



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### Avenue Nursing Home

**Avenue Nursing Home**  
**32 The Avenue**  
**Cheam**  
**Surrey**  
**SM2 7QB**

*Lead Inspector*  
Alison Ford

*Key Unannounced Inspection*  
11<sup>th</sup> December 2007      11:00

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
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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](http://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](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Avenue Nursing Home
<b>Address</b>	Avenue Nursing Home 32 The Avenue Cheam Surrey SM2 7QB
<b>Telephone number</b>	020 8642 3912
<b>Fax number</b>	F/P 020 8642 3912
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Avenue Nursing Home Ltd
<b>Name of registered manager (if applicable)</b>	vacant post
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	20
<b>Category(ies) of registration, with number of places</b>	Dementia (20), Old age, not falling within any other category (20)

# SERVICE INFORMATION

## Conditions of registration:

1. The Registered Person may provide the following categories of service only:

Care home with Nursing - Code N

to service users of the following gender:

Either

whose primary care need on admission to the home are within the following categories:

Old Age, not falling within any other category - Code OP

Dementia - Code DE (maximum number of places: 20) (of the following age range: 55 years and over)

2. The maximum number of service users who can be accommodated is: 20

**Date of last inspection**      03/07/07

## Brief Description of the Service:

Avenue Nursing Home is an older style detached property situated in an attractive residential area of Cheam. It is registered with The Commission for Social Care Inspection to provide nursing care for up to twenty people over the age of sixty-five, who may have dementia, although there is currently a variation in place to allow one younger resident to live there.

Accommodation is arranged over two floors with toilets and bathrooms on each floor and there is a passenger lift. Since being purchased by the current owners the home has benefited from redecoration and refurbishment, the lounge area has been extended and the garden has been attended to, in order to allow residents to take advantage of any warmer weather.

At the time of this inspection fees ranged from £550-£620 per week with additional costs for personal items which would be discussed prior to admission.

A copy of the homes Statement of Purpose and the latest inspection report can be obtained from them. The inspection report can also be obtained from the Commission for Social Care Inspection or downloaded from their website.



# SUMMARY

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

This report follows the second unannounced visit to the home made as a part of the inspection process for the year 2007/2008.

When compiling the report, consideration has also been given to information received since the last inspection including notification of any incidents and complaints.

The report reflects conversations held with residents and members of staff and draws on information supplied in the Annual Quality Assurance Assessment. This is a document is completed by the management team of the home in order to supply The Commission with details about how well they are providing a service for the people that they are supporting.

Since the last inspection, the Registered Manager has left the home however; another registered nurse has recently been appointed to the role. She was present throughout the visit although it is acknowledged that she had only been working in the home for four weeks.

A manager, from one of the other homes owned by the same providers, and who has been overseeing the running of The Avenue, supported her during the inspection process.

At the time of the inspection there were fourteen elderly people living in the home the majority of whom were spoken with. A tour of the premises was undertaken, there was an inspection of staff files, an assessment of a number of care plans and also of the medication procedures and storage.

The home has recently amended its registration status to allow them to care for people who have dementia.

Since the last inspection two issues of concern have been raised about the home. The first was an allegation that was dealt with under the local authority safeguarding procedures, was found to be unsubstantiated and the allegation was withdrawn. The second resulted in disciplinary procedures against a staff member, which have now been completed.

## **What the service does well:**

During the last few years this service has been subject to enormous changes in both its ownership and management structure. There have been structural

alterations to the home and a total refurbishment and redecoration programme.

Despite this, the people who live here are generally happy with their lives in the home. Most of the feedback gained from them is positive they "*feel well looked after*" "*the staff are very kind to them*" and "*the food that they have is lovely.*"

As a relatively small service it provides a comfortable environment for up to twenty elderly people who enjoy living in a smaller home. Several of them have been there for some time and have built up good relationships both with other residents and some of the staff members.

The overall atmosphere is very warm and friendly and staffing levels allow for a high level of resident / staff interaction.

There is a limited range of activities offered to residents in the home, which could probably be improved upon although some of the residents are able to go out of the home on a regular basis. There is a rear garden although it would benefit from some more attention so that people will be able to enjoy sitting out there in the summer.

## **What has improved since the last inspection?**

Some residents commented about staff turnover and work is ongoing to recruit a more stable workforce, which will provide continuity and familiarity for the people who live in the home. It is intended that a key worker system will then be introduced and allow staff the opportunity to get to know residents better. Despite this staff/ resident ratios are good and allow for residents to be cared for in an unhurried way.

Since the last inspection the ongoing refurbishment plan has continued and commodes that relatives expressed concerns about in the past have all been replaced. Central heating systems have been serviced and the home is now warm and cosy throughout.

Care plans setting out how residents prefer to be cared for were generally in good order and the newly appointed manager has lots of ideas to improve them further.

It is acknowledged that getting any useful feedback from some of the people who use this service can sometimes be difficult, due to their confusion. Therefore, the methods that need to be put in place to make sure that they are happy living in the home are particularly important. It is considered that this home is doing particularly well in trying to do this.

There are frequent visits from various members of the company's management structure, in order to ensure that satisfactory standards of care are being provided and residents are happy and well cared for. There are regular meetings for relatives to enable them to express their views and there are also

monthly staff meetings so that everyone is kept informed and knows what is happening.

### **What they could do better:**

Prior to the admission of any new resident, an assessment is received from the placing authority. In order to ensure that the home is confident of meeting their needs and to avoid any inappropriate placements, a member of staff from the home, who has been suitably trained, must also undertake an assessment. There must be evidence that peoples social needs and preferences have been taken into account and also their wishes in the event of them becoming unwell or their death. In this way staff will understand exactly how they wish to be cared for and unplanned hospital admissions will be avoided.

It is recommended that the range of activities offered in the home could be increased and gaining information about resident's preferences will help that to be done.

One concern was raised about the storage of unwanted medication awaiting disposal. This must be kept locked away in order to minimise the risk of any untoward incidents occurring.

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](mailto: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**

## **CONTENTS**

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

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 1,3,6

Quality in this outcome area is adequate

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

The people who use this service still do not have all of the information that they need to decide whether the home is suitable for them and there needs to be a pre-admission assessment to ensure that their healthcare needs can be met.

This home does not offer intermediate care; this standard does not apply.

### **EVIDENCE:**

We looked at the revised Statement of Purpose and Service User Guide that have been produced for the home since the present owners bought it. Copies of these have been given to all the residents and are kept in their rooms. They still do not contain information regarding fees although; reference is made to these and it states that they would be agreed with the manager according to the need of the resident.

This is still not strictly in line with the regulations, which state that this information must be available in the service user guide so that people are able to access all of the information that they need to help them decide if the home is suitable for them.

The documents are still not produced in a format, which suits the capabilities of the people for whom it is intended. Consideration must be given to how this will be managed.

A website is also being developed with photographs of the home and a description of the services that are offered.

We looked at the care plans of 2 residents that had been admitted since the last inspection and Care Managers assessments were included in them. This showed the care and support that residents would need when they were in the home. There was also an assessment that was done by a trained nurse once the resident had arrived.

It would be better if one of the senior staff visited the person, before they were admitted; to make sure that they could offer a service that was suitable for their needs and there must be evidence that this is being done in the future.

## 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 adequate

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

People who use this service have an individual care plan, reviewed regularly, to make sure that their assessed healthcare needs are always met.

They are confident that they will always be treated in a way, which respects their dignity, and privacy and medication procedures are generally in place to protect them.

### **EVIDENCE:**

We looked at the care plans of four residents that we had previously spoken with. These were reasonably well organised and there was evidence that they had been reviewed regularly to make sure that any changing needs were identified.

There still needs to be more information available about resident's social needs and preferences, which will help the home to arrange activities that will interest them.

There must also be an indication that they have been consulted about their wishes in the event of them becoming unwell or their death. In this way all of the staff will know how they would like to be cared for and unwanted hospital admissions will be avoided.

The manager discussed several ideas that she has had to improve the care plans and ensure that they reflect all the aspects of care and support that are needed.

All of the residents are registered with a local doctor and there was evidence that other healthcare professionals would be asked for advice as needed. Dietary intake is now monitored and advice would be taken if it were seen that residents were losing or gaining weight.

Medication records were in order although storage is difficult, as the trolley that is in use was not designed to hold the current monitored dosage system. It was recommended that a more suitable trolley should be purchased. Also, an alternative locked storage space must be found for unwanted medication that is awaiting collection, to minimise the risk of any untoward incidents occurring. Currently this is kept in the office, which is not always locked.

All personal care is delivered in resident's own rooms and staff were observed interacting with them politely and with kindness. Staff that have been working in the home for some time have built strong relationships with some of the residents and understand them well.

## **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.

People who use this service say that it meets their needs. There is a limited range of activities and their friends and visitors are always made welcome. They enjoy a nutritious balanced diet, which maintains their health and wellbeing and suits their preferences.

### **EVIDENCE:**

Some activities are offered in the home, and residents are able to choose whether or not they wish to participate. It is recommended that these could still be improved to offer more interest and stimulation to residents. Two residents are able to go to a nearby church on Sundays and another attends a skills centre and the local stroke club. It was recommended that a representative from the church, which is only over the road, could be asked to visit on a regular basis in order to meet the spiritual needs of those who are able to attend a service.

Most of the people living in the home say that they enjoy the meals that are served and the chef talks to them on a regular basis so that he is aware of their particular preferences.

Choices would always be made available although as before it is suggested that the use of picture menus would help the residents to make these choices.

One resident said that she was unhappy with the food that she was given and it was recommended that the chef should sit and talk with her to discover her preferences. A list could then be made so that everyone is aware of the food that she likes.

Residents have been encouraged to bring personal possessions into the home to make their bedrooms more homely. None of them are currently able to look after their own financial affairs.

## 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 good

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

People who use this service say that their concerns and complaints are taken seriously and acted upon appropriately.  
Procedures are in place, which will protect them from abuse.

### **EVIDENCE:**

There is a complaints procedure, which clearly sets out the procedures to be followed and this is detailed in the Service User Guide that everyone has in their room and is in the reception area.

There is also a complaints book in the hall; however there seems to be some confusion as to what should be recorded there. Currently it contains information regarding incidents that should have been documented in residents care plans. The manager has agreed to talk to staff regarding information that should be in this book.

We spoke with residents in the home who said that they would tell staff if they had any worries and they would deal with them.

Policies concerned with adult abuse are in place and recruitment checks contain evidence that appropriate clearance has been gained for new members

of staff prior to employment. All staff have received training in issues concerned with adult abuse during the last year.

# 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 19,26

Quality in this outcome area is good

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

The people who use this service live in a clean and comfortable environment, which suits the needs of the majority of them.

### EVIDENCE:

We undertook a tour of the premises.

The home provides a clean and generally well-maintained environment for the residents who live there. Bedrooms are all pleasantly decorated and furnished and residents have been encouraged to bring in their own possessions to personalise them and make them more homely. Residents said that they thought that the home was a nice place to live in and that their bedrooms were comfortable.

Since the last inspection all of the commodes have been replaced.

One resident has ongoing concerns regarding the suitability of their room however the owner of the home has assured us that these are now being addressed.

The home is now able to care for people who have dementia and, to ensure their safety, security keypads have been fitted so that they cannot go through doors unnoticed.

The home was warm, clean and free from malodour on the day of the visit.

## 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 good

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

The people who use this service can be sure that there will always be enough appropriately trained staff on duty to meet their healthcare needs. Robust recruitment procedures are in place to ensure their protection.

### **EVIDENCE:**

Off duty rotas show that there are always enough staff on duty to meet the needs of residents and new staff members are gradually being recruited. Staff files seen showed that appropriate pre-employment checks are being carried out in order to make sure that people who have been judged as being unsuitable to work with vulnerable people are prevented from doing so.

This group of homes employs a staff trainer and all statutory training has been undertaken. Once a stable workforce is in place an effort will need to be made to ensure that NVQ level 2 training is given a high priority.

## **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 good

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

The people who use this service cannot be sure that a suitably qualified person is in charge however, they can be confident that the management team is working hard to make sure that their views are taken into account and listened to. Safe working practices are generally in place to protect them.

**EVIDENCE:**

Once again the home is without a registered manager. However, a new person has recently been appointed so an application must now be made to The Commission for her registration, to assess her suitability for this role. In order

to make sure that resident's needs are being met, the running of the home is still being overseen by the manager of another home in the group.

It is acknowledged that getting any useful feedback from some of those people who use this service can sometimes be difficult, due to their confusion.

Therefore, the methods that need to be put in place to make sure that they are happy living in the home are particularly important. It is considered that this home is doing particularly well in trying to do this.

The home now has frequent visits from various members of the company's management structure, in order to ensure that satisfactory standards of care are being provided and residents are happy and well cared for. There are regular meetings for relatives to enable them to express their views and there are also monthly staff meetings so that everyone is kept informed and knows what is happening.

The first managers' meeting was held recently so that the people in charge of all the homes in the group could get together and share their ideas.

Previously, problems were being experienced due to a lack of administration support. This would seem to have been resolved.

Records relating to equipment and health and safety were generally in order and issues raised at the recent environmental health visit to the kitchen had been addressed. The kitchen had been scored in line with the new "scores on the doors" initiative and had been pleased to be given three stars.

Policies and procedures are all being reorganised in line with the other homes in this group.

# 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	2
2	X
3	2
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	3
9	2
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	3
17	X
18	3

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	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	2
32	X
33	4
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? Yes

**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
1	OP1	4	The Statement Of Purpose must be amended to contain all of the information required by the regulations in order to help people who use this service make a decision as to whether it will suit their needs.  <b>Previous timescale 30/10/07 not met</b>	30/03/08
2	OP1	5	Documentation, including The Service User Guide, intended to be read by the people who use this service, must be produced in a format that is suitable for their capabilities.	30/03/08
3	OP3	14	A pre-admission assessment must be undertaken of any new resident before they move into the home to ensure that their needs can be met.	30/03/08
4	OP7	15(1)(c)	Care plans must contain evidence that peoples social needs and preferences have been taken into account when deciding if the home will be able to meet their needs.	30/03/08
5	OP7	15(1)(c)	Care plans must contain evidence that people have been	30/03/08

			consulted regarding their wishes in the event of them becoming unwell or their death.	
6	OP9	13(4)(c)	Unwanted medication awaiting disposal must be locked away to minimise the risk of any adverse incident occurring.	30/03/08

## RECOMMENDATIONS

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

No.	Refer to Standard	Good Practice Recommendations
1.	OP9	It is recommended that a more suitable medication storage trolley should be purchased.
2.	OP12	It is recommended that the range of activities offered should be increased in line with the capabilities and preferences of the people who live in the home.
3.	OP15	It is recommended that there should be a list of resident's food preferences available so that everyone is aware of what they like to eat.

## **Commission for Social Care Inspection**

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