



Making Social Care
Better for People

inspection report

Care Home For Older People

Ashwood Park

Seaside Lane

Easington Colliery

Peterlee

Durham

SR8 3XZ

Announced Inspection

19th 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

Ashwood Park

Tel No:

0191 5273300

Address

Seaside Lane, Easington Colliery, Peterlee, Durham, SR8 3XZ

Fax No:

0191 5273360

Email address

Name of registered provider(s)/company (if applicable)

Stonelea Developments Ltd

Name of registered manager (if applicable)

Carole Ann Thomson

Type of registration

No. of places registered (if applicable)

Care Home

65

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

Dementia - over 65 years of age (35), Old age, not falling within any other category (30)

Registration number

B540002047

Date first registered

Date of latest registration certificate

26th November 2004

Was the home registered under the Registered Homes Act 1984?

YES

Do additional conditions of registration apply ?

NO

If Yes refer to Part C

Date of last inspection

27/07/05

Date of inspection visit		19th January 2005	ID Code
Time of inspection visit		09:30 am	
Name of inspector	1	Jean Pegg	155607
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		Carole Ann Thomson	

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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 Ashwood Park.

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.

Ashwood Park is a purpose built home providing 24hour residential care for 65 service users over the age of 65 years. The home comprises of 3 units that provide 30 general residential care beds, 25 residential dementia beds and 10 residential EMI beds.

The home is owned by Stonelea Developments Ltd. and is situated on the same site as Birchwood Court, which is also owned by the same group.

The approach to the home is very welcoming surrounded by well-kept gardens and clearly marked parking bays. Internally the home is furnished to a high standard; all bedrooms provide single room accommodation with en-suite facilities. There are a number of different lounge/dining areas throughout the home in addition to a library and hairdressing area. The home is built around a reasonable sized garden/patio area that offers a safe environment for EMI service users to sit in. The external perimeter of the home is also laid to colourful gardens with external seating areas.

The home is situated off the main street of the village with all facilities within easy reach.

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 inspection focused upon key standards not assessed at the time of the last inspection (along with other standards as judged to be necessary) This is in line with the current CSCI policy of proportionality. As a result there are a number of standard areas in the report where no further comment has been made. A new report format is being developed at present, which will be of benefit to service users and those seeking care, as well as to service providers.

This announced inspection took place on Wednesday 19th January 2005 and lasted for 7 ½ hours. This was a very positive inspection during which time staff, service users and visiting professionals were spoken to. Comment cards were also received from 8 service users and 8 relatives; their responses will be incorporated into the main body of the report.

All requirements and recommendations made during the last inspection have been fully actioned and no requirements or recommendations have been made as a result of this inspection. Overall the home has continued to maintain or exceed previous assessments, which indicates the level of commitment shown towards continuous improvement.

1. Choice of Home. (Standards 1-6)

None of the standards under this heading were fully assessed. Updated copies of the statement of purpose and service user guide were supplied to the Commission for Social Care Inspection during November 2004. Both were audited against the standard and found to be in order.

2. Health and Personal Care. (Standards 7-11)

2 of the 5 standards were assessed and were met. The remaining 3 standards were assessed as met during the previous inspection. The home demonstrated that it does much to ensure that those who are trained to do so meet the health and personal care needs of service users. There was evidence of access to specialist healthcare practitioners from within the community. Feedback from service users and relatives indicated that they were satisfied with the care provided and that privacy and dignity were maintained.

3. Daily Life and Social Activities. (Standards 12-15)

None of the standards were fully assessed during this inspection. 3 standards were met and 1 exceeded the standard during the last inspection. General observations and comments received from service users and relatives would indicate that standards are being maintained within the home.

4. Complaints and Protection. (Standards 16-18)

2 of the 3 standards were assessed as met during this inspection. The remaining standard

was assessed as met during the last inspection. The home has clear policies and procedures relating to complaints and adult protection. Service user and relative feedback forms indicated that they were aware of the home's complaints procedure and service users indicated that they felt safe in the home.

5. Environment. (Standards 19-26)

2 of the 8 standards were assessed and both were met. During the previous inspection 4 standards were met and 4 exceeded the standard. General observations made would indicate that the home has continued to maintain its previous standards. There was also evidence to indicate that the home continues to regularly maintain, decorate and refurbish both internal and external areas.

6. Staffing. (Standards 27-30)

3 of the 4 standards were assessed of which 2 exceeded the standard and 1 met the standard. The standard not fully assessed during this inspection exceeded the standard during the previous inspection. Of the 3 standards assessed during this inspection 2 had shown an improvement since the last inspection with 1 exceeding the standard. Generally, the home provides a good level of staffing with thought given to the roles that are needed within the home. Training continues to be a positive resulting in the home exceeding the 50% target of staff with NVQ 2. The previous inspection required the home to improve data collection within staff files. This has now been achieved.

7. Management and Administration. (Standards 31-38)

3 of the 8 standards were assessed during this inspection. Of the 3, 2 were met and 1 exceeded the standard. Since the last inspection the manager has completed the Registered Managers Award resulting in an improvement in the standard assessment. Recommendations made regarding quality assurance have been acted upon resulting in the standard being exceeded for this inspection. All records required by regulation were found to be present in the home. Although the remaining standards were not fully assessed, there was no evidence gained during this inspection to suggest that standards had deteriorated in any way.

Requirements from last Inspection visit fully actioned?

YES

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	

Action is being taken by the Commission for Social Care Inspection to ensure compliance in regard to the above requirements.

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	

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

* Note: You may refer to the relevant standard in the remainder of the report by omitting the 2-letter prefix e.g. OP10 refers to Standard 10.

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	NO
• Activities	YES
• Other (Specify)	NO
'Tracking' care and support	NO
Group discussion with service users	YES
Individual discussion with service users	YES
Group discussion with staff	NO
Individual discussion with staff	YES
Discussion with management	YES
Service user survey	YES
Relatives/significant others survey/feedback	YES
Visiting professionals survey / feedback	YES
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	4
Number of letters received in respect of the service	X
CRB check for the responsible individual seen	NO
CRB check for the manager seen	YES
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)	45
Total number of staff with nursing qualifications employed	X
Date of inspection	19/01/05
Time of inspection	9.30
Duration of inspection (hrs)	7.5

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:

HAIRDRESSING.
NEWSPAPERS. CHIROPODY.
BUS TRIPS. DOOR GUARDS.
TOILETRIES. HOSPITAL
ESCORTS.

Key findings/Evidence

Standard met?

0

Standard not assessed during this inspection.

Standard assessed as met during the previous inspection.

Updated copies of the statement of purpose and service user guide were supplied to the Commission for Social Care Inspection during November 2004. Both were audited against the standard and found to be in order.

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 not assessed during this inspection.

Standard assessed as met during the previous 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?**

0

Standard not assessed during this inspection.

Standards assessed as met during the previous inspection.

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?**

0

Standard not assessed during this inspection.

Standard assessed as met during the previous inspection.

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 not assessed during this inspection.

Standard assessed as met during 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?

9

Standard not applicable to this home.

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?	3
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Standard met.

6 service user files were examined and were found to be in order. Service user care plans detail actions to be taken to ensure health, personal and social care needs are met. Risk assessments are also present within files. Monthly reviews are evidenced within care plans and there is provision within the documentation for service users to sign agreement to the care plan although it should be recognised that not all may choose to or have the ability to do so.

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

7

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

X

Key findings/Evidence

Standard met?

3

Standard met.

Service user plans clearly identify the support that should be provided to service users with regard to personal care and oral hygiene. Service users are assessed for risk of pressure sores by staff who are trained to do so. Examination of historical records show that pressure care treatment is recorded and monitored by the district nursing team. Any equipment needed for the promotion of tissue viability and prevention of pressure sores is obtained via the district nursing service. The district nursing service also assesses for and provides continence aids for service users. Staff and community psychiatric nurses monitor the psychological health of service users. The activities coordinator provides opportunities for gentle exercise. Records show that nutritional assessments are undertaken on admissions and weight is monitored. Service users either retain their own GP or register with one of the local GPs. Arrangements are in place for a range of different support services for example district nursing, chiropody, dental services etc.

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 not assessed during this inspection.

Standard assessed as met during the previous 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 not fully assessed during this inspection.

Standard assessed as met during the previous inspection.

8 service users completed feedback forms of which 7 stated that they felt well cared for, were treated well by staff and had privacy respected. 8 relative feedback forms were received of which all 8 stated that they were made to feel welcome, were able to visit their relative/friend in private and were satisfied with the overall care provided.

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 not fully assessed during this inspection.

Standard assessed as met during 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
Standard not fully assessed during this inspection. Standard assessed as met during the previous inspection. General observations made during the visit indicate that this standard is being maintained.		

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
Standard not fully assessed during this inspection. Standard assessed as met during the previous inspection. Service user and relative feedback indicates that privacy is respected and that visits can take place in private.		

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
Standard not fully assessed during this inspection. Standard exceeded during the last inspection.		

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?**

0

Standard not fully assessed during this inspection.

Standard assessed as met during the previous inspection.

General observations made would indicate that this standard is being maintained. The manager discussed plans to extend the menu to cover a 4-week period. The recently appointed hostesses appear to be making a good contribution towards ensuring that service users have dietary and nutritional needs met. 4 service user feedback responses indicated that they liked the food and 4 indicated that they liked the food sometimes.

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="3"/>
No. of these complaints fully substantiated	<input type="text" value="3"/>
No. of these complaints partly substantiated	<input type="text" value="X"/>
No. of these complaints not substantiated	<input type="text" value="X"/>
No. of these complaints not yet resolved	<input type="text" value="X"/>
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
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Standard met.
 Standard also met during the previous inspection.
 The home has a simple complaints policy and maintains a record of complaints made and action taken to resolve complaints. Service user feedback indicates that all who responded knew who to speak to if they were unhappy with their care and all 8 relative responses indicated that they were aware of the homes complaints procedure.

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 not assessed during this inspection. Standard assessed as met during the previous 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="checkbox"/>	YES
No. of staff referred for inclusion on POVA lists	<input checked="" type="checkbox"/>	X
Key findings/Evidence	Standard met?	3
Standard met. The home has a range of policies and procedures that provide guidance for the protection of individuals within the home. All 7-service user feedback responses indicated that they felt safe in the home.		

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?	3
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Standard met.

The location and layout of the home is suitable for its stated purpose. Regulation 26 monthly reports provide evidence of planned redecoration. Since the last inspection the dining room within the EMI unit has been redecorated and new flooring purchased, the corridors of the EMI unit have also been very tastefully redecorated taking into account service user physical, cognitive and sensory needs. The grounds are well maintained and litter free. The manager provided evidence to indicate that the building complies with the requirements of the local fire service and environmental health department.

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 not fully assessed during this inspection.

Standard exceeded during the last inspection.

General observations would indicate that previous standards have been maintained within the home.

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
<p>Standard not fully assessed during this inspection. Standard assessed as met during the previous inspection. General observations would indicate that previous standards have been maintained within the home. The manager confirmed that there were plans to redecorate the bathrooms this financial year.</p>		

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
<p>Standard not fully assessed during this inspection. Standard assessed as met during the previous inspection. General observations would indicate that previous standards within the home have been maintained.</p>		

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 type="text" value="65"/>
Pre-existing homes only (1 April 2003) - single bedrooms below 10 esq. usable space or additional compensatory space	<input type="text" value="X"/>
Total number of wheelchair users accommodated for in rooms at least 12sq.m	<input type="text" value="X"/>
Total number of wheelchair users accommodated for in rooms at less than 12sq.m	<input type="text" value="X"/>
Total number of shared rooms at least 16 esq.	<input type="text" value="X"/>
Total number shared rooms less than 16 esq.	<input type="text" value="X"/>
Percentage of places within single rooms:	
100%	<input type="text" value="YES"/>
80% - 99%	<input type="text" value="NO"/>
Less than 80%	<input type="text" value="NO"/>
Total number of single bedrooms	<input type="text" value="65"/>
Total number of single rooms with en suite	<input type="text" value="65"/>
Total number of double rooms	<input type="text" value="X"/>
Total number of double rooms with en suite	<input type="text" value="X"/>

Key findings/Evidence**Standard met?**

0

Standard not fully assed during this inspection.

Standard exceeded during the last inspection as all bedrooms exceed the minimum size required and all have en-suite facilities.

General observations would indicate that previous standards have been maintained within the home.

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 not fully assessed during this inspection.

Standard exceeded during the last inspection.

General observations would indicate that previous standards have been maintained within the home. All rooms are furnished to a high standard with additional facilities offered above the minimum required.

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 not fully assessed during this inspection.

Standard exceeded during the last inspection.

General observations would indicate that previous standards have been maintained within the home.

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?**

3

Standard met.

During the inspection the home was clean and free from offensive odours. The manager demonstrated that alternative solutions were sought for potential odour problems. The home has a well equipped laundry, clinical waste and sluicing facilities.

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	<input checked="" type="checkbox"/>	No. staff hours allocated	<input checked="" type="checkbox"/>
No. service users <i>Medium</i> needs	<input checked="" type="checkbox"/>	No. staff hours allocated	<input checked="" type="checkbox"/>
No. service users <i>Low</i> needs	<input checked="" type="checkbox"/>	No. staff hours allocated	<input checked="" type="checkbox"/>
No. of staff hours required	<input checked="" type="checkbox"/>	No. of staff hours provided	<input checked="" type="checkbox"/>
No. of full time equivalent first level registered nurses	<input checked="" type="checkbox"/>		
No. of care staff	<input type="text" value="45"/>		
No. of ancillary staff	<input type="text" value="12"/>		

Key findings/Evidence

Standard met?

4

Standard exceeded.

The home deploys a good ratio of staff to service users. In addition to care staff, the home employs 2 activity coordinators and 3 hostesses whose role it is to look after service user nutritional and dietary needs. The home also employs administration, maintenance, domestic and catering staff to support the care team. The home has a clear hierarchy comprising of an area manager, manager, 2 deputies and senior care staff who work within the residential and EMI units. Relative feedback shows that 5/8 feel that there are sufficient staff on duty and 3/8 feel that on occasions there are not sufficient staff on duty.

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	24
% of care staff with NVQ level 2	53 %

Key findings/Evidence	Standard met?	4
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Standard exceeded.
 This standard has improved since the last inspection. The home has a good training programme in place. The home currently has 53% of staff trained to NVQ level 2 or above with 10 more staff enrolled on NVQ level 2. The home does not employ agency staff but does include bank staff in training.

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?	3
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Standard met.
 This standard has improved since the last inspection.
 4 staff files were selected at random and audited against schedule 2 requirements. All documents required were present. The files were well organised and there was evidence that all staff had undertaken Criminal Record Bureau checks.

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
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Standard not fully assessed during this inspection.
 Standard exceeded during the last inspection.
 General observations would indicate that the home has maintained it's previous standard.

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?	
Standard met. This assessment of this standard has improved since the last inspection. The registered manager has been in the manager's role at Ashwood Park for 12 months following 5 & 1/2 years experience as a deputy manager. The manager has NVQ 4 in Care and since the last inspection has recently completed the Registered Managers Award. Ongoing training includes the Certificate in Dementia. The job description provided for the manager enables them to fully carry out their role and there are clear lines of accountability demonstrated with external management.		3

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?	
Standard not fully assessed during this inspection. Standard assessed as met during the last inspection. Discussion with staff would indicate that the management approach of the home continues to be open and positive. 1 relative feedback form stated that the home was "A professionally managed care facility, a role model for others to follow."		0

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?	4
<p>Standard exceeded.</p> <p>The assessment of this standard has improved since the last inspection. There is strong evidence of regular quality assurance auditing and monitoring of standards within the home including anonymous surveys completed by stakeholders. The home responds quickly to inspection reports and posters advising of this inspection were evident throughout the home. Staff and service users spoken to were aware of the inspection process and 4 relative feedback responses indicated that they were made aware of inspection visits with 7 stating that they had access to inspection reports.</p>		

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
<p>Standard not assessed during this inspection.</p> <p>Standard assessed as met during the previous inspection.</p> <p>There was evidence to suggest that the home was run in an efficient and effective manner. Investment in the fabric of the home and training of staff was evident and appropriate insurance cover in place.</p>		

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		<input type="checkbox"/>
Number of service users subject to Enduring Power of Attorney processes		<input type="checkbox"/>
Number of service users subject to Guardianship Orders		<input type="checkbox"/>
Key findings/Evidence	Standard met?	0
<p>Standard not fully assessed during this inspection.</p> <p>Standard assessed as met during the previous inspection.</p>		

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 not assessed during this inspection.

Standard assessed as met during 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?**

3

Standard met.

An audit of records required by regulation was undertaken and found to be in order. Data protection principles were seen to be applied within the home.

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?**

0

Standard not assessed during this inspection

Standard assessed as met during the previous inspection.

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

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Lead Inspector **Jean Pegg** **Signature** _____

Second Inspector _____ **Signature** _____

Regulation Manager **Michele Hargan** **Signature** _____

Date _____

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 19 January 2005 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

We are working on the best way to include provider responses in the published report. In the meantime responses received are available from the Darlington Area Office on request.

Action taken by the CSCI in response to provider comments:

Amendments to the report were necessary

NO

Comments were received from the provider

NO

Provider comments/factual amendments were incorporated into the final inspection report

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

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 12 April 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

NO

Action plan was received at the point of publication

Action plan covers all the statutory requirements in a timely fashion

Action plan did not cover all the statutory requirements and required further discussion

Provider has declined to provide an action plan

Other: <enter details here>

D.3 PROVIDER'S AGREEMENT

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

D.3.1 I, Mr J Harris of Ashwood Park 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, Mr J Harris of Ashwood Park 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.

Commission for Social Care Inspection
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London
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National Enquiry Line: 0845 015 0120
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