



Making Social Care  
Better for People

# inspection report

Care Home For Older People

## **Brockley Court Home**

Saint Nicholas Way

Brockley

Backwell

North Somerset

BS48 3AX

*Announced Inspection*

13th August 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>
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**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>		13th August 2004	<b>ID Code</b>
<b>Time of inspection visit</b>		10:00 am	
<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>		Mr B Haddon	

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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 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 announced inspection was carried out in the presence of the new acting manager Mr Brian Haddon, the day was pleasant and relaxed the home was clean and tidy and the service users spoken to were happy, well groomed and praised the staff and the care they received. The home has an open door policy with a secure garden and as the weather was fine the service users were observed going into the garden to sit in the covered area. All the requirements made at the last inspection had been met and the inspector noted that the progress made with the service users care plans was commendable.

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

5 of 6 standards were assessed all were met

The homes statement of purpose has been revised to include the new acting manager and contains all the required information. The service user guide is clear and easy to read and the statement of terms and conditions also contains a tariff of extra charges. The inspector examined care records of recently admitted service users and found that the manager had carried out a full preadmission assessment. All prospective service users are invited to visit the home with an advocate of relative before deciding to stay. The review of care plans provided evidence that the home has the capacity to meet the needs of the service users.

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

5 of 5 standards were assessed all were met and 1 was exceeded

The care plans examined showed a marked improvement, the inspector felt the standard achieved was commendable; all care plans were specific to individual needs, showed evidence of regular review and service user and relative involvement. A key worker system has been re introduced and emphasises the role of the key worker as an advocate. The inspector saw evidence in the care plans of access to health care professionals including the mental health team.

Staff handling and administering medication have received training and a sample audit showed no errors in recording, storage and documentation.

The inspector observed staff promoting service users privacy and dignity, staff spoken to were aware of their importance.

#### **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 but activities are organised by care staff in the afternoons. The inspector saw evidence of service users attending regular tea dances with the local Alzheimer's Society and plans had been made to visit the Bristol Hot Air Balloon. The most recent outside entertainment had been a Wild West Show, which service users appeared to have enjoyed. Service users also take part in shopping trips and outings, board games and keep fit.

Visiting in the home is encouraged at any time and visitors can stay for a meal. The home has an open door policy with secure gardens, and the inspector observed service users coming and going at will.

The home has a four weekly menu, which includes traditional dishes that service users recognise; the inspector joined the service users for lunch and enjoyed a relaxed and unhurried meal.

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

3 of 3 standards were assessed all were met

The home has a robust complaints policy and procedure a copy of which is displayed in the hall. Service users spoken to said they would talk to staff if they were unhappy. The inspector saw the homes policies for the protection of vulnerable adults and whistle blowing, which staff are made aware of during induction.

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

8 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, including the covered area in the secure garden. The furnishings and lighting were domestic in 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)**

4 of 4 standards were assessed all were met

The home is run on the minimum of staff required, but appears 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 for inspection.

All staff receive in house training in Dementia Care. Other training sessions attended include, manual handling, first aid, food hygiene, infection control, and the handling and administration of medication, and staff are encouraged to do the NVQ 2 In Care.

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

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

6 of 8 standards were assessed all were met except 1 which was almost met.

The new manager is a qualified RGN and RMN with forty years experience in care, and a middle management qualification. Staff spoken to felt the new manager was open and inclusive and service users were observed to be relaxed and enjoyed his company; he has introduced staff and relative meetings and a newsletter in which service user and relatives opinions are sort, this is in addition to the relative questionnaires that the home routinely ask to be completed.

All staff receive a full induction, which includes the homes policies and procedures, and the manager has commenced formal supervision, which identifies training needs and personal development.

All records required by regulation were well maintained, up to date and available for inspection except the business plan and maintenance plan.

Implementation of Health and Safety at the home was satisfactory; The home has a generic health and safety risk assessment and a fire risk 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. Food was observed to be stored appropriately and fridge, freezer and food temperatures are checked and recorded daily. Food hygiene training was booked for 24<sup>th</sup> August 2004.

Water temperatures through the home are checked weekly and the home has a current risk assessment for waterborne infection.

The certificate of registration was displayed in the hall with a valid insurance certificate.

Requirements from last Inspection visit fully actioned?

YES
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**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	25(3)	OP34	The owner must forward a copy of business plan and planned maintenance to the CSCI.	By 13/10/04

### 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
1	OP7	Staff need to date and time entries in the service users daily record.
2	OP18	Staff need to receive training in the Protection of Vulnerable Adults.
3	OP9	Hand written entries on the MAR sheets must be signed.

\* 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	YES
• Pre-inspection questionnaire	YES
• Records	YES
• Care plans / Care pathways	YES
• Meals	YES
• 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	9
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)	10
Total number of staff with nursing qualifications employed	1
Date of inspection	13/08/04
Time of inspection	1000
Duration of inspection (hrs)	8

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

The scale ranges from:

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

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

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

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

## Choice of Home

The intended outcomes for the following set of standards are:

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

### Standard 1 (1.1 – 1.3)

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

Range of fees charged      From (£)       To (£)

Any charges for extras     

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

HAIRDRESSING, CHIROPODY,  
TAXI, MEALS OUT AND  
NEWSPAPERS.

**Key findings/Evidence**

**Standard met?**

**3**

The statement of purpose and service user guide has been revised to include the new manager; it is clear concise and contains all the required information, including a tariff of extra charges.

**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

All service users have a statement of terms and conditions which indicates the fees, the room and who is responsible for paying the fees, the relative or person responsible for the service user is encouraged to read the statement of terms and conditions before admission.

**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?**

3

The home has a pre admission assessment procedure which they are now following to the full, the inspector saw evidence of an holistic pre admission assessment for the most recently admitted service user.

**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

Information gained from discussion with the manager and a review of care records showed that the home has the capacity to meet the assessed needs of the current service user group. The records revealed that access to specialist services are organised according to individual 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?	4
<p>The inspector noted a marked improvement of the care plans examined, all the plans were clear and specific to individual needs and included risk assessments, the care plans also contain a thumbnail summary for carers, service users and relatives. The inspector saw evidence of service user and relative involvement and relatives are asked to include anything they feel staff have missed. All plans were reviewed on a monthly basis, and a copy is sent to the GP and relatives.</p> <p>The new manager has reintroduced a key worker system and is encouraging staff to view this as an advocacy role for their service user.</p> <p>Staff spoken to understood the care plan and key worker system and found the system easy to use.</p> <p>The inspector felt the improvement was commendable and looks forward to seeing it work in the long term.</p>		

<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>	7	
<b>No. of service users with pressure sores at time of inspection (from information taken from care notes)</b>	0	
<b>Key findings/Evidence</b>	<b>Standard met?</b>	3
The home enables access to health care services, which includes 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.		

<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>	3
Following the requirement made at the last two inspections staff handling and administering medication have received training from a pharmacist, and are now aware of the policies and procedures involved in the handling of medication. Medication is stored in a secure cupboard, which was not over stocked, no errors were found following a sample audit of documentation. The inspector did recommend that hand written MAR sheets need to be signed		

<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
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.		

**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?**

**3**

The home has a policy and procedure for the care of the dying, which recognises personal preferences and beliefs, of both the service user and the relative.

## 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
<p>The home does not have an activities organiser but the care workers organise activities during the afternoon, some service users regularly attend an Alzheimer's Society tea dance and the inspector saw evidence in the daily report of trips out to garden centres, shopping and games in the home that included board games ball games and musical movements. The most recent outside entertainer was a 'Wild west Show', which all the service users thoroughly enjoyed. The manager is currently arranging a trip for service users to go up in the Bristol hot air balloon.</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?	3
<p>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.</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?	3
<p>The home has an open door policy with secure gardens, service users were observed to be coming and going at will, service users exercised choice at meal times and chose whether to take part in an activity.</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

The inspector had lunch with the service users the meal was a traditional fish dish with sauce, it was appetising, tasty and nutritious, the meal time was relaxed and unhurried, service users were observed to exercise choice and when spoken to said they enjoyed the meal. The home has a four weekly menu, which includes traditional meals recognised by the generation of service users and reflects their preferences.  
The home has been awarded the Somerset Hygiene Award in food hygiene, good management and healthy eating.

## 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="1"/>
No. of these complaints fully substantiated	<input type="text" value="0"/>
No. of these complaints partly substantiated	<input type="text" value="1"/>
No. of these complaints not substantiated	<input type="text" value="0"/>
No. of these complaints not yet resolved	<input type="text" value="0"/>
No. of complaints sent direct to CSCI	<input type="text" value="0"/>
Percentage of complaints responded to within 28 days	<input type="text" value="100"/> %

### Key findings/Evidence

### Standard met?

3

There have been no further complaints since the last inspection; the home has a robust complaints policy and procedure a copy of which is displayed in the hall. Service users spoken to said they would talk to staff if they were unhappy.

<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>	3
If a service user expresses the wish to vote the home will provide transport or arrange for a postal vote.		

<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 the Protection of Vulnerable Adults and Whistle Blowing, staff are made aware of the policies during induction and are required to sign that they had read them. Staff spoken to were aware of issues surrounding abuse but had received no formal training, the inspector recommended that all staff receive training in the Protection of Vulnerable Adults. 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
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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
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The home has two large lounges, a dining room, and a large entrance hall, which is very popular with both service users and visitors, it has been recently refurbished and the area was very homely and comfortable. Service users were observed to be making use of all the communal areas including the garden, which is secure and has a covered seating area.

### 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
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The toilet, washing and bathing facilities were adequate for the service users needs. All baths have temperature regulators fitted.

**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

The home has a range of adaptations, there are handrails, assisted baths and the manager assured the inspector that changes and adaptations could be made following an assessment of needs.

**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="checkbox"/>	No. staff hours allocated	<input type="checkbox"/>
No. service users <i>Medium</i> needs	<input type="checkbox"/>	No. staff hours allocated	<input type="checkbox"/>
No. service users <i>Low</i> needs	<input type="checkbox"/>	No. staff hours allocated	<input type="checkbox"/>
No. of staff hours required	<input type="checkbox"/>	No. of staff hours provided	<input type="checkbox"/>
No. of full time equivalent first level registered nurses	<input type="text" value="1"/>		
No. of care staff	<input type="text" value="10"/>		
No. of ancillary staff	<input type="text" value="3"/>		

### 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

6

% of care staff with NVQ level 2

60

%

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

3

The home encourages new staff to consider the NVQ 2 In Care.

**Standard 29 (29.1 – 29.6)**

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

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

3

The inspector examined the records of five members of staff, the records contained all the required information, and the inspector saw evidence to support the homes recruitment is based on equal opportunities. The most recent members of staff had two references before commencing employment and Criminal Records Bureau checks had been carried out.

**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

The inspector saw evidence of on going staff training and development, staff have received training in manual handling, first aid, food hygiene, infection control, dementia care and the handling and administration of medication

## 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?

3

The new acting manager is currently awaiting completion of his fit person application with the Commission for Social Care Inspection. He is a qualified RGN and RMN with forty years experience eleven of which have been managing care homes. He also has a middle management qualification.

### Standard 32 (32.1 – 32.7)

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

#### Key findings/Evidence

#### Standard met?

3

Staff spoken felt the new manager was open and inclusive and felt consulted about issues within the home; service users were observed to enjoy his company and were relaxed talking with him. The manager has introduced staff meetings and resident/relative meetings on a two monthly basis.

**Standard 33 (33.1 – 33.10)**

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

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

3

The home has a resident questionnaire usually completed by a relative on their behalf, and the manager has introduced a newsletter, and resident/relative meetings where their opinions are sort and acted on.

**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

The inspector was unable to assess this standard as the owner was away. A requirement was made that; the owner must forward a copy of the business plan and planned maintenance to the CSCI.

**Standard 35 (35.1 – 35.6)**

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

**Number of service users subject to Power of Attorney processes**

 X

**Number of service users subject to Enduring Power of Attorney processes**

 X

**Number of service users subject to Guardianship Orders**

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

0

Not assessed on this inspection.

**Standard 36 (36.1 – 36.5)**

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

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

3

All staff receive a full induction, which includes the policies and procedures of the home, they sign to indicate that they have read key policies.

The manager has started formal supervision for staff, which identifies training needs and personal development.

**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 the business plan and maintenance plan all records required by regulation were up to date, well maintained and available for inspection.

**Standard 38 (38.1 – 38.9)**

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

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

3

Implementation of health and safety at the home was satisfactory: The home has a generic health and safety assessment, and fire risk assessment, which are carried out by an external company. The inspector saw evidence of good practice with regard to checks being carried out on all electrical appliances, bath hoists and a valid certificate was available for boiler checks and gas checks.

The COSHH folder was available and reflected the chemicals in use in the home.

The fire log was examined and provided evidence to support the fire alarms and system are checked according to the guidelines, and that staff had received training and attended drills.

Food was stored appropriately and the fridge freezer and cooked food temperatures are checked daily and a record kept. Food hygiene training was booked for 24<sup>th</sup> August 2004.

Water temperatures through the home are checked weekly and the home has a current risk assessment for waterborne infection.

The certificate of registration was displayed in the hall with a valid insurance certificate.

**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>	<u>Juanita Glass</u>	<b>Signature</b>	_____
<b>Second Inspector</b>	_____	<b>Signature</b>	_____
<b>Locality Manager</b>	<u>David Francis</u>	<b>Signature</b>	_____
<b>Date</b>	<u>27<sup>th</sup> September 2004</u>		_____

## **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

"Thank you for a positive report. Only one surprise. I consider the kitchen well above average, in the absence of reservations. I would have expected a 4. We shall try to maintain or improve on all aspects of the home."

Brian Haddon

"I look forward to the agreed amendments to Home Category"

Brian Haddon

The finalised report will follow shortly.

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

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

**Note:**

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

**D.2 A written Action Plan which indicates how requirements are to be addressed and stating a clear timescale for completion is to be kept on file and made available on request.**

You will also note that the Commission has identified in the inspection report good practice recommendations and it would be useful to have some indication as to whether you intend to take any action to progress these.

**Status of the Provider's Action Plan at time of publication of the final inspection report:**

Action plan was required	<input type="checkbox"/> YES
Action plan was received at the point of publication	<input type="checkbox"/> YES
Action plan covers all the statutory requirements in a timely fashion	<input type="checkbox"/> YES
Action plan did not cover all the statutory requirements and required further discussion	<input type="checkbox"/> NO
Provider has declined to provide an action plan	<input type="checkbox"/> NO
Other: <enter details here>	<input type="checkbox"/>

**D.3 PROVIDER'S AGREEMENT**

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

**D.3.1 I \_\_\_\_\_ 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** \_\_\_\_\_

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