



Making Social Care
Better for People

inspection report

Care Home For Older People

Birchwood Court

Seaside Lane

Easington Colliery

Peterlee

Durham

SR8 3XZ

Announced Inspection

6th December 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

Birchwood Court

Tel No:

0191 5279741

Address

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

Fax No:

0191 5279742

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

Stonelea Developments Ltd

Name of registered manager (if applicable)

Ms Jean Stephens

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

Care Home

43

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

Old age, not falling within any other category (43)

Registration number

B040000039

Date first registered

30th April 2002

Date of latest registration certificate

13th October 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 of inspection visit		6th December 2004	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		Jean Stephens	

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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 Birchwood Court.

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.

Birchwood Court is a modern two storey, purpose built care home providing residential accommodation for 43 older people over the age of 65 years. The home does not provide nursing care. Birchwood Court is owned by Stonelea Developments Ltd. and was opened in 2002.

Birchwood Court is located in Easington Village and is close to all local amenities. The home is situated on the same site as another home within the group. Both homes are surrounded by pleasant well-kept gardens. Internally Birchwood Court has 43 single bedrooms that have en-suite washing and toileting facilities. There are several lounge areas with pleasant outlooks and two dining rooms. The home affords a high standard of internal decoration and furnishings.

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 Monday 6th December 2004. The inspection lasted for 8 hours and involved speaking to 12 service users and 3 staff. There were no relatives present who were available to speak to during the inspection. Feedback forms were distributed within the home prior to the inspection; however, at the time of writing this report only 2 relative responses had been received. Overall, this was a very positive inspection with the home being aware of and open about potential areas of shortfall. The atmosphere within the home was welcoming with service users moving freely around the home and speaking freely and positively about their experiences within Birchwood Court.

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

2 of the 6 standards were assessed both of which were met. The remaining 3 standards applicable to this home were assessed as met during the previous inspection. The home has updated the Statement of Purpose and Service User Guide to reflect changes made to services provided within the home. These documents have been audited against requirements and were found to be in order. The home utilises training to develop staff skill, competency and capacity to meet current and future service user needs. The manager provided examples of how staff had received training relating to individual service user conditions prior to admissions being made. This is seen as good practice. When the home requires specialist health care input to support service users, this is requested and records of health care given are kept.

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

3 of the 5 standards were assessed of which all were met. The remaining 2 standards were assessed during the previous inspection as either met or exceeding standard requirements. The home enables service users to access specialist health services either within the community or through the provision of visiting professionals. Practices associated with the administration of medication were found to be good with internal audits carried out on a regular basis. This standard was also assessed as met during the previous inspection. Discussions with service users and observation of practice confirm that staff respect service users privacy and dignity.

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

All of the standards within this section were assessed as met during the previous inspection.

General observations made during the day and comments made by service users would indicate that the home is still maintaining a good standard of care in these areas.

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

2 of the 3 standards were assessed during this inspection, both of which were met. All 3 standards were assessed as met during the previous inspection. The home has no recorded complaints during the last 12 months. The Commission for Social Care Inspection did receive 1 anonymous complaint during August 2004 that was investigated in conjunction with the provider. The provider's response was both appropriate and timely to the issues identified within the complaint. A summary of the complaint can be found under the section for additional information.

5. Environment. (Standards 19-26)

2 of the 8 standards were assessed during this inspection of which both were met. All of the standards were assessed during the last inspection of which 4 were met and 4 exceeded the standard. The home continues to provide a good living environment for service users both internally and externally.

6. Staffing. (Standards 27-30)

All 4 standards were assessed and were found to be consistent with standards achieved during the previous inspection. The home continues to experience intermittent problems with staffing but have strategies in place to try to ensure that minimum staffing levels are maintained. The home does support training to NVQ level 2 & 3 but due to recent staff turnover, has not achieved the target of 50% staff with NVQ level 2. The recruitment process has improved slightly in that the majority of items and documents identified in Schedule 2 have been obtained. Records indicate that the variety of training offered within the home is good and that staff receive induction within the six week standard specified.

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

4 of the 8 standards were assessed of which all were met. The previous inspection recommended improvements to the quality assurance system, which have been noted and acted upon but not yet fully implemented. The manager has recently achieved the Registered Managers' award and was able to demonstrate continuing professional development. Comments received from service users, staff and relatives indicated that the manager tried to create an open and inclusive atmosphere.

Additional Information.

Anonymous Complaint received 5th August 2004. The complaint prompted an additional inspection that focussed on the following issues.

- 1 The availability of adequate hoisting provision for use with service users.
- 2 Employment of staff under 18 years of age.
- 3 CRB checks undertaken for new staff.
- 4 Staff shortages.

The additional inspection visit was carried out on 3rd September 2004.

As a result of this visit it was found that only 1 element of the complaint was upheld and 1 element partially upheld. Two elements of the complaint were not upheld.

- 1 The availability of adequate hoisting provision for use with service users. (Partially upheld)

Only two service users are identified as needing hoisting equipment available.

- 2 Employment of staff under 18 years of age. (Not upheld)

Records showed that no care staff were under 18 years of age. It is not a breach of regulation to employ staff under the age of 18 years.

3 CRB checks undertaken for new staff. (Not upheld)

CRB checks have been undertaken for staff working in the home. Regulation regarding the uptake of CRB and POVA checks changed on 26th July 2004. The provider was informed of this change by the local authority in August and took appropriate action to ensure compliance with regulation.

4 Staff shortages. (Upheld)

The provider confirmed that on occasions there had been staffing difficulties partly caused by sickness, holidays and time awaiting CRB checks. A member of staff has been temporarily redeployed to provide adequate cover within the home until CRB checks arrive. The home has undertaken to continue to recruit staff to prevent a reoccurrence of this problem.

The provider was asked to audit and review the following;

- a) The moving and handling needs of service users
- b) The availability and location of moving and handling equipment within the home.
- c) Moving and handling training of staff.
- d) Staffing shortages

The provider responded promptly to this request and as a result:

- An additional piece of equipment has been purchased to assist staff with the movement and transfer of service users. Stand aid ordered and delivered 18/09/04
- One member of staff has been redeployed on a temporary basis whilst awaiting CRB checks for the two new members of staff. The provider is also continuing to recruit new staff.

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 (1) (b) Schedule 2	OP29	The registered person must operate a thorough recruitment procedure based on equal opportunities and ensuring the protection of service users. In particular the registered person must obtain the information and documents specified in paragraphs 1-7 of Schedule 2	31 st March 2005

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	YES
• 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	NO
Tour of premises	YES
Formal interviews	NO
Document reading	YES
Additional inspection information:	
Number of service users spoken to at time of inspection	12
Number of relatives/significant others the inspectors had contact with	3
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)	17
Total number of staff with nursing qualifications employed	X
Date of inspection	6/12/04
Time of inspection	9.30
Duration of inspection (hrs)	8

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

The scale ranges from:

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

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

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

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

Choice of Home

The intended outcomes for the following set of standards are:

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

Standard 1 (1.1 – 1.3)

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

Range of fees charged From (£) To (£)

Any charges for extras

If yes, please state what the extra's are:

CHIROPODY, HAIRDRESSING, PAPERS, PERSONAL ITEMS, PAT TESTING, DOOR GUARDS, HOSPITAL ESCORTS, LARGER ROOMS.

Key findings/Evidence

Standard met?

3

Standard met.

The statement of purpose and Service User Guide has been reviewed and updated to reflect changes to services available within the home. These statements have been audited against schedule 1 requirements and meet the standard required.

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 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 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?	3
Standard met. The home provides training to facilitate appropriate skill and knowledge development in staff in order to develop the capacity to meet current and future service user needs. Where minor nursing interventions are required the services of specialist health care professionals is utilised and the appropriate records maintained.		

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 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?	0
Standard assessed as met during the previous 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

6

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.

A sample of records was examined to identify how access to health care services was managed. Care plans provided direction to staff as to service user preferences regarding personal care. Staff have been trained to complete documentation that assists in identifying service users at risk from pressure sores. Evidence was provided demonstrating District Nurse involvement in the management and treatment of pressure sores, any specialist equipment required is ordered by the District Nurse. The District Nurse is also responsible for advising on the promotion of continence and for assessing those service users requiring specialist continence aids and equipment. Psychological health is monitored by staff and reviewed monthly. The activities coordinator provides opportunities for gentle exercise and weight is monitored by staff with nutritional assessments being reviewed on a monthly basis. The registered person enables service users to register with a GP of their choice (if the GP is in agreement.) The registered person also facilitates access to community based health services, however, if a staff member is needed to provide escort duties, then an additional charge will be made. (Additional charges are clearly specified within the Statement of Purpose and Service User Guides.) The registered person also makes provision for visiting dentists, opticians and podiatrists.

Standard 9 (9.1 – 9.11)

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

Key findings/Evidence

Standard Met?

3

Standard met.

This standard was assessed as met during the previous inspection. The home has continued to maintain the standard required indicating a responsible approach to the handling of service user medication.

Standard 10 (10.1 – 10.7)

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

Key findings/Evidence

Standard met?

3

Standard met.

Discussions with service users and observation of practice indicate that service users privacy and dignity is respected at all times. Some service users have installed private telephones within their rooms, for those that haven't; the home provides a portable phone that can be plugged into service user rooms or private conversations. Service users clothes are named on admission; however, the manager did confirm that on occasions some clothes are brought into the home, following admission, without names and that this could cause some problems. Preferred terms of address are clearly identified on service user files for staff to see. Medical examinations and treatment are provided in individual service user rooms.

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 exceeded 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
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Standard assessed as met during the previous inspection.

During the inspection it was noted that a number of service users were engaged in a group activity making Christmas items, preparations were also in progress for a dancing school visiting that evening to entertain service users. Other service users were either in communal areas watching TV or reading, or sat in their bedrooms watching TV, listening to music, reading, taking a nap or receiving visitors.

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
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Standard assessed as met during the previous inspection.

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
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Standard assessed as met during the previous inspection.

From discussion with service users and observations made whilst walking round the building, service users are encouraged to bring personal possessions with them into the home.

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 assessed as met during the previous inspection.

Discussion with service users confirmed that they were satisfied with the meals provided.

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="1"/>
Percentage of complaints responded to within 28 days	<input type="text" value="X"/> %

Key findings/Evidence

Standard met?

3

Standard met.

The home's complaints procedure complies with standard requirements and is displayed within the home. Service users spoken to confirmed that they knew who to speak to if they had reason to complain. Feedback forms completed by relatives indicated that they were familiar with the complaints procedure. 1 complaint had been sent direct to the Commission for Social Care Inspection during August 2004. See report summary for details of the complaint and providers response under additional information.

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 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 procedures that comply with standard requirements. There has been no change in this area since the last 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
<p>Standard met. The location and layout of the home remains suitable for its stated purpose. The home benefits from the services of a handyman who ensures that regular maintenance work is carried out. The furnishings and fixtures within the home continue to be of a very good standard. The manager confirmed that recommendations made by the local fire service and environmental health departments are responded to.</p>		

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
<p>Standard exceeded during the last inspection.</p>		

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
Standard met during the last inspection.		

Standard 22 (22.1 – 22.8)		
The registered person demonstrates that an assessment of the premises and facilities has been made by suitably qualified persons, including a qualified occupational therapist, with specialist knowledge of the client groups catered for, and provides evidence that the recommended disability equipment has been secured or provided and environmental adaptations made to meet the needs of service users.		
Key findings/Evidence	Standard met?	0
Standard met during the last inspection.		

Standard 23 (23.1 – 23.11)

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

Total number of single bedrooms with at least 10 sq.m usable space or additional compensatory space	<input type="text" value="43"/>
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="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 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="43"/>
Total number of single rooms with en suite	<input type="text" value="43"/>
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 exceeded during the last inspection.

No changes have been made to accommodation since the last inspection.

Standard 24 (24.1 – 24.8)

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

Key findings/Evidence**Standard met?**

0

Standard exceeded during the last inspection.

No changes have been made since the last inspection.

Standard 25 (25.1 – 25.8)

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

Key findings/Evidence**Standard met?**

0

Standard exceeded during the last inspection.

No changes have been made since the last inspection.

Standard 26 (26.1 – 26.9)

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

Key findings/Evidence**Standard met?**

3

Standard met.

The home was clean and tidy with no offensive odours noted during the inspection. The home continues to use new technologies for maintaining cleanliness and hygiene within the home. The manager confirmed that the environmental health officer visited during October, and that no major concerns were identified.

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="17"/>		
No. of ancillary staff	<input type="text" value="5"/>		
Key findings/Evidence		Standard met?	3

Standard met.

The previous inspection required the home to notify the Commission for Social Care Inspection of the occasions that staffing fell below the original levels agreed. This home has complied with this request. Since the last inspection 11 staff have left the employment of the home. Although recruitment has continued the length of the process including Criminal Record Bureau Checks has resulted in problems being experienced in maintaining agreed staffing levels. A sample of rotas worked for 3 weeks in November showed that 6 evening shifts had been 1 member of staff down due to unexpected sick leave being taken. During these times the manager had worked to help cover the shortage and care staff have worked extra hours. The home has deployed a number of different strategies to try to maintain staff cover and at the time of writing this report had 3 staff awaiting clearance to commence employment. 1 relative commented that "occasionally there appears to be some problems with staff numbers but that senior staff assist in these times to prevent deterioration in care delivered."

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

6

% of care staff with NVQ level 2

35

%

Key findings/Evidence

Standard met?

2

Standard almost met.

During the previous inspection the home had 36% of staff with NVQ level 2 whilst the home has continued training staff, 2 staff with NVQ 2 have left the employment of the home, this has resulted in a slight drop to 35% of staff currently employed with NVQ level 2.

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.

3 staff files were examined and audited against schedule 2 requirements. The manager confirmed that they were still gathering information for longer serving members of staff in order to comply with the previous inspection requirement. Of the 3 examined, 1 had all of the items listed in schedule 2, all 3 had evidence of CRB checks and references. Although proof of identity was not evidenced within all staff files, documents had at one time been provided to satisfy CRB applications.

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.

Records seen indicate that the home continues to support training. There was evidence of induction of new staff being completed within the specified six-week period.

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. The manager has 2 years experience of managing a home and has recently completed the registered managers award, having already gained NVQ level 3 & 4. The manager has recently completed a medication update course and is currently completing a distance learning course in dementia.		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 met. Comments made by service users, staff and relatives indicate that the manager tries to create an open, positive and inclusive atmosphere. Relatives indicated that they were made to feel welcome and were kept informed of important matters affecting their relatives. The manager works some evenings to facilitate easier contact with relatives when they visit. Minutes of resident and staff meeting records were seen.		3

Standard 33 (33.1 – 33.10)

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

Key findings/Evidence**Standard met?**

3

Standard met.

The last inspection recommended that views of stakeholders, family and friends be sought to assist in quality assurance and monitoring systems. During this inspection the manager outlined the approach that was being adopted as from January 2005 to ensure that these views would be captured. Copies of questionnaires were seen which would be used with visiting professionals, visitors and relatives. Results of these surveys should be available during the next inspection. The home regularly completes monthly audits on different areas within the home. The area manager and home manager complete these audits jointly. Copies of these audit reports are sent to the Commission for Social Care Inspection along with the regulation 26 reports. During the inspection notices were seen advertising the inspection visit. Relatives commented that they were made aware of inspection visits and had access to the inspection reports.

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?**

3

Standard met.

Discussion with staff and management indicated that the home was run in an efficient manner and was financially viable. There was evidence of Insurance cover being in place to the minimum £5 million specified within the standard.

Standard 35 (35.1 – 35.6)

The registered manager ensures that service users control their own money except where they state that they do not wish to or they lack capacity and that safeguards are in place to protect the interests of the service user.

Number of service users subject to Power of Attorney processes

X

Number of service users subject to Enduring Power of Attorney processes

X

Number of service users subject to Guardianship Orders

X

Key findings/Evidence

Standard met?

0

Standard assessed as met during the previous inspection.

Standard 36 (36.1 – 36.5)

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

Key findings/Evidence

Standard met?

0

Standard 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?

0

Standard assessed as met during the previous inspection.

Standard 38 (38.1 – 38.9)

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

Key findings/Evidence

Standard met?

0

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 6 December 2004 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 on request.

Action taken by the CSCI in response to provider comments:

Amendments to the report were necessary	<input type="checkbox"/>
Comments were received from the provider	<input type="checkbox"/>
Provider comments/factual amendments were incorporated into the final inspection report	<input type="checkbox"/>
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"/>

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"/>
Action plan was received at the point of publication	<input type="checkbox"/>
Action plan covers all the statutory requirements in a timely fashion	<input type="checkbox"/>
Action plan did not cover all the statutory requirements and required further discussion	<input type="checkbox"/>
Provider has declined to provide an action plan	<input type="checkbox"/>
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 Birchwood Court 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 Birchwood Court 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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