



*Making Social Care  
Better for People*

# inspection report

**CARE HOME ADULTS 18-65**

**122 Scorer Street**

**122 Scorer Street  
Lincoln  
Lincs  
LN5 7SX**

*Lead Inspector*  
**Mr Doug Tunmore**

*Key Unannounced Inspection*  
**15th May 2006      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

<b>Reader Information</b>	
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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](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>	122 Scorer Street
<b>Address</b>	122 Scorer Street Lincoln Lincs LN5 7SX
<b>Telephone number</b>	01522 804167
<b>Fax number</b>	
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Adrian O` Brien Rachel Amiee O` Brien
<b>Name of registered manager (if applicable)</b>	Adrian O` Brien
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	2
<b>Category(ies) of registration, with number of places</b>	Learning disability (2)

# **SERVICE INFORMATION**

## **Conditions of registration:**

## **Date of last inspection**

## **Brief Description of the Service:**

122 Scorer street is a care home providing personal care and accommodation for 2 service users who have autistic spectrum disorders. It is owned by Mr and Mrs O'Brien, with Mr Adrian O'Brien being the registered manager. The home is located in a residential area a two-minute walk from the high street and town centre of Lincoln. The home has been registered since May 2004. The home is a two storey terraced house with a courtyard style garden. There is road parking outside the front of the home. The current scale of charges at this home is £1312. 50 per week.

# **SUMMARY**

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

This key inspection was unannounced and took into account any previous information held by CSCI including the homes previous inspection reports, their service history, the homes pre-inspection questionnaire and residents questionnaires sent to the home by the Commission prior to this inspection. The site inspection consisted of case tracking a sample of the resident's records and assessing his care. The inspector spoke with the resident who was being case tracked and joined him for lunch. The inspector also spent time with one member of staff and the registered manager/owner.

A partial tour of the home and a review of a sample of the records was also included.

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

The needs of the resident are met at this home. The home has provided evidence prior to this inspection which shows that the home continues to be progressive in meeting the needs of the resident. The residents was seen and stated that the providers are very good they help me sort out my problems and when I'm not feeling that good they help. The resident also confirmed that he had no concerns about the home or the staff who he viewed as being very supportive.

Evidence was seen in the resident's files that he undertook a number of activities and work placements plus computer training in the community. It was clear from discussion with the providers and evidence that a number of positive initiatives are undertaken to enable the resident to live an independent life as far as possible.

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

No requirements or recommendations were made in the homes last inspection. The home continues to look to enhancing the resident's skills through in-house daily living skills training. They also actively encourage and support work experience and training opportunity placements in the community. The resident is actively encouraged to maintain close links with his family and friends.

The home undertakes regular training to keep them up to date with current care practices.

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

This home provides a stimulating environment in which residents feel safe and well cared for. This organisation maintains a management overview, which incorporates regular supervision of the registered manager as well as close monitoring of all aspects of the care provided to ensure that a quality service is maintained.

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.

# **DETAILS OF INSPECTOR FINDINGS**

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## 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 at least once during a 12 month period.**

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

2

The quality outcome in this area is excellent. This judgement has been made using available evidence including a visit to this service.

The resident benefits from a comprehensive care assessment process that involves social workers.

### **EVIDENCE:**

A review of all information available prior to this inspection and evidence seen at previous inspections in the residents files showed that the home does not admit residents without a care assessment being undertaken. Prospective residents are also written to by the home confirming that they can meet the residents care needs or not. Evidence was also available to show that a comprehensive care assessment process that involves social workers was also undertaken.

The homes statement of purpose sets out the care assessment procedure for this home.

A questionnaire returned to The Commission by the resident showed that he received information about the home prior to admission and he also had a contract setting out the terms and conditions for living in this home.

## **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 at least once during a 12 month period.**

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

6,7,8 & 9

The quality outcome in this area is excellent. This judgement has been made using available evidence including a visit to this service.

The resident is empowered by being included in the continuous assessment of his personal goals. Individual needs are promoted and documented appropriately. Risk assessments are undertaken jointly with the resident.

### **EVIDENCE:**

A review of all information available prior to this inspection and previous key inspections carried out at this home has evidenced that the resident is actively involved in all aspects of his care plans. Care plans seen at previous inspections showed that they had been signed to confirm that the resident agrees with the care being provided. The homes diary was seen and showed that daily contact notes are kept which are signed by the resident and used as a talking point at the end of the day.

Care plans seen at previous inspections showed that they are reviewed on a regular basis and reflect the changing needs of the resident. The homes statement of purpose states that 'reviews will be held at least six monthly,

depending on the individual circumstances of the resident'. This document also empowers both the resident and his relatives/representatives to attend this meeting if they so wish.

The residents risk assessments, reviews and care plans were updated on the 01/04/06 and signed by the resident agreeing to the risks identified and/or the change in his care plan and how this might effect his daily living.

From the documentation and from discussion with the resident, it was clear that he was fully aware of the plan, the changes, why it had changed and the goals towards which he was working. The resident commented that he attends a work placement in the community and is supported in this by carers from the home.

The home funding authority questionnaire was provided for the information of CSCI and showed that the home is rated highly with regard to overall performance.

The residents questionnaire showed that he always receives the support and care that he needs.

# 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 at least once during a 12 month period.**

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

12,13,15,16 & 17

The quality outcome in this area is excellent. This judgement has been made using available evidence including a visit to this service.

The resident has a busy and varied lifestyle with opportunities to engage in a range of leisure activities within the community. Social activities are available and the resident is supported in visiting his family and friends. Work and further education programmes are undertaken.

## **EVIDENCE:**

The home has forwarded a copy of the residents family questionnaire which evidences that his relatives give a five star rating for the attitude of staff to them. Their comments were that 'Scorer Street care is excellent, exemplary in every respect, our son has made remarkable progress since March 05'. They also felt that they had regular contact with their son.

The home forwarded their activity programme, which showed that the resident has a wide and stimulating programme of activities. He attends further education and also attends the Pelican Trust where he works in the printing section. He has a number of hobbies such as an allotment and plays golf on a

regular basis. The activities programme was reviewed on the 27/03/06 and was signed and agreed by the resident, the key worker and the provider. The homes pre-inspection questionnaire also lists recreational activities and educational facilities available to the resident.

The residents questionnaire evidenced that activities are always arranged by the home that he can take part in. The resident confirmed that he was currently saving for his holiday in Scarborough for three days and would be supported by his key worker.

The funding authorities satisfaction questionnaire shows that the home scored well on the delivery of programmes.

The homes chores chart has also been provided by the home prior to this inspection. This document showed the daily living skills programme the resident undertakes which includes, going shopping, preparing meals, undertaking his own personal hygiene with prompts and those tasks which enable the resident to become as independent as possible.

The resident's questionnaire showed that staff act on what he says and that staff are available when he needs them. The resident has a key to his room and the front door. The providers confirmed that they provide appropriate guidance and support to the resident with regards to managing his finances, work and leisure pursuits within and outside of the home.

During past inspections and this inspection it was noted that that the resident and staff engage in social dialogue as equals.

The homes menu was seen and demonstrated that a wide and varied menu is available within the home. The resident's likes and dislikes are recorded and the weekly menu is discussed with the resident with changes made when required. The resident's questionnaire stated that 'the food is excellent, better than anywhere else that I have been'. The provider commented that she has undertaken an advanced diploma in nutrition which has enabled her to provide highly nutritional meals.

## **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 at least once during a 12 month period.**

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

#### **18,19 & 20**

The quality outcome in this area is good. This judgement has been made using available evidence including a visit to this service.

The resident receives personal support in line with his assessed needs. The health care needs of the resident are met.

#### **EVIDENCE:**

The resident is a very able person who can manage his daily life with prompts given by his carers when required. Previous inspections showed that the resident has a self-care plan, which evidenced those aspects of his personal care where he required prompts. The providers are sensitive to the needs of the resident in relation to set routines, which give him security and confidence in continuing to maintain his high level of independence.

The resident has been assessed as not being able to self medicate. On the day of the inspection it was found that an accurate record had been kept of medication given to the resident. The pharmacist visited on 06/06/05 who carried out training as well as inspecting the administration of medication. No requirements were made. The home is carrying out medication training with North Lincolnshire College who visit the home to assess their progress.

The resident's file showed that he receives the health care input that he requires. During discussions with the manager he confirmed that the resident has a local GP and that a full medical has been undertaken. In the event of an accident or illness, staff will contact the family immediately. Two minor accidents had been recorded in the accidents book and the daily notes. However, the home does not use body maps to chart any bruising or abrasion that might have occurred due to an accident. The resident confirmed that he had seen his GP and chiropodist recently. The residents questionnaire also confirmed that he receives all the medical care he needs.

## **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 at least once during a 12 month period.**

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

### **22 & 23**

The quality outcome in this area is excellent. This judgement has been made using available evidence including a visit to this service.

The home has a robust complaints procedure and adult protection policies and guidance.

### **EVIDENCE:**

The inspection of this home in November 05 showed that the homes complaints procedures and policies were reviewed on the 04/10/05. The homes pre-inspection questionnaire showed that no complaints have been made since the last inspection dated January 06. The resident's questionnaire evidenced that the resident knows how to make a complaint.

The appropriate adult protection information was in place for the information of care workers. This included the Lincolnshire Adult Protection Guidance, and DOH No Secrets document. The homes training profile was seen and showed that safeguarding vulnerable adults training had taken place on the 16/10/05 and 07/02/06.

The resident's questionnaire showed that he knows who to speak to if he is unhappy.

## 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 at least once during a 12 month period.**

### **JUDGEMENT – we looked at outcomes for the following standard(s): 24 &30**

The quality outcome in this area is excellent. This judgement has been made using available evidence including a visit to this service.

The home is well maintained, comfortable and homely. The home is clean and tidy with a pleasant smell throughout the home.

### **EVIDENCE:**

The homes pre-inspection questionnaire gave details of changes to the premises since the last inspection. The home has arranged for a new bathroom suite to be fitted on the 23/05/06 and a new shower has been installed on the 11/04/06. A tour of the home was undertaken, taking in the toilets, bathrooms, shower and communal areas. It was found that all bedrooms had locks on doors as did toilets so as to ensure the privacy and dignity of residents.

The resident showed the inspector around the home and his bedroom. His room had been personalised and contained all the electronic games/computer and television that young men require. The resident also confirmed that he spends time at weekends cleaning and organising his bedroom.

The relatives questionnaire gave high marks for the accommodation provided, which included all areas of the building.

A tour of the home by the inspector found it to be clean and smelt fresh.

## 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 at least once during a 12 month period.**

**JUDGEMENT – we looked at outcomes for the following standard(s):  
32, 34 & 35**

The quality outcome in this area is excellent. This judgement has been made using available evidence including a visit to this service.

Residents are protected by robust recruitment practices. Staff are trained to carryout their jobs.

### **EVIDENCE:**

The homes organisational chart has been received by the Commission and gave dates when both employed staff and volunteers had POVA First Checks and Criminal Record Bureau checks. The inspection undertaken in November 05 evidenced that recruitment practices were in place and two staff files contained all of the documentation required by law. The manager confirmed that no new staff had been employed since the last inspection.

The home has obtained the General Social Care Councils pack relating to the registration of care workers, their responsibilities and the philosophy of the Care Council for all social care homes. The manager stated that he has given a copy to all care workers.

The homes training record was seen as part of the information sent to the Commission prior to this inspection. The training record identified that all care workers had undertaken statutory training in 2005 and 2006. All care staff

have also undertaken the homes induction training as well as The National Training Organisation for Social Care (TOPSS) training induction course. The home also evidenced that they have 50% of their staff trained to NVQ (National Vocational Qualifications) level 2.

## **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 at least once during a 12 month period.**

**JUDGEMENT – we looked at outcomes for the following standard(s):  
37, 39 & 42**

The quality outcome in this area is excellent. This judgement has been made using available evidence including a visit to this service.

The manager is qualified, competent and of good characters to carryout his duties. Records seen show that residents' health and general welfare and safety are promoted. The home ensures that that the residents have the opportunity to voice their views and opinions.

### **EVIDENCE:**

The registered manger has some twenty years experience in working with people with a learning disability in different settings. This has enabled the manager to acquire a wide range of knowledge and expertise. The training record identified that the manager is currently undertaking the Registered Managers Award.

The residents files showed that he has signed all documentation relating to the care he receives. The residents stated that he joints in all discussions about his care and what placements and activities he undertakes.

Appropriate checks are carried out to ensure the safety of residents.

There are a range of policies and procedures available in the home relating to fire safety and fire risk assessments. There was also evidence in the homes pre-inspection questionnaire that fire alarm and fire drills are carried out. Care staff also receive fire training as part of the homes initial training and as a regular training event. The homes induction training shows that 'policies and procedures are read and signed by staff and that they inform practice'. The residents also evidenced through certificates that he had undertaken fire training and food hygiene training.

The homes pre-inspection questionnaire showed that, gas safety inspections have been carried out, electrical wiring checks, and portable electrical equipment checks. The home has risk assessments for windows on the first floor.

# 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

<b>CHOICE OF HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>1</b>	X
<b>2</b>	4
<b>3</b>	X
<b>4</b>	X
<b>5</b>	X

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

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

<b>PERSONAL AND HEALTHCARE SUPPORT</b>	
<i>Standard No</i>	<i>Score</i>
<b>18</b>	4
<b>19</b>	3
<b>20</b>	4
<b>21</b>	X

<b>CONCERNS AND COMPLAINTS</b>	
<i>Standard No</i>	<i>Score</i>
<b>22</b>	4
<b>23</b>	4

<b>ENVIRONMENT</b>	
<i>Standard No</i>	<i>Score</i>
<b>24</b>	4
<b>25</b>	X
<b>26</b>	X
<b>27</b>	X
<b>28</b>	X
<b>29</b>	X
<b>30</b>	4

<b>STAFFING</b>	
<i>Standard No</i>	<i>Score</i>
<b>31</b>	X
<b>32</b>	4
<b>33</b>	X
<b>34</b>	4
<b>35</b>	4
<b>36</b>	X

<b>CONDUCT AND MANAGEMENT OF THE HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>37</b>	3
<b>38</b>	X
<b>39</b>	4
<b>40</b>	X
<b>41</b>	X
<b>42</b>	3
<b>43</b>	X

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
1.	YA19	The home should consider the introduction of body maps so as to chart and bruises or abrasions accrued due to an accident.

## **Commission for Social Care Inspection**

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