



Making Social Care
Better for People

inspection report

Care Home For Older People

Birchwood Court

Seaside Lane

Easington Colliery

Peterlee

Durham

SR8 3XZ

Unannounced Inspection

8th 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

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 & type of inspection visit		9th 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		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 accommodation for 43 residents. Birchwood Court is owned by Stonelea Holdings 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 which all have en-suite washing and toilet facilities. There are several lounge areas with pleasant outlooks and two dining rooms. The home affords a high standard of internal decoration and furnishings, which results in a positive first impression.

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.)

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. 18 (1) (a) (b) (c)	OP27	Staffing numbers and skill mix of qualified / unqualified staff are appropriate to the assessed needs of the service users, the size, layout and purpose of the home at all times.	31 st July 2004
2	Reg. 37 (1) (e)	OP27	The registered person shall give notice to the Commission without delay of the occurrence of (e) any event in the care home which adversely affects the well-being or safety of any service user.	31 st August 2004
3	Reg. 19 (1) (b) Schedule 2	OP29	The registered person shall not employ a person to work at the care home unless- subject to paragraph (6) he has obtained in respect of that person the information and documents specified in (i) paragraphs 1 to 7 of Schedule 2.	30 th November 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	OP33	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. In particular views of family, friends and other stakeholders.

* 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	YES
• Care plans / Care pathways	YES
• Meals	YES
• 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	NO
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	6
Number of relatives/significant others the inspectors had contact with	1
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)	25
Total number of staff with nursing qualifications employed	X
Date of inspection	08/07/04
Time of inspection	9.45AM
Duration of inspection (hrs)	9

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:

DRY CLEANING,
NEWSPAPERS,
HAIRDRESSING, CHIROPODY,
PREMIER ROOM

Key findings/Evidence

Standard met?

0

Standard not assessed during this inspection.

The previous inspection required the Statement of Purpose to be updated to ensure that admission criteria are clearly identified and that a detailed complaints procedure is included. These amendments have been made.

This will be assessed during the next announced 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 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 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

Standard not assessed during this inspection.

Standard 10 (10.1 – 10.7)

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

Key findings/Evidence**Standard met?**

0

Standard not assessed during this inspection.

Standard 11 (11.1 – 11.12).

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

Key findings/Evidence**Standard met?**

0

Standard 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
<p>Standard not assessed during this inspection.</p> <p>The previous inspection report recommended that a review of the social and recreational activities be undertaken to ensure a suitable range and amount of activities. The manager reported that since the last inspection, the activities coordinator had spoken to all residents and noted personal preferences.</p> <p>This standard will be assessed fully during the next inspection.</p>		

Standard 13 (13.1 – 13.6)

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

Key findings/Evidence	Standard met?	0
<p>Standard not assessed during this inspection.</p>		

Standard 14 (14.1 – 14.5)

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

Key findings/Evidence	Standard met?	0
<p>Standard not assessed during this inspection.</p> <p>Discussion with staff and residents indicated that the home was 'resident centred' in that service users freedom of choice and decision-making was facilitated at all times.</p>		

Standard 15 (15.1 – 15.9)

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

Key findings/Evidence

Standard met?

3

Standard met.

Direct observation, inspection of menus and discussion with staff and residents confirmed that the diet offered to service users was varied, appealing, wholesome and nutritious. Special diets are catered for when required. The mealtime observed was unhurried with service users undertaking independent eating with the use of aids when necessary. The atmosphere within the dining room was very congenial. The standard of furniture, crockery and cutlery was extremely good. Overall, an attractive environment was created supported by a good level of service and well presented food.

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="2"/>
No. of these complaints fully substantiated	<input type="text" value="2"/>
No. of these complaints partly substantiated	<input type="text" value="X"/>
No. of these complaints not substantiated	<input type="text" value="X"/>
No. of these complaints not yet resolved	<input type="text" value="X"/>
No. of complaints sent direct to CSCI	<input type="text" value="X"/>
Percentage of complaints responded to within 28 days	<input type="text" value="100"/> %

Key findings/Evidence

Standard met?

3

Standard met.

The complaints procedure details actions to be taken and response times. A copy of the procedure is on display in the entrance of the building and also within the statement of purpose viewed.

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

Standard 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 checked="" type="checkbox"/>	
No. of staff referred for inclusion on POVA lists	<input checked="" type="checkbox"/>	
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
<p>Standard met. The location and layout of the home is very good and suitable for its stated purpose. Both internally and externally the home is well maintained, attractive and welcoming. Examination of records and observation of the environment confirmed that regular maintenance work is carried out to ensure that standards within the home are maintained.</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?	4
<p>Standard exceeded. In total the home has five lounge areas and two spacious dining rooms. Furnishings and lighting provided are to a very high standard. The communal areas provided are suitable to accommodate a range of interests and activities. Access to external areas is good and surfaces are well maintained to facilitate wheel chair use.</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?	3
<p>Standard met.</p> <p>All 43 bedrooms have en-suite washing and toilet facilities. In addition to this there are four bathrooms and two shower rooms. There are a number of additional toilets throughout the building. Sluice areas are located separately to communal bathing and toileting areas. All areas viewed were found to be clean, tidy and well maintained.</p>		

Standard 22 (22.1 – 22.8)		
The registered person demonstrates that an assessment of the premises and facilities has been made by suitably qualified persons, including a qualified occupational therapist, with specialist knowledge of the client groups catered for, and provides evidence that the recommended disability equipment has been secured or provided and environmental adaptations made to meet the needs of service users.		
Key findings/Evidence	Standard met?	3
<p>Standard met.</p> <p>The building has been designed to accommodate users with disabilities, therefore corridors and doorways are wide enough to accommodate wheelchairs, hoists are fitted in bathing areas and ramps are sited where needed. Where specific aids were used, care plans were examined and evidence of appropriate use of aids cited. Call systems were evident throughout the building. One area of potential weakness was in relation to storage. It was noted that home loan equipment was stored under one of the stairwells awaiting collection. Although the equipment was not proving to be a hazard, it was unsightly and identified the need for more appropriate storage areas within the building.</p>		

Standard 23 (23.1 – 23.11)

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

Total number of single bedrooms with at least 10 sq.m usable space or additional compensatory space	<input type="text" value="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?**

4

Standard exceeded.

All 43 rooms are single bedrooms, which are quite spacious and exceed the standard requirements. Four premier rooms are available and these are offered for an additional supplement. All rooms have en-suite facilities.

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

Standard exceeded.

Private accommodation exceeds the required standard through the provision of additional facilities and the standard of furnishing, fixtures and fittings used. Service users are encouraged to retain their own possessions within private areas and this practice was observed during 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?**

4

Standard exceeded.

Rooms are UPV double glazed with safety/security catches. Under floor heating is controlled by individual thermostats within each room. Overhead and fixed table level lighting is provided in each room and emergency lighting throughout the home. Every bathing area has pre set valves fitted to avoid scalding and water temperatures are tested every time baths are used. Maintenance records show regular testing and maintenance of systems.

Standard 26 (26.1 – 26.9)

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

Key findings/Evidence**Standard met?**

3

Standard met.

During inspection no offensive odours were noted. The home employs the latest technology in cleaning and this was seen to be effective. The laundry facilities were clean and tidy and the member of staff spoken to was aware of the standards to be maintained to control the risk of infection.

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="25"/>		
No. of ancillary staff	<input type="text" value="10"/>		

Key findings/Evidence

Standard met?

3

Standard met.

Examination of four weeks staffing rotas illustrated that staffing levels were generally in accordance with original proposals. On two occasions it was noted that staffing fell below requirements. The CSCI should be notified when problems with staffing arise. It is expected that Regulation 37 reports will be used should this occur in the future.

See Requirement 1 & 2.

Standard 28 (28.1 – 28.3)
 A minimum ratio of 50% trained members of care staff (NVQ Level 2 or equivalent) is achieved by 2005, excluding the registered manager and/or care manager, and in care homes providing nursing, excluding those members of the care staff who are registered nurses.

No. care staff (excluding registered nurses) with NVQ level 2 or equivalent	8
% of care staff with NVQ level 2	36.5

Key findings/Evidence	Standard met?	2
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Standard almost met.
 A programme of NVQ development is in place. The manager is confident that the 50% target will be achieved by 2005. There is no evidence to indicate otherwise.

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
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Standard almost met.
 5 staff files were examined against requirements of schedule 2. It was found that some of the documentation required was missing. It was noted that the files were well organised and that CRB checks had been undertaken for the staff files viewed.

See Requirement 3.

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
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Standard exceeded.
 Discussion with staff and examination of training records and files confirm that staff are in receipt of a range of training events over and above NTO requirements. The manager confirmed that staff receive a minimum of 19.5 hours paid training each year.

Management and Administration

The intended outcomes for the following set of standards are:

- Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- Service users benefit from the ethos, leadership and management approach of the home.
- The home is run in the best interests of service users.
- Service users are safeguarded by the accounting and financial procedures of the home.
- Service users' financial interests are safeguarded.
- Staff are appropriately supervised.
- Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- The health, safety and welfare of service users and staff are promoted and protected.

Standard 31 (31.1 – 31.8)

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

Key findings/Evidence	Standard met?	0
<p>Standard not assessed during this inspection. The previous inspection report recommended that the manager should attain a qualification to NVQ 4 level by 2005. The manager confirmed that this had been achieved and that confirmation of the award would be presented during the next inspection visit.</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?	0
<p>Standard not assessed during this inspection. Staff and service users interviewed confirmed that the manager was approachable and gave clear direction. Standard will be fully assessed during the next announced inspection.</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
<p>Standard almost met.</p> <p>The home has a range of policies and practices relating to continuous improvement and this is recognised as a positive and proactive approach. Consideration should be given as to how the views of family, friends and other stakeholders can be sought and evidenced.</p> <p>See Recommendation 1.</p>		

Standard 34 (34.1 – 34.5) Suitable accounting and financial procedures are adopted to demonstrate current financial viability and to ensure there is effective and efficient management of the business.		
Key findings/Evidence	Standard met?	0
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		<input type="text" value="X"/>
Number of service users subject to Enduring Power of Attorney processes		<input type="text" value="2"/>
Number of service users subject to Guardianship Orders		<input type="text" value="X"/>
Key findings/Evidence	Standard met?	3
<p>Standard met.</p> <p>Robust procedures, practices and facilities are in place to safeguard and protect the interests of service users.</p>		

Standard 36 (36.1 – 36.5)

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

Key findings/Evidence**Standard met?**

3

Standard met.

Five staff files were examined and the evidence within them confirms that staff receive supervision on a regular basis and that the supervision process covers the areas identified within the standard.

Standard 37 (37.1 – 37.3)

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

Key findings/Evidence**Standard met?**

3

Standard met.

The previous inspection report required the responsible individual to carry out an inspection visit at least monthly and compile a report, which was to be provided to the Commission. This has been achieved. It is noted that the reports presented to date are very thorough clear and concise.

A comprehensive policy and procedures file exists and it was found that individual and home records were held securely and were in good order.

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.

Discussion with staff, examination of records and general observation of environment and everyday practices confirmed that on this occasion the standard was met.

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

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Lead Inspector**Signature****Second Inspector****Signature****Regulatory
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 8 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"/>
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 by 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 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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S0000028431.V166096.R01

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