



Making Social Care
Better for People

inspection report

Care Home For Older People

Parklands

21-27 Thundersley Park Road

South Benfleet

Essex

SS7 1EG

Unannounced Inspection

21st January 2005

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		21st January 2005	ID Code
Time of inspection visit		10:00 am	
Name of inspector	1	Carolyn Delaney	107596
Name of inspector	2	NA	
Name of inspector	3	NA	
Name of inspector	4	NA	
Name of specialist (e.g. Interpreter/Signer) (if applicable)		NA	
Name of establishment representative at the time of inspection		Mrs. Tina Coveley – Registered Manager.	

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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 older people including up to a maximum of 4 service users who have a terminal illness.

Accommodation is provided in 32 single bedrooms and 4 shared bedrooms.

The home is situated in a residential area of South Benfleet, close to local shops, amenities and transport links.

At the time of this inspection, works in respect of extending the existing premises to increase the number of service users for whom the home can provide care for from forty to fifty - four were almost complete. Once this work is complete the home intends to provide intermediate and respite care.

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.

This inspection took place over one day, 21st January 2005 between the hours of 13.00 and 18.00.

Areas to be progressed have been listed in the requirement and recommendation section of this report.

Any breaches in standards, which pose a more immediate risk to customers of the service, have been highlighted for urgent action.

Not all standards will have been inspected during this inspection. Standards not covered during this inspection will be inspected at 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 with.

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

Choice of Home (Standards 1 to 6)

Each of the three standards assessed were met. Standards one, five and six were not assessed.

There was evidence that service users admitted to the home only following a detailed assessment of nursing and care needs. Service users received written confirmation that the home could meet the assessed needs.

Service users receive a detailed contract of terms and conditions of occupancy upon their admission to the home.

Staff receive training in respect of meeting the needs of service users.

Health and Personal Care (Standards 7 to 11)

Standard seven was assessed and met. Standards eight to eleven were not assessed during this inspection. These standards were assessed and met with the current regulatory requirements and national minimum standards at the previous inspection.

Care plans, which were assessed at the time of this inspection were noted to be well written with the involvement of service users or their relatives. Service users wishes and capabilities in respect of daily activities of living were clearly recorded. Care plans were reviewed on a regular basis.

It had been recommended at the previous inspection that service users wishes and or capabilities in respect of retaining and administering their own medication be recorded. At the time of this inspection this had not been implemented and this recommendation will be carried forward to the next inspection.

Daily Life and Social Activities (Standards 12 to 15)

Each of the four standards assessed were met. Standard twelve was not assessed.

Service users may receive visitors to the home at any time.

Where service users are capable and wish to control their finances or access community amenities etc staff support them to do so.

Service users receive a varied well balanced diet. Service users needs in respect of nutrition are assessed and a plan of care developed where needs are identified.

Complaints and Protection (Standards 16 to 18)

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

There had been no complaints made to the Commission in respect of this service since the last inspection. Six complaints had been received by the home. Of these five had been resolved and one was ongoing. There was evidence that complaints received were dealt with appropriately.

The homes policy and procedure had been amended since the previous inspection to include details of what actions staff should take including who they must contact in the event of suspected or witnessed abuse of vulnerable adults living at the home.

Environment (Standards 19 to 26)

Standard twenty-six was assessed. This standard was not met. Standards nineteen to twenty five were not assessed.

While the home was generally maintained to a very high standard some odours were detected in one service users bedroom (as identified at the previous inspection).

Staffing (Standards 27 to 30)

One of the two standards assessed was met. Standards twenty-eight, and thirty were not assessed.

Staffing levels were noted to be appropriate to meet the needs of service users living at the home and there was evidence that staff were undertaking National Vocational Qualification (NVQ) level 2/3 training in care.

Staff must be recruited according to a robust policy and procedure.

Management and Administration (Standards 31 to 38)

Each of the two standards assessed were met. Standards thirty-one, thirty-two, thirty-five, thirty-five and thirty six were not assessed.

There was evidence that the services provided by the home were reviewed on a regular

basis in order to maintain and improve standards.

At the previous inspection it was noted that hot water temperatures, which were recorded indicated that hot water was maintained between 37 and 40 Oc, which is quite cool. It was recommended that the times when temperatures were checked be recorded. At the time of this inspection this had not been implemented. This was discussed with the manager.

Two of the four regulatory requirements and four of the six standards identified at the previous inspection had not been achieved at the time of this inspection.

The inspector acknowledges the assistance and cooperation of staff and management 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	

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

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	16(2) (j)	OP26	The registered persons must ensure that the home is free from unpleasant odour.	28/02/05
2	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 and / or POVA first checks for all staff prior to their commencing employment at the home.</p> <p>This is a repeat requirement from the previous three inspections.</p>	28/02/05

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 wherever it is practicable that service users wishes and capabilities in respect of self administration of medication be recorded.
2	OP11	It is recommended that the manager consider the need for the 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	OP35	It is recommended that information is provided to service users with regards to the arrangements for obtaining monies held by the home on their behalf.
4	OP38	It is recommended that hot water temperatures be maintained close to 43 o C.

INSPECTION METHODS & FINDINGS

PART B

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

Direct observation	YES
Indirect observation	YES
Sampling	NA
• Pre-inspection questionnaire	YES
• Records	YES
• Care plans / Care pathways	NO
• Meals	NO
• Activities	NA
• Other (Specify)	YES
'Tracking' care and support	NO
Group discussion with service users	YES
Individual discussion with service users	NO
Group discussion with staff	YES
Individual discussion with staff	YES
Discussion with management	YES
Service user survey	NO
Relatives/significant others survey/feedback	NO
Visiting professionals survey / feedback	YES
Tour of premises	NO
Formal interviews	YES
Document reading	
Additional inspection information:	
Number of service users spoken to at time of inspection	3
Number of relatives/significant others the inspectors had contact with	0
Number of letters received in respect of the service	0
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)	X
Total number of staff with nursing qualifications employed	11
Date of inspection	21/01/05
Time of inspection	13.00
Duration of inspection (hrs)	18.30

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:

Key findings/Evidence	Standard met?	0
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Standard 1 was not assessed during this inspection. This standard will be assessed during the next inspection.

This standard met with the current regulatory requirements and national minimum standards when assessed at the previous inspection.

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?**

3

Each service user who is admitted to the home is issued with a detailed contract of terms and conditions which includes details of fees for services provided, terms and conditions of occupancy and notice periods in the event that either party wishes to terminate this contract.

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?**

4

Assessment documents were examined for three service users who had been recently admitted to the home.

Each service users nursing, care and welfare needs were clearly identified prior to their admission to the home. Each service user was issued with a welcome letter, which confirmed that the home could meet the assessed needs.

Service users needs were reassessed upon their admission to the home and there was evidence of service users or their relatives / representatives (where appropriate) involvement in the assessment.

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?**

4

There was evidence that service users needs and dependency levels were assessed and reviewed periodically. Staff were provided with training in order to meet the assessed needs of service users living at the home.

There was evidence that nursing staff working at the home were involved in audit work with the local Primary Care Trust (PCT) in order to improve and develop nursing and care practices.

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?**

0

Standard 5 was not assessed during this inspection. This standard will be assessed during the next inspection.

This standard met with the current regulatory requirements and national minimum standards when assessed at the previous inspection.

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

Standard 6 was not assessed during this inspection. This standard will be assessed during the next inspection.

The home plans to provide intermediate and rehabilitative care once the extension to the premises have been completed.

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?	4
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Care plans for three service users were assessed. These were noted to be well written and detailed in respect of each service users nursing and care needs.

Service users preferences in respect of daily activities such as what time they wished to get up and go to bed, preferences for bathing or showers etc were clearly recorded. Service users capabilities were also clearly recorded.

Care plans were reviewed regularly according to each service users individual needs and where care or treatment required change this was clearly recorded in the plan of care.

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

Key findings/Evidence	Standard met?	0
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Standard 8 was not assessed during this inspection. This standard will be assessed during the next inspection.

This standard met with the current regulatory requirements and national minimum standards when assessed at the previous inspection.

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?**

0

Standard 9 was not fully assessed during this inspection. This standard will be assessed during the next inspection.

At the previous inspection it was recommended that service users wishes and or capabilities in respect of them retaining and administering their own medication be recorded. It was noted that while this was recorded for some service users that this was not consistent.

The recommendation identified at the last inspection will be carried forward for assessment at the next inspection.

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?**

0

Standard 10 was not assessed during this inspection. This standard will be assessed during the next inspection.

This standard met with the current regulatory requirements and national minimum standards when assessed at the previous inspection.

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?**

0

Standard 11 was not assessed during this inspection. This standard will be assessed during the next inspection.

This standard met with the current regulatory requirements and national minimum standards when assessed at the previous inspection.

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?	0
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Standard 12 was not assessed during this inspection. This standard will be assessed during the next inspection.

This standard met with the current regulatory requirements and national minimum standards when assessed at the previous inspection.

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?	3
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Service users may receive visitors at any time and where service users are capable of leaving the home to meet with friends and relatives they are supported to do so.

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?	3
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Where service users are capable of controlling their own finances they are supported to do so.

Service users living at the home have access to their personal records.

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

Detailed assessment of service users needs in respect of nutrition had been carried out for those service users whose care notes were examined. Service users weights are monitored regularly and where weight loss or loss of appetite is identified a plan of care is developed.

Service users are offered a varied diet.

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	6
No. of these complaints fully substantiated	3
No. of these complaints partly substantiated	2
No. of these complaints not substantiated	0
No. of these complaints not yet resolved	1
No. of complaints sent direct to CSCI	0
Percentage of complaints responded to within 28 days	84 %

Key findings/Evidence

Standard met?

3

There had been no complaints made directly to the Commission in respect of the service since the previous inspection.

One complaint had been made regarding the resuscitation of a service user at the home. This had not been resolved at the time of this inspection.

Three complaints had been received by the home regarding laundry of clothing. These had been substantiated. One complaint had been made to the home regarding the relocation of one service user to another bedroom. This complaint had been substantiated.

Records in respect of complaints were maintained satisfactorily and there was evidence that complaints were investigated appropriately by the home.

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 during 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 homes policy and procedure in respect of dealing with any instances of suspected or witnessed abuse of vulnerable adults had been updated to include specific details of what actions staff should take, including who to report any suspicions to.		
Staff working at the home receive training in respect of caring for vulnerable adults.		

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.

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.

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.

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.

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

Key findings/Evidence**Standard met?**

0

Standard 23 was not assessed during this 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.

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.

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

In general the home was noted to be clean and free from unpleasant odours.

One shared bedroom was noted to have odours and this was discussed with the manager.

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	19	No. staff hours allocated	X	X
No. service users <i>Medium</i> needs	13	No. staff hours allocated	X	X
No. service users <i>Low</i> needs	8	No. staff hours allocated	X	X
No. of staff hours required	X	No. of staff hours provided	X	X
No. of full time equivalent first level registered nurses	11			
No. of care staff	30			
No. of ancillary staff	X			

Key findings/Evidence

Standard met?

3

Service users dependency levels were assessed on a regular basis and staffing levels were noted to be appropriate to meet the assessed needs of service users living at the home.

The homes duty roster was examined and it was noted that staff did not work excessive hours and that they had appropriate off duty days.

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

9

% of care staff with NVQ level 2

30

%

Key findings/Evidence**Standard met?**

0

Standard 28 was not assessed during this 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?**

1

Standard 29 was not fully assessed however it was noted that staff were recruited to work at the home without satisfactory Criminal Records Bureau (CRB) disclosures or POVA first checks having been obtained. This was discussed with the manager at the time of this inspection and the regulatory requirement identified at the previous inspection will be carried forward to the next inspection.

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?**

0

Standard 30 was not assessed during this inspection. This standard will be assessed during the next inspection.

This standard met with the current regulatory requirements and national minimum standards when assessed at the previous inspection.

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?	0
Standard 31 was not assessed during this inspection. This standard will be assessed during the next inspection.		
This standard met with the current regulatory requirements and national minimum standards when assessed at 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?	0
Standard 32 was not assessed during this inspection. This standard will be assessed during the next inspection.		
This standard met with the current regulatory requirements and national minimum standards when assessed at the previous inspection.		

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 regular audits and reviews in respect of the quality of the services provided by the home. The results of the most recent service user survey was available for inspection and there was evidence that where service users expressed dissatisfaction that measures were put in place to address the issues raised.

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. This standard will be assessed during the next inspection.

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

 X

Number of service users subject to Enduring Power of Attorney processes

 X

Number of service users subject to Guardianship Orders

 X
Key findings/Evidence**Standard met?**

0

Standard 35 was not assessed during this inspection. This standard will be assessed during the next inspection.

This standard met with the current regulatory requirements and national minimum standards when assessed at the previous inspection.

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?**

0

Standard 36 was not assessed during this inspection. This standard will be assessed during the next inspection.

This standard met with the current regulatory requirements and national minimum standards when assessed at the previous inspection.

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?**

0

Standard 37 was not assessed during this inspection. This standard will be assessed during the next inspection.

This standard met with the current regulatory requirements and national minimum standards when assessed at the previous inspection.

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?**

3

Standard 38 was not fully assessed during this inspection as many of the elements of this standard were assessed and met at the previous inspection.

It was noted that all staff participated in regular fire drill exercises and that the outcomes were recorded.

At the previous inspection it was noted that hot water temperatures, which were recorded indicated that hot water was maintained between 37 and 40 Oc, which is quite cool. It was recommended that the times when temperatures were checked be recorded. At the time of this inspection this had not been implemented. This was discussed with the manager.

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****Regulation Manager****JOHN HAWKINS****Signature****Date**

Public reports

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

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 21 January 2005 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.	<input type="checkbox"/> NO

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 4th March 2005, 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"/> NO
Other: <enter details here>	<input type="checkbox"/> NO

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.

REGULATIONS

These underpin the National Minimum Standards for Older People

Care Homes Regulations 2001

	REGULATION	National Minimum Standard	Met (Yes/No/NA)
4	Statement of purpose	1,2,4,5,16,31,32,33,35	NA
5	Service Users' Guide	1,2,5,12,13,18,31,33,35	NA
6	Review Statement & Guide	1,2,33,37	NA
8	Appointment of Manager	31	NA
10	Registered Person General requirements	4,10,11,36,38	NA
12	Health & Welfare Service users	3,4,8,10,11,12,13,14,17,18,32,35,38	NA
13	Further requirements Health and Welfare	3,4,8,9,11,17,18,38	NA
14	Assessment of service users	3,4,5,6,7,8,11,33,37	NA
15	Service Users' Plan	3,7,14,33,37	NA
16	Facilities and Services	6,11,12,13,15,19,24, 25,26,35,38	NA
17	Records	11,14,15,16,18,19,33,34,35,37,38	NA
18	Staffing	4,6,8,9,10,11,15,18,31,27,28,29,30,31,36	NA
19	Fitness of workers	4,6,8,9,10,18,29,30,31,35,36	NA
20	Restrictions on acting for service users	10,14,18,35	NA
21	Staff views as to conduct of home	33	NA
22	Complaints	16,17,18,33	NA

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