



Champions for  
Social Care  
Improvement

# inspection report

Care Home For Older People

## **Brockley Court Home**

Saint Nicholas Way

Brockley

Backwell

North Somerset

BS48 3AX

*Unannounced Inspection*

7th & 8th April 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.

<b>ESTABLISHMENT INFORMATION</b>
----------------------------------

**Name of establishment**

Brockley Court Home

**Tel No:**

01275 462180

**Address**Saint Nicholas Way, Brockley, Backwell, North Somerset,  
BS48 3AX**Fax No:**

NONE

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

Mrs Cecila Patricia Groves

**Name of registered manager (if applicable)**

To be appointed

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

Care Home

23

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

Mental disorder, excluding learning disability or dementia (23), Mental Disorder, excluding learning disability or dementia - over 65 years of age (23)

**Registration number**

D050000663

**Date first registered**

1st August 2002

**Date of latest registration certificate**

4th February 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**

<b>Date of inspection visit</b>		7 <sup>th</sup> & 8 <sup>th</sup> April 2004	<b>ID Code</b>
<b>Time of inspection visit</b>		12:26 pm	
<b>Name of inspector</b>	<b>1</b>	Juanita Glass	140384
<b>Name of inspector</b>	<b>2</b>		
<b>Name of inspector</b>	<b>3</b>		
<b>Name of inspector</b>	<b>4</b>		
<b>Name of specialist (e.g. Interpreter/Signer) (if applicable)</b>			
<b>Name of establishment representative at the time of inspection</b>		Mrs C Groves Ms J Wilkinson	

## CONTENTS

**Introduction to Report and Inspection**  
**Inspection Visits**  
**Brief Description of the Services Provided**

**Part A: Summary of Inspection Findings**  
**Inspector's Summary**  
**Statutory Requirements/Good Practice Recommendations from last Inspection**  
**Conditions of Registration**  
**Statutory Requirements/ Good Practice Recommendations from this Inspection**

**Part B: Inspection Methods & Findings**  
**National Minimum Standards For Older People:**  
**Choice of Home**  
**Health and Personal Care**  
**Daily Life and Social Activities**  
**Complaints and Protection**  
**Environment**  
**Staffing**  
**Management & Administration**

**Part C: Compliance with Conditions (if applicable)**

**Part D: Provider's Response**  
**D.1. Provider's Comments**  
**D.2. Action Plan**  
**D.3. Provider's Agreement**

## 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 Brockley Court Home.

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

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.**

Brockley Court is a residential home registered with the National Care Standards Commission for 23 male or female service users with dementia who do not require nursing care.

The home is situated in a quiet rural area near the village of Brockley, beside the local church.

The gardens are secure for service users to walk in.

There is a homely atmosphere and the rural setting provides a peaceful and relaxing environment.

## 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.)

#### **Brief Introduction**

This un announced inspection took place to follow up requirements made at the last inspection and to discuss the progress the of the new care plans with the acting manager. The inspection took two days, the first with Mrs Groves, and the second with Ms Wilkinson, who informed the inspector that they had an application for manager, which they were currently following up. Points raised in discussion are documented below in the relevant sections.

#### **Choice of Home (Standards 1-6)**

5 of 6 standards were assessed 4 were met and 1 did not apply

The home now has a revised statement of purpose and service user guide, the inspector discussed the issue of a tariff of extra charges, which was not included, the acting manager stated that they were in the process of compiling a price list, which would be added. All service users receive a statement of terms and conditions on admission, service users and relatives are advised to read them before deciding to stay.

The home has a pre admission procedure which the inspector noted had not been followed on the last admission, the manager agreed that a full pre admission assessment was essential in ascertaining a service users needs and the homes ability to meet those needs. Prospective service users and relatives are encouraged to spend as much time as they need visiting the home before deciding to stay and the first four weeks are treated as a trial period. The inspector made one requirement; A pre admission assessment must be carried out before admitting a service user to the home

#### **Health and Personal Care (Standards 7-11)**

4 of 5 standards were assessed 1 was met

The inspector visited the home on the 11<sup>th</sup> February 2004 to discuss the introduction of new care plans. During this inspection it was noted that the home had only completed care plans for four service users the inspector felt this was poor practice and discussed the short fall with the owner, acting manager and care staff. The manager felt she had given staff adequate instruction in the implementation of the new care plans, staff spoken to felt they had not had the support they needed to complete the work in time. Staff were maintaining a daily record but did not have the guidance needed to produce an assessment of need and follow it up. The four care plans that were available for inspection lacked risk assessments and evidence of review. The home enables access to health care services, which include opticians, chiropodists, GP district nurse, and community mental health teams. Those service users who are physically capable are encouraged to visit the GP surgery or optician. The inspector noted that the home does not keep a record of service users nutritional intake. Medication is stored in a locked cupboard, which was noted was not over stocked, no errors were found following an audit of documentation and medication. At the previous inspection the inspector had been assured that training was being arranged for staff handling and administering medication it was noted however that staff had not received any training.

The inspector did observe that staff were respectful towards service users and were aware of the importance of observing their privacy and dignity.

The inspector made five requirements;

- All service users must have an up to date individual care plan
- All care plans must be reviewed at least monthly
- All service users must have a current risk assessment, which pays particular attention to prevention of falls
- A daily record of service users dietary intake must be kept
- All staff handling and administering medication must receive relevant training from an accredited body.

### **Daily life and Social Activities (Standards 12-15)**

4 of 4 standards were assessed all were met

The home does not have an activities organiser or a set plan of activities, although service users can take part in a variety of activities on a daily basis. The inspector saw evidence of activities in the service users daily record. The home maintains contact with the local Alzheimer's Society who hold regular tea dances which some service users do attend.

Visitors are encouraged to come at any time and a meal can be provided if requested. The inspector noted that service users had been encouraged to bring in personal possessions to decorate their rooms, and were encouraged to make decisions about taking part in activities and outings. Due to the secure gardens service users can choose to go for a walk.

The home now offers service users a choice of menu the menus showed a varied diet that included fresh fruit and vegetables and consisted of the type of meals service users would know and understand. The inspector observed the meal times to be un hurried and the meals to be well presented.

### **Complaints and Protection (Standards 16 –18)**

2 of 3 standards were assessed both were met

The home has a robust complaints procedure a copy of which is included in the service users guide and displayed in the entrance hall. The acting manager had dealt with one complaint since the last inspection; the complaints book identified the complaint, action taken and the out come.

The home has clear policies and procedures for the Protection of Vulnerable Adults and Whistle Blowing, Staff are made aware of the policies at induction and the No Secrets in Somerset folder was available in the office for staff to consult.

### **Environment (Standards 19-26)**

7 of 8 standards were assessed all were met

The inspector found the home to be warm, clean, tidy and free from offensive odours. The atmosphere was relaxed and homely. All service users spoken to were happy with the lay out off the home and their rooms. The home has two large lounges a dining room and a large entrance hall, which service users also use as a lounge area, during the visit all the communal areas were in constant use by service users. The furnishings and lighting were of a domestic character and adequate for the needs of the service users. Bedrooms were adequately furnished and reflected the individuality of the occupant.

### **Staffing (Standards 27-30)**

3 of 4 standards were assessed 2 were met

The home runs on the minimum of staff required, but appear to meet the needs of the service users, the homeowner works additional hours to fulfil staff numbers required. The inspector noted that all staff were polite, respectful and aware of the need for privacy, dignity and choice. Staff records reviewed showed that all required information was available with the exception of one member of staff recently employed who had already left, the inspector noted that the records contained only one reference form a job dated 1996 and a few lines

explaining relevant experience. The inspector discussed this with the acting manager, who agreed that the right procedure had not been followed and had occurred as an oversight; the acting manager was reminded that all employees must have two references before commencing work. All staff have received in house training in managing care plans. Other training sessions attended include, manual handling, food hygiene, Dementia Care, all staff are currently covering risk assessments in Infection Control.

The inspector saw evidence that all staff had undergone a Criminal Records Bureau check.

### **Management and Administration (Standards 31-38)**

6 of 8 standards were assessed 2 were met

The acting manager reaffirmed her notice to cease employment at the home and stated that a new manager had been appointed with a view to commencing employment in late April. Staff spoken to felt that the acting manager had not been as open and inclusive as she could have in the day-to-day management of the home, they did not feel their opinion had been consulted in proposed changes. In discussion with the acting manager she felt she had taken an open and inclusive approach, holding meetings and talking to staff. The inspector noted that there had clearly been communication problems as staff and manager had different perspectives of how the home had been operating.

The home does not handle service users money and encourages relatives or legal representatives to be responsible.

With the exception of those previously mentioned:

- Care Plans
- Nutritional and dietary intake
- Risk assessments for service users
- Pre admission assessments

All other records required by regulation were maintained, up to date and available for inspection.

Implementation of Health and Safety at the home was generally satisfactory, with the exception of one area concerning Infection Control; During the inspection the inspector observed soiled clothes and linen being carried through communal areas to the laundry, the inspector considered this presented a high risk of infection and alternatives were discussed with the acting manager. The inspector made a requirement that; Dirty laundry must be sealed in a bag before being taken through communal areas to the laundry.

The home has a generic health and safety assessment, which is carried out by an external company.

COSHH data sheets were concise and available for staff to view.

The fire log was reviewed, this showed that the appropriate tests and checks had been carried out; staff have received fire training and experienced fire drills.

The homes long standing cook had left since the last inspection and a member of staff has taken up the post, she is in the process of obtaining her Food Hygiene Certificate, food was observed to be stored appropriately and fridge, freezer and food temperatures are checked and recorded daily.

Requirements from last Inspection visit fully actioned?

YES
-----

**If No please list below**

<b>STATUTORY REQUIREMENTS</b>				
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.**

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

<b>CONDITIONS OF REGISTRATION THAT APPLY (OTHER THAN NUMBERS AND CATEGORY OF SERVICE USERS).</b>	<b>Met (Yes / No)</b>

## 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	14(1a)	OP3	A pre admission assessment must be carried out before admitting a service user to the home	From 08/04/04
2	15	OP7	All service users must have an up to date individual care plan	By 08/05/04
3	15(2b)	OP7	All care plans must be reviewed at least monthly	From 08/04/04
4	13	OP7	All service users must have a current risk assessment, which pays particular attention to prevention of falls	By 08/05/04
5	17sch 3(o)	OP8	A daily record of service users dietary intake must be kept	From 08/04/04
6	13(2)	OP9	All staff handling and administering medication must receive relevant training from an accredited body.	By 08/06/04
7	13(3) 16(2j)	OP38	Dirty laundry must be sealed in a bag before being taken through communal areas to the laundry room.	From 08/04/04

## 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	NO
Indirect observation	YES
Sampling	NO
• Pre-inspection questionnaire	YES
• Records	YES
• Care plans / Care pathways	NO
• Meals	NO
• Activities	NO
• Other (Specify)	NO
'Tracking' care and support	YES
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	4
Number of relatives/significant others the inspectors had contact with	0
Number of letters received in respect of the service	0
CRB check for the responsible individual seen	NO
CRB check for the manager seen	NO
Certificate of registration was displayed at the time of the inspection	YES
Certificate of registration accurately reflected the situation in the service at the time of inspection	YES
Total number of care staff employed (excluding managers)	14
Total number of staff with nursing qualifications employed	0
Date of inspection	07/04/04
Time of inspection	10.00
Duration of inspection (hrs)	9.25

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 (£)

390

To (£)

X

Any charges for extras

YES

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

HAIRDRESSING, CHIROPODY  
TAXI, MEALS OUT AND  
NEWSPAPERS

Key findings/Evidence

Standard met?

3

The manager has revised the statement of purpose and service user guide, both now contain all the information required with the exception of a tariff of extra charges which the home will add when they have a full up to date list of the prices charged.

**Standard 2 (2.1 – 2.2)**

Each service user is provided with a statement of terms and conditions at the point of moving into the home (or contract if purchasing their care privately).

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

3

The home has a statement of terms and conditions, which are given to service users on admission. They are made available to service users and relatives to read before deciding to stay.

**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?**

2

The home has a pre admission assessment procedure, which the manager agreed had not been used on the last admission. In discussion with the acting manager the inspector questioned whether the home was in a position to meet the needs a service user admitted with out a full pre admission assessment.

The inspector made a requirement, that a pre admission assessment must be carried out before admitting a service user to the home

**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

The records revealed that access to specialist services are organised according to individual needs. Suitable equipment has been purchased by the home to meet service users needs.

**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?**

3

Prospective service users are encouraged to spend as much time as they need visiting the home, before deciding to stay, they can be accompanied by a relative, social worker or advocate.

The first four weeks are treated as a trial period; this can be extended if necessary.

**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

The home does not provide intermediate care.

## 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?	1
<p>The inspector was unable to review the care plans, a new system had been introduced to staff on 11<sup>th</sup> February 2004 only four care plans were completed at the time of the inspection which the inspector felt was disappointing having been reassured that the new system would be place. None of the four plans completed had been reviewed. The daily record was being kept, but there was no evidence of guidance for staff to follow.</p> <p>The inspector made three requirements regarding care plans.</p> <ul style="list-style-type: none"> <li>• All service users must have an up to date individual care plan</li> <li>• All care plans must be reviewed at least monthly</li> <li>• All service users must have a current risk assessment, which pays particular attention to prevention of falls</li> </ul>		

<b>Standard 8 (8.1 – 8.13)</b> The registered person promotes and maintains service users' health and ensures access to health care services to meet assessed needs.		
<b>No. of incidents where service users have been taken to Accident and Emergency during last 12 months</b>	5	
<b>No. of service users with pressure sores at time of inspection (from information taken from care notes)</b>	1	
<b>Key findings/Evidence</b>	<b>Standard met?</b>	2
<p>The home enables access to health care services, which include opticians, chiropodists, GP district nurse, and community mental health teams. Those service users who are physically capable are encouraged to visit the GP surgery or optician rather than wait for a home visit. The one service users with a pressure sore receives in put from the district nurse and has pressure relieving equipment.</p> <p>The inspector noted that the home does not keep a record of service users nutritional intake, a requirement was made that, A daily record of service users dietary intake must be kept</p>		

<b>Standard 9 (9.1 – 9.11)</b> 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.		
<b>Key findings/Evidence</b>	<b>Standard Met?</b>	2
<p>At the last inspection the inspector had been assured that pharmacy training for staff handling and administering medication had been arranged. During this inspection it was noted that staff had still not received any training.</p> <p>The medication is stored in a secure cupboard and no errors were found following an audit of the documentation and medication.</p> <p>The inspector made a requirement that; All staff handling and administering medication must receive relevant training from an accredited body.</p>		

<b>Standard 10 (10.1 – 10.7)</b> 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.		
<b>Key findings/Evidence</b>	<b>Standard met?</b>	3
<p>Staff are made aware of the need for privacy and dignity as part of their induction process. The inspector noted during the visit, that all staff respected service users right to privacy and dignity. Service users spoken to supported this by praising staff for their respectful and caring attitudes.</p>		

**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.**

<b>Key findings/Evidence</b>	<b>Standard met?</b>	<b>0</b>
------------------------------	----------------------	----------

Not assessed on 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?	3
The home does not have an activities organiser at the moment; Service users can take part in a variety of activities on a daily basis. The home does not have a set plan of activities but a daily record is kept which provided the inspector with evidence to support that service users are given a choice of activities. The home has contact with the local Alzheimer's Society who hold regular tea dances one service user was going on the day of the inspection.		

### Standard 13 (13.1 – 13.6)

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

Key findings/Evidence	Standard met?	3
The home encourages visiting at any time and are happy to provide a meal if requested. Some service users go out with visitors on regular occasions and relatives and service users are encouraged to support local events.		

### Standard 14 (14.1 – 14.5)

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

Key findings/Evidence	Standard met?	3
The home encourages service users to bring personal belongings with them to create a more homely atmosphere. Where possible service users are involved in their choice of activity and review of care plans. Due to the secure gardens service users can choose to go for a walk if they want to.		

**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

The home has a new cook, the service users now have a choice of menu, the inspector saw the menus which included fresh fruit and vegetables, personal preferences and dietary requirements can be catered for. The inspector noted that the home was not keeping a record of service users daily nutritional intake, as previously mentioned, in Standard 7. Fridge, freezer and hot food temperatures are checked daily and a record kept.

## 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	1
No. of these complaints fully substantiated	0
No. of these complaints partly substantiated	1
No. of these complaints not substantiated	0
No. of these complaints not yet resolved	0
No. of complaints sent direct to CSCI	0
Percentage of complaints responded to within 28 days	100 %

### Key findings/Evidence

### Standard met?

3

The home had received one complaint at the time of the inspection the complaint book was completed and a record of the outcome kept. The home has a robust complaints policy a copy of which is available in the entrance hall for all to see.

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

<b>Standard 18 (18.1 – 18.6)</b> 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.		
<b>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></b>	<input type="text" value="YES"/>	
<b>No. of staff referred for inclusion on POVA lists</b>	<input type="text" value="0"/>	
<b>Key findings/Evidence</b>	<b>Standard met?</b>	3
The home has up to date policies on abuse and whistle blowing, staff were aware of the policies and were required to sign that they had read them. The No Secrets in Somerset procedure file was readily available for staff to use.		

## 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
The home is spacious and was observed to be clean and tidy. The communal areas are appropriately furnished creating a homely atmosphere. The home has a maintenance man who oversees all decorating and refurbishment.		

### 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?	3
The home has two large lounges, a dining room and a large entrance hall that is also used as a communal area by the service users. The inspector noticed that the service users were making use of all the communal areas.		

### 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
The toilet, washing and bathing facilities were adequate for the service users needs. All baths have temperature regulators fitted. The home now checks and records water temperatures weekly.		

**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

Not assessed on this inspection.

**Standard 23 (23.1 – 23.11)**

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

<b>Total number of single bedrooms with at least 10 sq.m usable space or additional compensatory space</b>	<input type="text" value="19"/>
<b>Pre-existing homes only (1 April 2003) - single bedrooms below 10 sq.m usable space or additional compensatory space</b>	<input type="text" value="0"/>
<b>Total number of wheelchair users accommodated for in rooms at least 12sq.m</b>	<input type="text" value="0"/>
<b>Total number of wheelchair users accommodated for in rooms at less than 12sq.m</b>	<input type="text" value="0"/>
<b>Total number of shared rooms at least 16 sq.m</b>	<input type="text" value="2"/>
<b>Total number shared rooms less than 16 sq.m</b>	<input type="text" value="0"/>
<b>Percentage of places within single rooms:</b>	
<b>100%</b>	<input type="text" value="NO"/>
<b>80% - 99%</b>	<input type="text" value="YES"/>
<b>Less than 80%</b>	<input type="text" value="NO"/>
<b>Total number of single bedrooms</b>	<input type="text" value="19"/>
<b>Total number of single rooms with en suite</b>	<input type="text" value="0"/>
<b>Total number of double rooms</b>	<input type="text" value="2"/>
<b>Total number of double rooms with en suite</b>	<input type="text" value="0"/>

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

3

All rooms meet the current spatial requirements.

**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?**

3

Furniture and décor in the bedrooms varied due to individual tastes, many service users have bought in their own furniture. The two double rooms were equipped with screens to provide privacy.

**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?**

3

The home was warm, windows can be opened in bedrooms with restrictors in place, and lighting is domestic in style and suitably bright enough for reading.

**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

The inspector found the home was clean, tidy and free from offensive odours.

## Staffing

The intended outcomes for the following set of standards are:

- Service users needs are met by the numbers and skill mix of staff.
- Service users are in safe hands at all times.
- Service users are supported and protected by the home's recruitment policy and practices.
- Staff are trained and competent to do their jobs.

### Standard 27 (27.1 – 27.7)

Staffing numbers and skill mix of qualified/unqualified staff are appropriate to the assessed need of the service users, the size, the layout and purpose of the home, at all times.

Number of staff /hours in respect of service user needs based on guidance recommended by Department of Health.

		Personal Care	Nursing
No. service users <i>High</i> needs	<input type="text" value="2"/>	No. staff hours allocated	<input type="text" value="X"/>
No. service users <i>Medium</i> needs	<input type="text" value="9"/>	No. staff hours allocated	<input type="text" value="X"/>
No. service users <i>Low</i> needs	<input type="text" value="10"/>	No. staff hours allocated	<input type="text" value="X"/>
No. of staff hours required	<input type="text" value="X"/>	No. of staff hours provided	<input type="text" value="X"/>
No. of full time equivalent first level registered nurses	<input type="text" value="0"/>		
No. of care staff	<input type="text" value="11"/>		
No. of ancillary staff	<input type="text" value="2"/>		

### Key findings/Evidence

### Standard met?

3

The home runs on minimum staffing levels but appears to meet service users needs. The homeowner works additional hours to fulfil numbers of staff required. All staff have relevant training in Dementia Care.

**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

X

% of care staff with NVQ level 2

X

%

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

0

Not assessed on this inspection.

**Standard 29 (29.1 – 29.6)**

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

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

2

The inspector viewed the staff records, the records of one recent employee contained one reference from a job left in 1996 and a few sentences explaining any experience in the field. The inspector discussed this with the acting manager, the person had left, before further references were forwarded, the inspector reminded the manager that all staff must have two references before commencing employment.

**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?**

3

All staff have received in house training in managing care plans. Other training sessions attended include, manual handling, food hygiene, Dementia Care, all staff are currently covering risk assessments in Infection Control.

## Management and Administration

The intended outcomes for the following set of standards are:

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

### Standard 31 (31.1 – 31.8)

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

Key findings/Evidence	Standard met?	2
The current acting manager is leaving, a new manager has been appointed with a view to commencing employment in late April.		

### 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?	2
Staff spoken to felt that the acting manager had not been as open and inclusive as she could have in the day-to-day management of the home, they did not feel their opinion had been consulted in proposed changes. In discussion with the acting manager she felt she had taken an open and inclusive approach, holding meetings and talking to staff. The inspector noted that there had clearly been communication problems as staff and manager had different perspectives of how the home had been operating.		

<b>Standard 33 (33.1 – 33.10)</b> 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.		
<b>Key findings/Evidence</b>	<b>Standard met?</b>	0
Not assessed on this inspection.		

<b>Standard 34 (34.1 – 34.5)</b> Suitable accounting and financial procedures are adopted to demonstrate current financial viability and to ensure there is effective and efficient management of the business.		
<b>Key findings/Evidence</b>	<b>Standard met?</b>	0
Not assessed on this inspection.		

<b>Standard 35 (35.1 – 35.6)</b> 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.		
<b>Number of service users subject to Power of Attorney processes</b>		0
<b>Number of service users subject to Enduring Power of Attorney processes</b>		0
<b>Number of service users subject to Guardianship Orders</b>		0
<b>Key findings/Evidence</b>	<b>Standard met?</b>	3
The home encourages families or legal representatives to be responsible for service users finances.		

**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

The acting manager has introduced a six-week induction programme and is piloting the scheme at the time of inspection so changes may be made. The initial programme includes two weeks theory covering policies and procedures and statutory training, two weeks working with a mentor, and two weeks working alone with input from mentor followed by a final feed back session from the manager and assessor; the induction programme is designed to be flexible depending on previous experience. Staff supervision has been started and the inspector saw evidence of records kept identifying out comes and training needs.

**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?**

2

With the exception of those previously mentioned:

- Care Plans
- Nutritional and dietary intake
- Risk assessments for service users
- Pre admission assessments

All other records required by regulation were maintained, up to date and available for inspection. The inspector noted that following the last inspection water temperatures and emergency lighting is now being checked and a record kept.

**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?**

**2**

Implementation of Health and Safety at the home was generally satisfactory, with the exception of one area concerning Infection Control; During the inspection the inspector observed soiled clothes and linen being carried through communal areas to the laundry, the inspector considered this presented a high risk of infection and alternatives were discussed with the acting manager. The inspector made a requirement that; Dirty laundry must be sealed in a bag before being taken through communal areas to the laundry.

The home has a generic health and safety assessment, which is carried out by an external company.

COSHH data sheets were concise and available for staff to view.

The fire log was reviewed, this showed that the appropriate tests and checks had been carried out; staff have received fire training and experienced fire drills.

The homes long standing cook had left since the last inspection and a member of staff has taken up the post, she is in the process of obtaining her Food Hygiene Certificate, food was observed to be stored appropriately and fridge, freezer and food temperatures are checked and recorded daily.

A valid certificate of insurance was seen and was displayed in the entrance hall with a copy of the complaints procedure and the visitors' book.

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

<b>Condition</b>	<b>Compliance</b>	
<b>Comments</b>		

<b>Condition</b>	<b>Compliance</b>	
<b>Comments</b>		

<b>Condition</b>	<b>Compliance</b>	
<b>Comments</b>		

<b>Condition</b>	<b>Compliance</b>	
<b>Comments</b>		

<b>Lead Inspector</b>	<b>Juanita Glass</b>	<b>Signature</b>	_____
<b>Second Inspector</b>	_____	<b>Signature</b>	_____
<b>Locality Manager</b>	<b>David Francis</b>	<b>Signature</b>	_____
<b>Date</b>	<b>16<sup>th</sup> July 2004</b>		_____

## **Public reports**

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.**

Please limit your comments to one side of A4 if possible

No comments received at time of publication.

**Action taken by the CSCI in response to provider comments:**

Amendments to the report were necessary

NO

Comments were received from the provider

NO

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

NO

Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate

NO

**Note:**

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

**D.2 Please provide the Commission with a written Action Plan, 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

YES

Action plan was received at the point of publication

NO

Action plan covers all the statutory requirements in a timely fashion

NO

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

NO

Provider has declined to provide an action plan

NO

Other: <enter details here>

**D.3 PROVIDER'S AGREEMENT**

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

**D.3.1 I \_\_\_\_\_ of \_\_\_\_\_ confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the requirements made and will seek to comply with these.**

**Print Name** \_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Designation** \_\_\_\_\_  
**Date** \_\_\_\_\_