



Making Social Care
Better for People

inspection report

Care Home For Older People

Ashwood Park

Seaside Lane

Easington Colliery

Peterlee

Durham

SR8 3XZ

Unannounced Inspection

27th July 2004

Commission for Social Care Inspection

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

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

The role of CSCI is to:

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

Inspection Methods & Findings

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

The 4-point scale ranges from:

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

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

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

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

ESTABLISHMENT INFORMATION

Name of establishment

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 Limited

Name of registered manager (if applicable)

Mrs Coreana Anne Smith

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

B040000017

Date first registered**Date of latest registration certificate**

19th June 2003

**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 & type of inspection visit		28th July 2004 Unannounced		ID Code
Time of inspection visit		10:00 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 Thompson		

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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 24 hour residential care for 65 residents. The home has three units providing 30 general residential beds, 25 residential dementia beds and 10 residential EMI beds. With the exception of residents within the EMI unit, residents can move freely around the home.

The home is owned by Stonelea developments Ltd and is situated on the same site as Birchwood Court another home belonging to the same group.

The approach to the home provides a positive first impression that continues when entering the home. The home is furnished to a very high standard, all bedrooms are single with en-suite facilities, and there are a number of lounges and 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 residents to sit in. The external perimeter of the home is also laid to colourful gardens with external seating areas.

The home is situated in the middle of the local community 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 unannounced inspection took place on Tuesday 27th July and lasted for 7 hours. During the inspection 4 service users were spoken to and four staff were observed during a planned staff meeting.

Service users spoke positively about the home and staff, environmentally; the home maintains its previous good standards with evidence of regular maintenance and renewal taking place. Staff were co-operative and welcoming during inspection providing an impression of a well managed home.

Generally this was a very positive inspection in which the majority of standards assessed were either met or exceeded standard requirements.

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

Standards not assessed during this inspection.

All standards were fully met during the previous inspection.

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

Standards not assessed during this inspection.

Recommendations made during the previous inspection in relation to PRN medication have been followed. Generally staff were observed as acting in a manner that respected service users privacy and dignity.

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

Standards not assessed during this inspection.

All standards were assessed during the previous inspection of which 3 were met and 1 was commended. It is worth noting that the home has recently employed staff as hostesses whose role it is to ensure that drinks and snacks are available to residents when needed. This role compliments that of other care staff leaving them free to focus on other care duties.

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

Standards not assessed during this inspection.

5. Environment. (Standards 19-26)

All 8 standards were assessed of which 4 were met and 4 were commended.

The home provides an extremely good environment that meets or exceeds standards. The home has been carefully designed to reduce risk and ensure comfort for both service users and staff. There is evidence of regular maintenance work being undertaken and evidence of renewal of fabric, furnishings and fittings. The home has been tastefully decorated and furnished and staff have been provided with appropriate equipment to carry out tasks efficiently.

6. Staffing. (Standards 27-30)

All four standards were assessed of which 2 were commended and 2 were almost met.

Staffing levels within the home are good with a sensible deployment of resources. The manager has identified a need to improve recruitment file, this is supported by a requirement and will be reviewed during the next announced inspection. The home supports a good level of training and is well on target to achieve 50% of staff attaining NVQ level 2. The in-house training programme is excellent covering topics over and above NTO standards.

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

Six of the 8 standards were assessed of which 4 were met and 2 were almost met.

Generally the management of the home is very good but there are still some areas where evidence needs to be available to satisfy all of the criteria within the stated standards. From

discussion with the manager it is clear that those elements will be achieved by the next announced inspection.

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	
1	Reg.19 Schedule 2 (1-7)	OP29	The registered person operates a thorough recruitment procedure based on equal opportunities and ensuring the protection of service users. In particular documents specified in schedule 2 (1-7)	31 st December 2004

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	OP22	Additional storage areas to be provided for aids and equipment including wheelchairs.

2	OP33	<p>Effective quality assurance and quality monitoring systems, based on seeking the views of service users, are in place to measure the success in meeting the aims, objectives and the statement of purpose of the home.</p> <p>In particular evidence of a systematic cycle of planning, action and review and evidence of relative and other stakeholder involvement.</p>

- 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	NO
• Pre-inspection questionnaire	YES
• Records	NO
• Care plans / Care pathways	NO
• Meals	NO
• Activities	NO
• Other (Specify)	NO
'Tracking' care and support	NO
Group discussion with service users	YES
Individual discussion with service users	YES
Group discussion with staff	YES
Individual discussion with staff	YES
Discussion with management	YES
Service user survey	NO
Relatives/significant others survey/feedback	NO
Visiting professionals survey / feedback	NO
Tour of premises	YES
Formal interviews	NO
Document reading	YES
Additional inspection information:	
Number of service users spoken to at time of inspection	4
Number of relatives/significant others the inspectors had contact with	X
Number of letters received in respect of the service	X
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)	40
Total number of staff with nursing qualifications employed	X
Date of inspection	27/07/04
Time of inspection	9.45
Duration of inspection (hrs)	7

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:

PERSONAL ITEMS,
HAIRDRESSING, CHIROPODY,
TRANSPORT, PAPERS,
TOILETRIES

Key findings/Evidence

Standard met?

0

Standard not assessed during this 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?	0
Standard not assessed during this 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.		

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 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 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.

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?	0
Standard not assessed during this inspection.		

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
Standard not assessed during this 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

Standards not assessed during this inspection.

Recommendation from previous inspection regarding PRN medication has been actioned and audited by the area manager. CSCI has been provided with the results of the audit via reg. 26 reports.

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 assessed during this inspection.

It was noted during the inspection and via the area manager audit that staff demonstrate respect for service users. Staff were observed knocking on doors before entering and by addressing service users in a polite manner.

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 assessed during this 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 assessed during this inspection. It was noted that meals are taken in a number of different dining rooms as well as in service users own rooms. Although activities had been identified by service users as an area that needs improvement, it was noted that residents were engaged in a number of different activities and that an activities planner was visible on notice boards.		

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 assessed during this inspection. Visitors were observed during the inspection and preparations were underway for a summer fund raising event taking place shortly. Gifts and donations were being delivered to support this event.		

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 assessed during this 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 assessed during this inspection.

Although mealtimes were not observed, preparation of the lunch time meal was. The presentation of food was attractive and the cook confirmed that special diets were catered for. Menus offered choices and a hostess system has been put in place to ensure a regular flow of drinks and snacks. This creative deployment of resources is to be commended.

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="X"/>
No. of these complaints fully substantiated	<input type="text" value="X"/>
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="X"/> %

Key findings/Evidence	Standard met?	0
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Standards not assessed during this inspection.
Service users spoken were complimentary about the home and staff.

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
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Standard not assessed during this 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 *No Secrets*

No. of staff referred for inclusion on POVA lists

Key findings/Evidence

Standard met?

0

Standard not assessed during this inspection.

Environment

The intended outcomes for the following set of standards are:

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

Standard 19 (19.1 – 19.6)

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

Key findings/Evidence	Standard met?	3
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Standard met.

The location and design of the home is suitable for its intended purpose. Documents examined and observations made confirm that a regular maintenance programme is adhered to. The manager identified renewal plans for the next 12 months; the area manager confirmed this. These plans should be available in written format. A way forward was agreed with the area manager. Records confirmed that the home complies with requirements of environmental health and the local fire service.

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?	4
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Standard exceeded.

The home provides a number of different sized lounge and dining areas, a library, hairdressing room, smoker's lounge and sheltered patio garden area as well as well kept gardens and seating areas that surround the perimeter of the main building. All furnishing within the home are of a good quality and are domestic in character.

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?****3**

Standard met.

In addition to en-suite facilities, the home has a number of assisted bathing, shower and toilet facilities. These facilities are spacious and well equipped. Sluice facilities are located separate from bathing and w.c. facilities.

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?****3**

Standard met.

The home has been designed to meet general disability needs with handrails and grab rails located throughout the building. A lift is available to the first floor and entrances to the building and rooms within it are accessible to wheelchairs. Additional storage space should be made available for aids and equipment. It was noted that some equipment is being stored under the stairwell area ready for collection by Home Loans. Although the equipment was not causing a blockage to the fire escape it was unsightly and a possible risk should it remain there for long periods of time.

See recommendation 1.

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 sq.m 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="6"/>
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 sq.m	<input type="text" value="X"/>
Total number shared rooms less than 16 sq.m	<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?**

4

Standard exceeded.

All rooms provided are single with en-suite facilities. The rooms are spacious and well equipped and maintained.

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?	4
<p>Standard exceeded.</p> <p>The standard of private accommodation is very good with feature exceeding the minimum standard. The rooms have been equipped with fixtures and fittings that reduce risk to residents whilst affording privacy and independence. The standard of decoration is good and each room is lockable with additional lockable facilities provided should they be needed. In addition to the furnishings provided as standard, service users are encouraged to bring in their own personal possessions. Each room has two phone sockets, one that can be connected to the homes portable phone and one that allows them to have a private line connected.</p>		

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?	4
<p>Standard exceeded.</p> <p>Rooms are heated via an under floor heating system which reduces the need for radiators and visible pipe work. Heating temperatures can be controlled independently in each room according to service user needs. Windows are double-glazed fitted with safety locks and catches. Lighting is domestic in character and pre set valves are used to prevent risks from Legionella and scalding.</p>		

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
<p>Standard met.</p> <p>The home was found to be clean, hygienic and free from offensive odours with cleaning routines being carried out during the inspection.</p> <p>A range of procedures and training exists to support staff in the management and control of infection.</p> <p>A good system for the laundering of foul linen is in place that reduces the possibility of cross infection.</p>		

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

Key findings/Evidence

Standard met?

4

Standard exceeded.

Rotas viewed demonstrate that the home maintains a good level of staffing to ensure that service user needs are met. The introduction of the hostess role is to be commended and the effectiveness of this role will be monitored during the next announced inspection.

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

17

% of care staff with NVQ level 2

43

%

Key findings/Evidence**Standard met?**

2

Standard almost met.

The home currently has 43% of staff qualified to NVQ level 2 with 3 staff currently enrolled to complete the programme. The home is well on target to achieve the stated 50% target by 2005.

Standard 29 (29.1 – 29.6)

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

Key findings/Evidence**Standard met?**

2

Standard almost met.

Five staff files were audited during this inspection. The manager provided evidence of an audit completed within the home that showed where the requirements identified in schedule 2 were not met. The manager confirmed that this work would be completed by the next announced inspection. Although a requirement will be made it is acknowledged that the manager currently has this issue in hand.

See requirement 1.

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?**

4

Standard exceeded.

The general standard of training within the home is very good.

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?	2
<p>Standard almost met.</p> <p>The manager is a new appointment to the home with 17 years experience in the care sector, of which 5 years have been within a senior management role. To date the manager has achieved up to NVQ level 4 in Care and has nearly completed the registered managers award. Through discussion it was evident that the manager keeps up to date with current issues and research relating to the care of the elderly.</p>		

Standard 32 (32.1 – 32.7)

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

Key findings/Evidence	Standard met?	3
<p>Standard met.</p> <p>The assessment of this standard is based on discussions with the manager, observation of working practices within the home and direct observation of a planned staff meeting held with kitchen staff. The quality of discussion and range of topics covered demonstrated that staff were absolutely clear as to the contribution they made towards the achievement of the homes aims and objectives. The meeting was conducted in a professional manner with all attendees contributing to the process.</p>		

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?**

2

Standard almost met.

Assessment of this standard revealed a mix of strengths and weaknesses. Particular strengths are in relation to the quality of monthly reports carried out by the area manager both in terms of recording and range of activities covered. The home has evidenced that it carries out regular audits of policies and practices, which is to be commended. Service users have been surveyed and results of surveys acted upon. Resident meetings also take place, which have a structured agenda including notice of forthcoming inspections. Areas that require development are to consider how relatives and other stakeholder views can be obtained, how continuous improvement strategies can be evidenced demonstrating planning action and review of the homes progression in relation to stated aims and outcomes. Strategies for achieving this were discussed with the manager.

See recommendation 2

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 not assessed during this 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?

3

Standard met.

Four service user files were examined. All appropriate records and receipts were in place. Practice complies with procedures within the home.

Standard 36 (36.1 – 36.5)

The registered person ensures that the employment policies and procedures adopted by the home and its induction, training and supervision arrangements are put into practice.

Key findings/Evidence

Standard met?

3

Standard met.

The home has good records relating to induction and in house training that cover all mandatory and a good range of developmental topics. Four staff files were viewed which provided evidence of regular supervision having taken place.

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 not assessed during this 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 met.

Observation of practice, discussion with staff and examination of records demonstrated that the health safety and welfare of service users and staff is protected as far as is practicable through regular maintenance of plant and equipment, training of staff and management of processes relating to risk assessments, recording of accidents and posting of safety procedures.

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

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Lead Inspector**Signature****Second Inspector****Signature****Regulation
Manager****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 27 July 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

Please note that the Action Plan can be viewed at the Area Office

Action taken by the CSCI in response to provider comments:

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

Note:

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

D.2 Please provide the Commission with a written Action Plan 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"/>

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 Stonelea Developments Ltd 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 Stonelea Developments Ltd am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:

Print Name _____
Signature _____
Designation _____
Date _____

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

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