encouraged to exercise control over their lives and to maintain contact with their families and friends.

The activities provided are varied and flexible to suit the lifestyles of residents.

The meals are wholesome and nutritious to meet the needs of the residents.

EVIDENCE:

Residents interviewed are quite content with the organised activities by staff. The activity in the afternoon included a quiz and this was held in the dining room. Other activities include sing-alongs, barbecues and festival celebrations throughout the year. The home has theme displays on the activity board and staff dressed up for the theme play, which is held regularly. There is a diary kept of the daily activities and the residents who are involved. There are table games, books and newspapers available. A resident who is partially blind has a visitor who visits regularly and reads to her. Care staff give one to one attention to residents who are in their bedrooms and those who need one to

one recreational activity. There are also visiting entertainers who are always popular with service users.

The home has a chef who holds regular meetings with the residents and plans the menu a month in advance. Residents are given choices daily. The meals provided are appealing and nutritious. Healthy eating is encouraged. Residents can choose to have their meals in the dining room or in the other communal areas or in their bedroom. On the day of the inspection, it was noted that there were seven care staff assisting residents in the dining room and two other staff were helping residents in their bedrooms. Lunchtime was unhurried.

Residents spoken with said that they are very happy with the meals provided. They said that there is always a hot meal and alternative dishes. Comments received included "I am happy with the meals" "There is plenty to eat and there are choices given."

The home has a positive inspection from the Environmental officer in January 2007.

A relative spoken with on the day of the inspection gave very positive feedback about the care and service provided. She spent some time in the garden with the resident, who seemed relaxed and content.

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, 17 & 18.

People who use the service experience good quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

There is a robust Complaints Policy and Procedure, which most people were aware of. Residents are listened to and action is taken, and their legal rights are protected.

EVIDENCE:

The management investigates any complaints or concerns raised by residents, relatives and others. Immediate action is taken to resolve any issues raised. In a recent CSCI survey all the respondents confirmed that staff always listened and acted on what they say and that they knew how to make a complaint. Six people said they always knew who to speak to if they were not happy. Two people said they usually knew who to speak to. One commented, "Senior staff are always available and willing to discuss any issue at any time." Other comments included "Staff always listen to clients and family, always have time for you" and "Relatives are offered tea and coffee when they visit."

Staff have training on issues concerned with the safeguarding of vulnerable adults. They are aware of the Whistle-Blowing Policy. The home follows the multi agency Safeguarding Procedure of Hertfordshire County Council.

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):

Standards 19, 20, 21, 22, 23, 24, 25 & 26.

People who use the service experience good quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

Residents live in a safe, comfortable and homely place. They have access to all communal facilities and they have the specialist equipment they require to maximise their independence.

EVIDENCE:

Residents live in a homely and safe place. The home is very well maintained both externally and internally. The surrounding grounds include woodlands and there is plenty of seating for residents and their visitors. There is ample communal space on all the floors, which are served by two lifts. The bedrooms are neat and clean with personal items on display. All bedroom doors are held open with automatic hold-open door devices.

Residents have the specialist equipment they require to maximise their independence. The home is well equipped with 10 hoists and two overhead

hoists in two of the assisted bathrooms. The home has recently purchased additional profiling beds and each bedroom is now equipped with a profiling bed.

In a recent CSCI survey all the respondents confirmed that the home is always fresh and clean.

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.

People who use the service experience good quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

Residents are supported and safeguarded by the robust recruitment policy and practices. There is an effective staff team, with sufficient numbers on duty to ensure that the care needs of the residents are met appropriately. There is a well-planned staff-training programme to ensure staff have the skills to meet the residents needs.

EVIDENCE:

On the day of the inspection, the residents interviewed gave very positive feedback about the staff. Comments included: "The staff are wonderful." "They are all very helpful, including the owner and the manager." "The staff are great. They are very helpful."

It was noted that the residents were well supervised. There was a member of staff readily available to lend a helping hand or to talk to the resident. Residents felt very confident about the care they received.

On the day of the inspection there were two trained nurses and a senior care assistant (designated as 'assistant nurse') supported by 9 care workers and several domestic workers and a chef. One of the proprietors was assisting in the home.

The recruitment procedure is in accordance with legislation. All new staff only start work after police checks and clearance including clearance from the Protection of Vulnerable Adults (POVA) list. The turnover of staff is minimal. Many staff have been working in the home for over 14 years. The home does not employ agency workers.

There is a rolling training programme for nurses and care workers. The home has close links with Lister Hospital where most of the staff received training that is appropriate to meet the needs of the residents. The home has four NVQ assessors and over 50% of staff have NVQ2.

In a recent CSCI survey, five out of eight residents said that staff were usually available when needed and three said that staff were always available.

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, 32, 33, 35, 36, 37 & 38.

People who use the service experience excellent quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

Residents felt safe and protected in this home, which is well managed. The standards of care and service are well maintained and they meet the home's statement of purpose.

EVIDENCE:

The Manager is well supported by the two proprietors who are on site daily. The residents, who seemed very happy and content, have benefited from the proactive approach of the management team. The residents' health, safety and welfare are promoted and protected.

The staffing level is in accordance with the needs of the residents rather than being at the minimum level. The training programme is according to the needs

of residents and refresher courses are arranged at regular intervals. Staff are regularly supervised and all servicing records are kept up to date.

The home has a current Liability Insurance Certificate and the CSCI Registration Certificate was on display.

The quality monitoring system includes written survey questionnaires. The home is improving on the quality assurance system and an annual report will be available later in this financial year.

The recently introduced CSCI Annual Quality Assurance Assessment (AQQA) form, issued to the home for this inspection was returned on time. The contents were thorough and informative.

The recent CSCI survey indicated that both residents and their relatives are very pleased with the care and service provided at Wymondley. A relative said, "An excellent care home which is always running smoothly even when there is an emergency." They confirmed that staff, manager and both proprietors are approachable and available. A healthcare professional said that this is an "excellent service with hardworking staff, a good management and a good atmosphere with a caring approach."

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	3
5	3
6	x

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	3
10	3
11	3

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	3
18	3

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

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

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

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

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

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

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

No.	Refer to Standard	Good Practice Recommendations

Commission for Social Care Inspection

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