



Making Social Care
Better for People

inspection report

Care Home For Older People

Parklands

21-27 Thundersley Park Road

South Benfleet

Essex

SS7 1EG

Announced Inspection

30th September 2004

Commission for Social Care Inspection

Launched in April 2004, the Commission for Social Care Inspection (CSCI) is the single inspectorate for social care in England.

The Commission combines the work formerly done by the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission.

The role of CSCI is to:

- Promote improvement in social care
- Inspect all social care - for adults and children - in the public, private and voluntary sectors
- Publish annual reports to Parliament on the performance of social care and on the state of the social care market
- Inspect and assess 'Value for Money' of council social services
- Hold performance statistics on social care
- Publish the 'star ratings' for council social services
- Register and inspect services against national standards
- Host the Children's Rights Director role.

Inspection Methods & Findings

SECTION B of this report summarises key findings and evidence from this inspection. The following 4-point scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The 4-point scale ranges from:

- 4 - Standard Exceeded (Commendable)
- 3 - Standard Met (No Shortfalls)
- 2 - Standard Almost Met (Minor Shortfalls)
- 1 - Standard Not Met (Major Shortfalls)

'O' or blank in the 'Standard met?' box denotes standard not assessed on this occasion.

'9' in the 'Standard met?' box denotes standard not applicable.

'X' is used where a percentage value or numerical value is not applicable.

ESTABLISHMENT INFORMATION

Name of establishment

Parklands

Tel No:

01268 882700

Address21-27 Thundersley Park Road, South Benfleet, Essex, SS7
1EG**Fax No:**

01268 882749

Email address**Name of registered provider(s)/company (if applicable)**

Canaryford Limited

Name of registered manager (if applicable)

Mrs Tina Ann Coveley

Type of registration**No. of places registered (if applicable)**

Care Home

40

Category(ies) of registration, with (number of places)

Old age, not falling within any other category (40), Terminally ill (4)

Registration number

I560002087

Date first registered

31st May 2002

Date of latest registration certificate

14th June 2004

**Was the home registered under the
Registered Homes Act 1984?****Do additional conditions of registration
apply ?**

If Yes refer to Part C

Date of last inspection

Date of inspection visit		30 th September 2004	ID Code
Time of inspection visit		09:00 am	
Name of inspector	1	Carolyn Delaney	107596
Name of inspector	2		
Name of inspector	3		
Name of inspector	4		
Name of specialist (e.g. Interpreter/Signer) (if applicable)			
Name of establishment representative at the time of inspection		Mrs. Tina Coveley – Registered Manager Mr. Bharat Patel - proprietor	

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INTRODUCTION TO REPORT AND INSPECTION

Every establishment that falls within the jurisdiction of the Commission for Social Care Inspection (CSCI), is subject to inspection, to establish if the establishment is meeting the National Minimum Standards relevant to that setting and the requirements of the Care Standards Act 2000.

This document summarises the inspection findings of the CSCI in respect of Parklands.

The inspection findings relate to the National Minimum Standards (NMS) for Care Homes for Older People published by the Secretary of State under the Care Standards Act 2000.

The Regulations applicable to the inspected service are secondary legislation, with which a service provider must comply. Service providers are expected to comply fully with the National Minimum Standards. The National Minimum Standards will form the basis for judgements by the CSCI regarding registration, the imposition and variation of registration conditions and any enforcement action.

The report follows the format of the NMS and the numbering shown in the report corresponds to that of the Standards.

The report will show the following:

- Inspection methods used
- Key findings and evidence
- Overall ratings in relation to the standards
- Compliance with the Regulations
- Required actions on the part of the provider
- Recommended good practice
- Summary of the findings
- Provider's response and proposed action plan to address findings

This report is a public document.

INSPECTION VISITS

Inspections are undertaken in line with the agreed regulatory framework with additional visits as required. This is in accordance with the provisions of the Care Standards Act 2000. The report is based on the findings of the specified inspection dates.

BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

Parklands is a purpose built, two-storey home of traditional construction. providing nursing and residential accommodation for up to 40 elderly service users Parklands is decorated furnished adequately throughout and is situated in the middle of a housing development with established character houses.

It has a small garden in the front and also a very large garden to the side and rear.

The home is situated in a residential area of South Benfleet, convenient to local shops and a local bus route

Parklands provide 32 single bedrooms and 4 shared bedrooms and provide nursing care for 40 Older People and up to 4 terminally ill service users. Residents are accommodated on two floors that are serviced by a passenger shaft lift.

At the time of this inspection the proprietor had made an application to the Commission for Social Care Inspection to extend the premises and increase the number of service users from forty to fifty- four.

PART A SUMMARY OF INSPECTION FINDINGS

INSPECTOR'S SUMMARY

(This is an overview of the inspector's findings, which includes good practice, quality issues, areas to be addressed or developed and any other concerns.)

This service has been inspected against the National Minimum Standards introduced from 1st April 2002. Areas to be progressed are listed within the requirements and recommendations section of the report. Any breaches in standards, which pose a more immediate risk to customers of the service, have been highlighted for urgent action.

This inspection took place on the 30th September 2004.

Not all standards will have been inspected at this inspection. Standards not covered during this inspection will be inspected at the next inspection. Where standards have not been inspected any regulatory requirements or recommendations identified at the previous inspection will be carried forward for assessment to the next inspection.

Records, practices, policies and procedures have only been sampled. At future inspections other issues may come to light when different items are sampled or different people are spoken to.

The following is a summary of the findings of the inspection, which are explored in more detail throughout the main body of the report.

Choice of home (Standards 1 to 6).

Each of the four standards assessed was met. Standards two and six were not assessed during this inspection.

The homes statement of purpose and service users guide was available for service users and relatives.

There was evidence that service users were only admitted to the home following a detailed assessment of care and welfare needs had been carried so as to determine that the home could meet these needs. Staff at the home receive appropriate training and support in order to meet the assessed needs of service users.

At the time of this inspection work was in progress to extend the premises and there are plans to provide intermediate and rehabilitative care. It is anticipated that the new wing will be completed and ready to accept service users early in January 2005.

Health and Personal Care (Standards 7 to 11).

Four of the five standards assessed were met.

Service user's care plans sampled were well written, detailed and reviewed regularly according to the needs of service users.

Detailed assessments of the risks to service users of falls, injuries, developing pressure sores etc were in place and kept under regular review. Records in respect of visits by general practitioners and other healthcare professionals were maintained and satisfactory.

Detailed nutritional assessments were in place for the service users whose care notes were examined.

There were detailed policies and procedures in place to ensure that medicines were received, stored, administered and disposed of. At the time of this inspection, one service user living at the home administered some of their medication and an assessment of the potential risks had been carried out. Service users choices and or capabilities in respect of administration of medication should be recorded.

Service users wishes in respect of end of life issues and arrangements following death were recorded in care plans, which were assessed.

Daily Life and Social Activities (Standards 12 to 15).

Each of the two standards assessed were met. Standards thirteen and fourteen were not assessed during this inspection.

The home employs an activities coordinator to plan and deliver a range of social and leisure activities to service users living in the home. Information about forthcoming events is made available for service users.

Service users living at the home have a choice of meals from the menu. Staff support service users at mealtimes according to their individual needs.

Complaints and Protection (Standards 16 to 18).

Each of the two standards assessed were met. Standard seventeen was not assessed during this inspection.

Parklands has a clear complaints policy and procedure which is accessible to service users and their relatives.

The home has a copy of the local borough council's policy for dealing with adult protection issues and staff receive training in respect of dealing with the protection of vulnerable adults.

Environment (Standards 19 to 26).

Standard twenty-six was assessed during this inspection. This standard was not met. None of the other standards in respect of the environment were not assessed during this inspection.

The home was noted to be generally clean, however odours were detected in a number of bedrooms and this must be addressed.

Staffing (Standards 27 to 30).

Two of the three standards assessed were met. Standard twenty-eight was not assessed during this inspection.

It was positive to note that staffing levels had been increased since the last inspection and that staffing levels had been calculated according to the assessed needs of service users living at the home.

Improvements were noted in respect of the practices for the recruitment of staff. The manager was advised that all staff must have a satisfactory Criminal Records Bureau (CRB) disclosure or POVA First check prior to commencing employment.

Staff receive training in respect of the roles that they are to perform in the home.

Management and Administration (Standards 31 to 38).

Six of the seven standards assessed were met. Standard thirty-five was not assessed.

The registered manager is a very experienced qualified nurse and since the previous inspection the home has employed a very capable and experienced care manager. There was evidence that both had worked to improve services provided by the home.

Service users living at the home have the opportunity to attend residents meetings where they can make comments and suggestions about the day to day running of the home and they had been involved in the recent audit in respect of the quality of services provided by the home.

Staff at the home receive appropriate supervision.

The home is managed in a manner, which promotes the safety of service users, staff and visitors.

The inspector acknowledges the cooperation and assistance of the manager, staff and service users during this inspection.

Requirements from last Inspection visit fully actioned?

NO

If No please list below

STATUTORY REQUIREMENTS				
Identified below are areas not addressed from the last inspection report which indicate a non-compliance with the Care Standards Act 2000 and accompanying Regulations. The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".				
No.	Regulation	Standard	Required actions	
1	5(1)(b)(c)	OP2	Each service user must be issued with a statement of terms and conditions / contract which includes all details as required by Care Homes Regulation and National Minimum Standards.	Please see requirement section for this inspection.
2	15(1) (2) 17 (1) (a)(b)	OP7	Care plans must be written and reviewed with the involvement of service users and / or their representatives wherever this is practicable. It should be documented wherever this is not possible.	Please see requirement section for this inspection.
3	7,9,19(1 – 7) Schedule 2	OP29	The registered provider must ensure that all staff employed at the home is recruited robustly and that documents to evidence that the required checks are maintained and available for inspection.	Please see requirement section for this inspection.

RECOMMENDATIONS		
Identified below are recommendations from the last inspection that have not been implemented		
No.	Refer to Standard	Good Practice Recommendations

1	OP24	It is recommended that an annual plan for the renewal of fabrics and furnishings and planned any other planned maintenance be implemented.
2	OP38	Regular fire drills to be introduced which include drills for staff working during the night.

CONDITIONS OF REGISTRATION THAT APPLY (OTHER THAN NUMBERS AND CATEGORY OF SERVICE USERS).	Met (Yes / No)

STATUTORY REQUIREMENTS IDENTIFIED DURING THE INSPECTION

Action Plan: The Registered Person is requested to provide the Commission with an Action Plan, which indicates how requirements are to be addressed with the time scale within which such actions will be taken. This action plan will be made available on request to the Area Office.

STATUTORY REQUIREMENTS

Identified below are areas addressed in the main body of the report, which indicate non-compliance with the Care Standards Act 2000, and accompanying Regulations 2001 and the National Minimum Standards. The Registered Provider(s) is/are required to comply within the given time scales. The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".

No.	Regulation	Standard *	Requirement	
1	5(1)(b)(c)	OP2	Each service user must be issued with a statement of terms and conditions / contract which includes all details as required by Care Homes Regulation and National Minimum Standards.	This standard was not assessed and will be carried forward to the next inspection.
2	15(1) (2) 17 (1) (a)(b)	OP7	The registered persons must ensure that wherever it is practicable that service users and or their representatives are involved in the planning and review of care. This with particular reference to including service users preferences and capabilities in respect of activities of daily living. This is a repeat requirement from the previous two inspections.	15/11/2004
3	16(2)(j)	OP26	The registered persons must ensure that the home is free from odours.	1/12/2004

4	7,9,19(1 – 7) Schedule 2	OP29	<p>The registered persons must ensure that staff working at the home are recruited robustly so as to safeguard the safety and wellbeing of service users living at the home.</p> <p>This with particular reference to obtaining Criminal Records Bureau (CRB) disclosures or POVA First checks for staff prior to their commencing employment at the home.</p> <p>This is a repeat requirement from the previous two inspections.</p>	Immediate & ongoing.

RECOMMENDATIONS

Identified below are areas addressed in the main body of the report, which relate to National Minimum Standards and are seen as good practice issues which should be considered for implementation by the registered Provider(s). The code in “Standard” is a cross-reference to the Standards described in full in the section “Inspection Findings”.

No.	Refer to Standard *	Good Practice Recommendations
1	OP9	It is recommended that service users wishes and or capabilities in respect of self –administration of medication be recorded.
2	OP11	It is recommended that the manager consider the need for service users medical practitioners decision in respect of resuscitation and develops the homes policy in respect of end of life issues to include details of how this decision is to be obtained.
3	OP18	It is recommended that the policy in respect of protecting vulnerable adults include details for the precise actions to take and who to inform in the event of witnessed or suspected abuse of service users living at the home.
4	OP19	It is recommended that an annual plan for the renewal of fabrics and furnishings and planned any other planned maintenance be implemented.
5	OP35	It is recommended that the homes statement of purpose/ service users guide include details of the arrangements for obtaining monies held on their behalf at the home.
6	OP38	It is recommended that the times when hot water temperatures are checked be recorded.
7	OP38	It is recommended that records in respect of fire safety exercises be available for assessment.

PART B**INSPECTION METHODS & FINDINGS**

The following inspection methods have been used in the production of this report

Direct observation	YES
Indirect observation	YES
Sampling	YES
• Pre-inspection questionnaire	YES
• Records	YES
• Care plans / Care pathways	YES
• Meals	YES
• Activities	YES
• Other (Specify)	NA
'Tracking' care and support	YES
Group discussion with service users	YES
Individual discussion with service users	YES
Group discussion with staff	YES
Individual discussion with staff	YES
Discussion with management	YES
Service user survey	YES
Relatives/significant others survey/feedback	YES
Visiting professionals survey / feedback	NO
Tour of premises	YES
Formal interviews	NO
Document reading	YES
Additional inspection information:	
Number of service users spoken to at time of inspection	4
Number of relatives/significant others the inspectors had contact with	1
Number of letters received in respect of the service	4
CRB check for the responsible individual seen	NO
CRB check for the manager seen	NO
Certificate of registration was displayed at the time of the inspection	YES
Certificate of registration accurately reflected the situation in the service at the time of inspection	YES
Total number of care staff employed (excluding managers)	61
Total number of staff with nursing qualifications employed	9
Date of inspection	30/09/04
Time of inspection	09.00
Duration of inspection (hrs)	8.0

The following pages summarise the key findings and evidence from this inspection, together with the CSCI assessment of the extent to which the National Minimum Standards for Care homes for older people have been met. The following scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

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)

"0" or blank in the "Standard met?" box denotes standard not assessed on this occasion.

"9" in the "Standard met?" box denotes standard not applicable.

"X" is used where a percentage value or numerical value is not applicable.

Choice of Home

The intended outcomes for the following set of standards are:

- Prospective service users have the information they need to make an informed choice about where to live.
- Each service user has a written contract/ statement of terms and conditions with the home.
- No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
- Service users and their representatives know that the home they enter will meet their needs.
- Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
- Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

Standard 1 (1.1 – 1.3)

The registered person produces and makes available to service users an up to date statement of purpose setting out the aims, objectives, philosophy of care, services and facilities, and terms and conditions of the home; and provides a service users' guide to the home for current and prospective residents. The statement of purpose clearly sets out the physical environmental standards met by a home in relation to standards 20.1, 20.4, 21.3, 21.4, 22.2, 22.5, 23.3 and 23.10: a summary of this information appears in the home's service user's guide.

Range of fees charged From (£) To (£)

Any charges for extras

If yes, please state what the extra's are:	CHIROPODY £10, HAIRDRESSING £6.75 - £22
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Key findings/Evidence	Standard met?	3
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Service users living at the home are issued with a copy of the homes service users guide and a copy is available in the foyer for visitors to access.

The homes statement of purpose has been recently amended in light of the proposed increase in service user numbers.

Standard 2 (2.1 – 2.2)

Each service user is provided with a statement of terms and conditions at the point of moving into the home (or contract if purchasing their care privately).

Key findings/Evidence**Standard met?**

0

Standard 2 was not assessed during this inspection. This standard will be assessed at the next inspection.

Standard 3 (3.1 – 3.5)

New service users are admitted only on the basis of a full assessment undertaken by people trained to do so, and to which the prospective service user, his/her representatives (if any) and relevant professionals have been party.

Key findings/Evidence**Standard met?**

3

Pre admission assessment documents were examined for two service user who had been recently admitted to the home. These were detailed and covered all of the elements as described in this standard.

It was positive to note that each of these service users had been issued with a letter from the homes manager confirming that the home could meet their assessed needs.

Standard 4 (4.1 - 4.4)

The registered person is able to demonstrate the home's capacity to meet the assessed needs (including specialist needs) of individuals admitted to the home.

Key findings/Evidence**Standard met?**

3

Staff working at the home receive training and support from the registered manager and care manager in order to meet the needs of service users living at the home.

Where specialist needs are identified advice and support from the relevant healthcare professional is sought and incorporated into the individual's plan of care.

Standard 5 (5.1 – 5.3)

The registered person ensures that prospective service users are invited to visit the home and to move in on a trial basis, before they and / or their representatives make a decision to stay; unplanned admissions are avoided where possible.

Key findings/Evidence**Standard met?**

3

Wherever it is practicable prospective service users and / or their relatives may visit the home prior to moving in and may move in for a trial period before making a decision to stay.

Standard 6 (6.1 - 6.5)

Where service users are admitted only for intermediate care, dedicated accommodation is provided together with specialised facilities, equipment and staff, to deliver short term intensive rehabilitation and enable service users to return home.

Key findings/Evidence**Standard met?**

0

The manager plans to provide intermediate and rehabilitative care for a small number of service users once the extension to the premises has been completed. The inspector offered some advice regarding the provision of this care and this standard will be assessed at the next inspection.

Health and Personal Care

The intended outcomes for the following set of standards are:

- The service user's health, personal and social care needs are set out in an individual plan of care.
- Service users make decisions about their lives with assistance as needed.
- Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
- Service users feel they are treated with respect and their right to privacy is upheld.
- Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

Standard 7 (7.1 – 7.6)

A service user plan of care generated from a comprehensive assessment (see Standard 3) is drawn up with each service user and provides the basis for the care to be delivered.

Key findings/Evidence	Standard met?	2
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Care plans for three service users living at the home were assessed. These were well written, reviewed on a regular basis and amended according to changes in service users needs.

Care plans did not always evidence that service users or their representatives had been involved in the planning of care and service users wishes and capabilities in respect of daily activities of living such as washing and dressing, preferred times for getting up and going to bed were not recorded. This was discussed with the manager.

Standard 8 (8.1 – 8.13)

The registered person promotes and maintains service users' health and ensures access to health care services to meet assessed needs.

No. of incidents where service users have been taken to Accident and Emergency during last 12 months

21

No. of service users with pressure sores at time of inspection (from information taken from care notes)

3

Key findings/Evidence**Standard met?**

3

Service users notes, which were assessed included detailed assessments in respect of service users risks of falls, developing pressure sores, choking etc. There was evidence that these assessments were reviewed regularly according to changes in the individuals needs or condition and that appropriate action was taken to minimise these risks.

There were detailed assessments in respect of nutrition and continence management. Specialist advice was sought from dieticians, tissue viability nurses, physiotherapists and occupational therapists and relevant information was recorded in service users care plans.

Detailed records in respect of general practitioners and other healthcare professionals were recorded.

Standard 9 (9.1 – 9.11)

The registered person ensures that there is a policy and staff adhere to the procedures for the receipt, recording, storage, handling administration and disposal of medicines, and service users are able to take responsibility for their own medication if they wish, within a risk management framework.

Key findings/Evidence**Standard Met?**

3

Policies and procedures in respect of the receipt, storage , administration and disposal of medication were appropriate.

The majority of service users living at the home at the time of this inspection were not capable of managing and administering medication. Service users wishes and or capabilities in respect of this should be recorded and risks assessed as appropriate.

Standard 10 (10.1 – 10.7)

The arrangements for health and personal care ensure that service users' privacy and dignity are respected at all times, and with particular regard to: personal care giving, including nursing, bathing, washing, using the toilet or commode, consultation with, and examination by, health and social care professionals, consultation with legal and financial advisors, maintaining social contacts with relatives and friends, entering bedrooms, toilets and bathrooms, and following death.

Key findings/Evidence

Standard met?

3

Staff working at the home were noted to interact in a positive manner with service users.

Staff were observed to act in a manner, which promoted service users privacy and dignity such as knocking on bedroom doors before entering rooms and carrying out personal care in private.

Standard 11 (11.1 – 11.12).

Care and comfort are given to service users who are dying, their death is handled with dignity and propriety, and their spiritual needs, rites and functions observed.

Key findings/Evidence

Standard met?

3

The home has a policy and procedure for assisting service users and their families come to terms with deteriorating health and end of life issues.

There were detailed care plans in respect of dealing with end of life issues for each of the three service users whose care plans were assessed.

Nursing staff at the home are trained to carry out basic cardio pulmonary resuscitation in the event that a service user suffers a cardiac or respiratory arrest. It was reported that some service users families had requested that resuscitation not be carried out. This decision must be supported by a decision made by the service users general practitioner.

Daily Life and Social Activities

The intended outcomes for the following set of standards are:

- 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.
- Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- Service users are helped to exercise choice and control over their lives.
- Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

Standard 12 (12.1 – 12.4)

The routines of daily living and activities made available are flexible and varied to suit service users' expectations, preferences and capacities.

Key findings/Evidence	Standard met?	3
<p>The home employs an activities coordinator and service users wishes in respect of social and leisure activities are obtained and recorded.</p> <p>Service users are issued with information about forthcoming events and activities.</p>		

Standard 13 (13.1 – 13.6)

Service users are able to have visitors at any reasonable time and links with the local community are developed and/or maintained in accordance with service users' preferences.

Key findings/Evidence	Standard met?	0
<p>Standard 13 was not assessed during this inspection. This standard was assessed and met the national minimum standards at the previous inspection and will be assessed at the next inspection.</p>		

Standard 14 (14.1 – 14.5)

The registered person conducts the home so as to maximise service users' capacity to exercise personal autonomy and choice.

Key findings/Evidence	Standard met?	0
<p>Standard 14 was not assessed during this inspection. This standard was assessed and met the national minimum standards at the previous inspection and will be assessed at the next inspection.</p>		

Standard 15 (15.1 – 15.9)

The registered person ensures that service users receive a varied, appealing, wholesome and nutritious diet, which is suited to individual, assessed and recorded requirements, and that meals are taken in a congenial setting and at flexible times.

Key findings/Evidence

Standard met?

3

Service users are offered a variety of foods and choice of menu. Meals are presented in an attractive manner and service users spoken with said that food provided by the home was very good.

Staff assist service users according to their needs.

Complaints and Protection

The intended outcomes for the following set of standards are:

- Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- Service users' legal rights are protected.
- Service users are protected from abuse.

Standard 16 (16.1 – 16.4)

The registered person ensures that there is a simple, clear and accessible complaints procedure which includes the stages and time-scales for the process, and that complaints are dealt with promptly and effectively.

No. of complaints made to the home during last 12 months	<input type="text" value="9"/>
No. of these complaints fully substantiated	<input type="text" value="3"/>
No. of these complaints partly substantiated	<input type="text" value="3"/>
No. of these complaints not substantiated	<input type="text" value="3"/>
No. of these complaints not yet resolved	<input type="text" value="0"/>
No. of complaints sent direct to CSCI	<input type="text" value="X"/>
Percentage of complaints responded to within 28 days	<input type="text" value="100"/> %

Key findings/Evidence

Standard met?

3

The homes complaints policy and procedure in respect of dealing with complaints is displayed prominently in the foyer. The policy and procedure meets the current regulatory requirements.

Standard 17 (17.1 – 17.3) Service users have their legal rights protected, are enabled to exercise their legal rights directly and participate in the civic process if they wish.		
Key findings/Evidence	Standard met?	0
Standard 17 was not assessed during this inspection. This standard will be assessed at the next inspection.		

Standard 18 (18.1 – 18.6) The registered person ensures that service users are safeguarded from physical, financial or material, psychological or sexual abuse, neglect, discriminatory abuse or self harm, inhuman or degrading treatment, through deliberate intent, negligence or ignorance, in accordance with written policies.		
The home has an Adult Protection procedure (including Whistle Blowing) which complies with the Public Disclosure Act 1998 and the Department of Health Guidance <i>No Secrets</i>	<input type="text" value="YES"/>	
No. of staff referred for inclusion on POVA lists	<input type="text" value="0"/>	
Key findings/Evidence	Standard met?	3
The home has a policy and procedure for dealing with the protection of vulnerable adults including a policy for Whistle Blowing. Staff receive training and regular updates to ensure that they are aware of how to deal with suspected or witnessed abuse of service users living at the home. All staff should be aware of whom to report any incidents to, such as social services and the Commission for Social Care Inspection.		

Environment

The intended outcomes for the following set of standards are:

- Service users live in a safe, well-maintained environment.
- Service users have access to safe and comfortable indoor and outdoor communal facilities.
- Service users have sufficient and suitable lavatories and washing facilities.
- Service users have the specialist equipment they require to maximise their independence.
- Service users' own rooms suit their needs.
- Service users live in safe, comfortable bedrooms with their own possessions around them.
- Service users live in safe, comfortable surroundings.
- The home is clean, pleasant and hygienic.

Standard 19 (19.1 – 19.6)

The location and layout of the home is suitable for its stated purpose; it is accessible, safe and well maintained; meets service users' individual and collective needs in a comfortable and homely way and has been designed with reference to relevant guidance.

Key findings/Evidence	Standard met?	0
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Standard 19 was not assessed during this inspection. This standard will be assessed at the next inspection.

Standard 20. (20.1 – 20.7)

In all newly built homes and first time registrations the home provides sitting, recreational and dining space (referred to collectively as communal space) apart from service users' private accommodation and excluding corridors and entrance hall amounting to at least 4.1 sq. metres for each service user.

Key findings/Evidence	Standard met?	0
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Standard 20 was not assessed during this inspection. This standard will be assessed at the next inspection.

Standard 21 (21.1 – 21.8)

Toilet, washing and bathing facilities are provided to meet the needs of service users.

Key findings/Evidence	Standard met?	0
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Standard 21 was not assessed during this inspection. This standard will be assessed at the next inspection.

Standard 22 (22.1 – 22.8)

The registered person demonstrates that an assessment of the premises and facilities has been made by suitably qualified persons, including a qualified occupational therapist, with specialist knowledge of the client groups catered for, and provides evidence that the recommended disability equipment has been secured or provided and environmental adaptations made to meet the needs of service users.

Key findings/Evidence

Standard met?

0

Standard 22 was not assessed during this inspection. This standard will be assessed at the next inspection.

Standard 23 (23.1 – 23.11)

The home provides accommodation for each service user which meets minimum space as prescribed

Total number of single bedrooms with at least 10 sq.m usable space or additional compensatory space	32
Pre-existing homes only (1 April 2003) - single bedrooms below 10 sq.m usable space or additional compensatory space	0
Total number of wheelchair users accommodated for in rooms at least 12sq.m	1
Total number of wheelchair users accommodated for in rooms at less than 12sq.m	29
Total number of shared rooms at least 16 sq.m	4
Total number shared rooms less than 16 sq.m	0
Percentage of places within single rooms:	
100%	NO
80% - 99%	YES
Less than 80%	NO
Total number of single bedrooms	32
Total number of single rooms with en suite	32
Total number of double rooms	4
Total number of double rooms with en suite	4

Key findings/Evidence**Standard met?**

0

Standard 23 was not assessed during this inspection. This standard will be assessed at the next inspection.

Standard 24 (24.1 – 24.8)

The home provides private accommodation for each service user which is furnished and equipped to assure comfort and privacy, and meets the assessed needs of the service user.

Key findings/Evidence**Standard met?**

0

Standard 24 was not assessed during this inspection. This standard will be assessed at the next inspection.

Standard 25 (25.1 – 25 8)

The heating, lighting, water supply and ventilation of service users' accommodation meet the relevant environmental health and safety requirements and the needs of individual service users.

Key findings/Evidence**Standard met?**

0

Standard 25 was not assessed during this inspection. This standard will be assessed at the next inspection.

Standard 26 (26.1 – 26.9)

The premises are kept clean, hygienic and free from offensive odours throughout and systems are in place to control the spread of infection, in accordance with relevant legislation and published professional guidance.

Key findings/Evidence**Standard met?**

2

The home was noted to be generally clean and tidy and there were policies and procedures in place for controlling the spread of infection.

Despite recent steam cleaning of carpets there odours were detected in some service users bedrooms. The manager was advised to contact the infection control nurse for advice in respect of this.

Staffing

The intended outcomes for the following set of standards are:

- Service users needs are met by the numbers and skill mix of staff.
- Service users are in safe hands at all times.
- Service users are supported and protected by the home's recruitment policy and practices.
- Staff are trained and competent to do their jobs.

Standard 27 (27.1 – 27.7)

Staffing numbers and skill mix of qualified/unqualified staff are appropriate to the assessed need of the service users, the size, the layout and purpose of the home, at all times.

Number of staff /hours in respect of service user needs based on guidance recommended by Department of Health.

		Personal Care	Nursing
No. service users <i>High</i> needs	17	No. staff hours allocated	X
No. service users <i>Medium</i> needs	16	No. staff hours allocated	X
No. service users <i>Low</i> needs	7	No. staff hours allocated	X
No. of staff hours required	132	No. of staff hours provided	X
No. of full time equivalent first level registered nurses	9	154 hours in total	
No. of care staff	35		
No. of ancillary staff	18		

Key findings/Evidence

Standard met?

3

There was evidence that staffing levels were calculated according to the assessed needs of service users living at the home. It was positive to note that staffing levels had been increased in order to meet these needs and a very experienced and competent care manager now supports the manager.

Standard 28 (28.1 – 28.3)

A minimum ratio of 50% trained members of care staff (NVQ Level 2 or equivalent) is achieved by 2005, excluding the registered manager and/or care manager, and in care homes providing nursing, excluding those members of the care staff who are registered nurses.

No. care staff (excluding registered nurses) with NVQ level 2 or equivalent

8

% of care staff with NVQ level 2

20

%

Key findings/Evidence**Standard met?**

0

Standard 28 was not assessed during this inspection. This standard will be assessed at the next inspection.

Standard 29 (29.1 – 29.6)

The registered person operates a thorough recruitment procedure based on equal opportunities and ensuring the protection of service users.

Key findings/Evidence**Standard met?**

2

Staff employment file for three newly recruited members of staff were assessed. Each of these contained references, proof of identity and some evidence of previous relevant experience.

The manager was advised that gaps in employment history must be explored. While Criminal Records Bureau (CRB) disclosures had been applied for staff, these had not been received prior to their commencing employment. The manager said that this was due to the time it took to obtain disclosures and that risk assessments had been carried out. The manager was advised that the Commission could not condone the employment of staff without the appropriate checks having been carried out but accepted that there was a problem with the delay in service providers obtaining CRB disclosures.

Standard 30 (30.1 – 30.4)

The registered person ensures that there is a staff training and development programme which meets the National Training Organisation (NTO) workforce training targets and ensures staff fulfil the aims of the home and meet the changing needs of service users.

Key findings/Evidence**Standard met?**

3

Staff working at the home receive induction and foundation training, which meets TOPSS standards, and there was evidence that staff receive mandatory and specialist training.

Management and Administration

The intended outcomes for the following set of standards are:

- 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.
- Service users benefit from the ethos, leadership and management approach of the home.
- The home is run in the best interests of service users.
- Service users are safeguarded by the accounting and financial procedures of the home.
- Service users' financial interests are safeguarded.
- Staff are appropriately supervised.
- Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- The health, safety and welfare of service users and staff are promoted and protected.

Standard 31 (31.1 – 31.8)

The registered manager is qualified, competent and experienced to run the home and meet its stated purpose, aims and objectives.

Key findings/Evidence	Standard met?	3
The registered manager is a qualified nurse with management experience. It was positive to note the improvements made since the previous inspection.		

Standard 32 (32.1 – 32.7)

The registered manager ensures that the management approach of the home creates an open, positive and inclusive atmosphere.

Key findings/Evidence	Standard met?	3
Service users living at the home have the opportunity to attend regular residents meetings where they can discuss any issues they have, make comments and suggestions about the services that they receive. There was evidence that comments and suggestions were acted upon wherever this was possible.		

Standard 33 (33.1 – 33.10)

Effective quality assurance and quality monitoring systems, based on seeking the views of service users, are in place to measure success in meeting the aims, objectives and the statement of purpose of the home.

Key findings/Evidence	Standard met?	3
There was evidence that a recent audit in respect of the quality of services provided had been carried out which included the views of service users living at the home. The manager stated that she would feedback the findings to service users living at the home and forward a copy to the Commission.		

Standard 34 (34.1 – 34.5) Suitable accounting and financial procedures are adopted to demonstrate current financial viability and to ensure there is effective and efficient management of the business.		
Key findings/Evidence	Standard met?	0
Standard 34 was not assessed during this inspection. However there was nothing observed throughout the day which suggested that the home was not a financially viable business.		

Standard 35 (35.1 – 35.6) The registered manager ensures that service users control their own money except where they state that they do not wish to or they lack capacity and that safeguards are in place to protect the interests of the service user.		
Number of service users subject to Power of Attorney processes		3
Number of service users subject to Enduring Power of Attorney processes		0
Number of service users subject to Guardianship Orders		1
Key findings/Evidence	Standard met?	3
Service users who are capable and choose to may manage their own finances. Monies held on behalf of service users were noted to be stored securely and appropriate records were maintained.		
Service users may access their monies when the manager or deputy manager are on duty and these arrangements should clearly stated in the homes statement of purpose and service users guide.		

Standard 36 (36.1 – 36.5) The registered person ensures that the employment policies and procedures adopted by the home and its induction, training and supervision arrangements are put into practice.		
Key findings/Evidence	Standard met?	3
Supervision records for three staff members were assessed. There was evidence that staff received regular supervision sessions which were recorded and which met the current national minimum standards.		

Standard 37 (37.1 – 37.3)

Records required by regulation for the protection of service users and for the effective and efficient running of the business are maintained, up to date and accurate.

Key findings/Evidence**Standard met?**

3

Records in respect of service users and staff at the home were noted to be stored appropriately.

Standard 38 (38.1 – 38.9)

The registered manager ensures so far as is reasonably practicable the health, safety and welfare of service users and staff.

Key findings/Evidence**Standard met?**

2

Policies and procedures in respect of fire safety, health and safety, the Control of Substances Hazardous to Health (COSHH) etc were in place, up to date and suitable for the purposes of maintaining a safe working and living environment.

Regular checks are made in respect of fire safety systems such as fire alarms and emergency lighting. Staff undertake regular fire safety exercises. The manager said that staff who work at night also participated in these drills however there were no records available to evidence this at the time of this inspection.

Certificates in respect of gas, electricity and equipment maintenance and repair were available for assessment and satisfactory.

Hot water temperatures are checked on a monthly basis and recorded. Records assessed indicated that the hot water was maintained between 37 and 40o C, which is quite cool. This may be due to the time when these checks were made (which was not recorded).

There was a detailed policy and procedure for dealing with electricity power failure, which can be a regular occurrence in this area.

PART C**COMPLIANCE WITH CONDITIONS****(where applicable)**

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Lead Inspector	CAROLYN DELANEY	Signature	_____
Second Inspector	NA	Signature	_____
Locality Manager	JOHN HAWKINS	Signature	_____
Date	1/9/2004		_____

Public reports

It should be noted that all CSCI inspection reports are public documents.

PART D

**PROVIDER'S RESPONSE TO IDENTIFIED
STATUTORY REQUIREMENTS**

D.1 Registered Person's comments/confirmation relating to the content and accuracy of the report for the above inspection.

We would welcome comments on the content of this report relating to the Inspection conducted on 30th September 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

Action taken by the CSCI in response to provider comments:

Amendments to the report were necessary	<input type="checkbox"/> NO
Comments were received from the provider	<input type="checkbox"/> YES
Provider comments/factual amendments were incorporated into the final inspection report	<input type="checkbox"/> NO
Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate	<input type="checkbox"/> YES

Note:

In instances where there is a major difference of view between the Inspector and the Registered Provider both views will be made available on request to the Area Office.

D.2 Please provide the Commission with a written Action Plan by 15th November 2004, which indicates how requirements are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.

You will also note that the Commission has identified in the inspection report good practice recommendations and it would be useful to have some indication as to whether you intend to take any action to progress these.

Status of the Provider's Action Plan at time of publication of the final inspection report:

Action plan was required	<input type="checkbox"/> YES
Action plan was received at the point of publication	<input type="checkbox"/> YES
Action plan covers all the statutory requirements in a timely fashion	<input type="checkbox"/> YES
Action plan did not cover all the statutory requirements and required further discussion	<input type="checkbox"/> NO
Provider has declined to provide an action plan	<input type="checkbox"/> NA
Other: <enter details here>	<input type="checkbox"/> NA

D.3 PROVIDER'S AGREEMENT

Registered Person's statement of agreement/comments: Please complete the relevant section that applies.

D.3.1 I _____ of _____ confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the requirements made and will seek to comply with these.

Print Name _____
Signature _____
Designation _____
Date _____

Or

D.3.2 I _____ of _____ am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:

Print Name _____
Signature _____
Designation _____
Date _____

Note: In instance where there is a profound difference of view between the Inspector and the Registered Provider both views will be reported. Please attach any extra pages, as applicable.

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