

INSPECTION REPORT

Care Home For Older People

Oasis House
19, Arundel Drive West
Saltdean
Brighton
East Sussex
BN2 8SJ

13th January 2004



Announced Inspection

ESTABLISHMENT INFORMATION

Name of establishment

Oasis House

Tel No:

01273 279683

Address

Oasis House, 19, Arundel Drive West, Saltdean, Brighton,
East Sussex, BN2 8SJ

Fax No:**Email Address****Name of registered provider(s)/Company (if applicable)**

Sunrise Apartments Limited

Name of registered manager (if applicable)

Mr John Mark Ghazal

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

Care Home

3

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

Old age, not falling within any other category (3)

Registration number

H100000502

Date First registered**Date of latest registration certificate**

30th July 2002

**Was the home registered under the
Registered Homes Act 1984**

YES

**Do additional conditions of registration
apply ?**

NO

If Yes Refer to Part C

Date of last inspection

26/8/03

Date of Inspection Visit		13th January 2004	ID Code
Time of Inspection Visit		10:00 am	
Name of Inspector	1	Rachel Verrell	107250
Name of Inspector	2	NA	
Name of Inspector	3	NA	
Name of Inspector	4	NA	
Name of Lay Assessor (if applicable) Lay assessors are members of the public independent of the NCSC. They accompany inspectors on some inspections and bring a different perspective to the inspection process		NA	
Name of Specialist (e.g. Interpreter/Signer) (if applicable)		NA	
Name of Establishment Representative at the time of inspection		John Ghazal	

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INTRODUCTION TO REPORT AND INSPECTION

Every establishment that falls within the jurisdiction of the National Care Standards Commission (NCSC), 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 NCSC in respect of Oasis House.

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 NCSC 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
- Report of the Lay Assessor (where relevant)
- Provider's response and proposed action plan to address findings

This report is a public document.

INSPECTION VISITS

Inspections are undertaken in line with the agreed regulatory framework with additional visits as required. This is in accordance with the provisions of the Care Standards Act 2000. The report is based on the findings of the specified inspection dates.

BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

Oasis House provides services for up to 3 older people. The property is situated in Saltdean, near to the coast. It is on level ground opposite a park, bowls green, pitch and put and tennis courts. The home has garden areas at the front and back where seating is provided. There is a community centre nearby as well as a library and local shops. All rooms have a television and central heating.

PART A SUMMARY OF INSPECTION FINDINGS

INSPECTOR'S SUMMARY

(This is an overview of the inspector's findings, which includes good practice, quality issues, areas to be addressed or developed and any other concerns.)

This announced inspection took place on 13th January 2004. It found that there was evidence that the manager has been attempting to in comply with National Minimum Standards. The manager should now ensure that the remaining standards are addressed within the given timescales. All service users expressed satisfaction with the care that they were receiving.

Choice of Home (Standards 1-6)

0 of the 3 Standards assessed were achieved

The Minimum Standards require the home to produce a service users guide to the home. This is not yet available. There is no formal document of terms and conditions for service users. Service users and their relatives are encouraged to visit the home prior to admission.

Health and Personal Care (Standards 7-11)

0 of the 2 Standards assessed were achieved

The manager is in the process of developing care plans to ensure that all needs are addressed. The manager should ensure that all medication policies are reviewed in the home.

Daily Life and Social Activities (Standards 12-15)

2 of the 3 Standards assessed were achieved

Service users are encouraged to participate in family activities. This requires formalising in order that service users needs may be fully met. Service users were offered a choice of well-balanced and wholesome meals.

Complaints and Protection (Standards 16-18)

0 of the 2 Standards assessed were achieved

The home should ensure that staff are trained in the Protection of Vulnerable Adults and that the home has policies and procedures in relation to this.

Environment (Standards 19-26)

4 of the 5 Standards assessed were achieved

Communal areas are homely and furnished to a high standard. The home has environmental adaptations for less mobile service users. The environment has yet to be assessed by a qualified occupational therapist.

Staffing (Standards 27-30)

0 of the 4 Standards assessed were achieved

This is a family run home that has yet to formalise its recruitment and training policies and procedures. While there is no evidence to question the staff's experience, there is no formal evidence that staff have received formal training in caring for the older person. N.V.Q. training is not available at the present time.

Management and Administration (Standards 31-38)

1 of the 4 Standards assessed were achieved

The management style employed in the open is open and informal. There are some employment issues that have yet to be addressed.

There was no adverse feedback received from service users. There was no feedback received from relatives. One service user commented on the advantage of living in a family run home.

Since the last inspection in August 2003 there is evidence that the manager has been proactive in complying with some of the standards. At the present time the manager is in the process of reviewing all policies and procedures.

Requirements from last Inspection visit fully actioned?

NO

If No please list below

STATUTORY REQUIREMENTS

Identified below are areas not addressed from the last inspection report which indicate a non-compliance with the Care Standards Act 2000 and accompanying Regulations.

No.	Regulation	Standard	Required actions	
1	4	OP1	That the Manager produces a service users guide that includes all elements required by legislation.	1/1/04
2	5	OP2	That the home provides each service user with written terms and conditions.	1/1/04
3	15 Schedule 3 13(4)	OP7	That all service users have access to a full and detailed care plan that shows evidence of frequent review.	1/12/03
4	13(2)	OP9	Medicines must be managed in line with the National Minimum Standards.	30/11/03
4	Schedule 4 1(13)	OP13	Service users and their families must be given written information on the homes policy relating to maintaining relatives involvement and maintaining links with the local community	1/12/03
5	23(2)(n)	OP22	Evidence must be provided to show that a suitably qualified professional has made an assessment of the premises and facilities.	1/2/04
6	18(1)(a-c) (2)(4)	OP27	Evidence must be provided that all persons on duty are suitably qualified and trained.	1/3/04
7	18(1)(a-c) b	OP28	That 50% of care staffed are NVQ level 2 qualified by 2005	2005

8	19(1)(2)(3) (4)(5)	OP29	The manager should ensure that the following are in place: 1. That procedures are put into place for recruitment. 2. That 2 references are obtained before staff are employed. 3. That all staff undergoes a CRB check. 4. That all staff receives a contract and terms and conditions of employment.	1/12/03
9	18(1)(c)	OP30	That all staff receives induction and foundation training that meets the National Training Organisation Specifications.	1/3/04
10	18(2)	OP36	That all staff receive formal documented supervision at least 6 times a year	1/3/04

Action is being taken by the National Care Standards Commission to ensure compliance in regard to the above requirements.

RECOMMENDATIONS

Identified below are recommendations from the last inspection that have not been implemented

No.	Refer to Standard	Good Practice Recommendations

CONDITIONS OF REGISTRATION THAT APPLY (OTHER THAN NUMBERS AND CATEGORY OF SERVICE USERS).

Met (Yes / No)

STATUTORY REQUIREMENTS IDENTIFIED DURING THE INSPECTION

Action Plan: The Registered Person is requested to provide the Commission with an Action Plan, which indicates how requirements and recommendations 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.

No.	Regulation	Standard *	Requirement	
1	4	OP1	That the Manager produces a service users guide that includes all elements required by legislation.	Immediate
2	5	OP2	That the home provides each service user with written terms and conditions.	Immediate
3	12(1)	OP4	That the home provides evidence that staff are able to meet the assessed needs of the service users.	1/3/04
4	15 Schedule 3 13(4)	OP7	That all service users have access to a full and detailed care plan that shows evidence of frequent review.	Immediate
5	13(2)	OP9	Medicines must be managed in line with the National Minimum Standards.	Immediate
6	Schedule 4 1(13)	OP13	Service users and their families must be given written information on the homes policy relating to maintaining relatives involvement and maintaining links with the local community	Immediate
7	22(7)	OP16	That the home ensures that a copy of the complaints procedure is available for service users and their relatives or friends.	1/4/04
8	12(1) 13(6)	OP18	That the home provides evidence that all staff have undergone training in Adult Protection procedures.	1/5/04

9	23(2)(n)	OP22	Evidence must be provided to show that a suitably qualified professional has made an assessment of the premises and facilities.	
10	18(1)(a-c) (2)(4)	OP27	That the home provides evidence that all staff working at the home have the skills necessary to care for the older person.	1/3/04
11	18(1)(a-c)	OP28	That 50% of care staffed are NVQ level 2 qualified by 2005	2005
12	13(2)	OP29	The manager should ensure that the following are in place: <ul style="list-style-type: none"> 1. That procedures are put into place for recruitment. 2. That 2 references are obtained before staff are employed. 3. That all staff undergoes a CRB check. 4. That all staff receives a contract and terms and conditions of employment. 	Immediate
13	18(1)(c)	OP30	That all staff receives induction and foundation training that meets the National Training Organisation Specifications.	1/3/04
14	24(1)	OP33	That the home produces and utilises effective quality assurance and quality monitoring processes.	1/10/04
15	18(2)	OP36	That all staff receive formal documented supervision at least 6 times a year	1/3/04
16	15(1) 17(1)(a)	OP37	That service users care plans are kept within the home at all times.	Immediate

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)

No.	Refer to Standard *	Good Practice Recommendations
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* Note: You may refer to the relevant standard in the remainder of the report by omitting the 2-letter prefix e.g. OP10 refers to Standard 10.

PART B**INSPECTION METHODS & FINDINGS**

The following inspection methods have been used in the production of this report

Direct Observation	YES
Indirect Observation	YES
Sampling	YES
• Pre-inspection Questionnaire	YES
• Records	YES
• Care Plans / Care Pathways	YES
• Meals	YES
• Activities	NO
• Other (Specify)	NO
'Tracking' care and support	YES
Group discussion with service users	NO
Individual discussion with service users	YES
Group discussion with staff	NO
Individual discussion with staff	NO
Discussion with management	YES
Service user survey	YES
Relatives/significant others survey/feedback	YES
Visiting Professionals survey / feedback	NO
Tour of Premises	YES
Formal Interviews	NO
Document reading	YES
Additional Inspection Information:	
Number of Service Users spoken to at time of inspection	2
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	YES
CRB check for the Manager seen	YES
Certificate of registration was displayed at the time of the inspection	YES
Certificate of registration accurately reflected the situation in the service at the time of inspection	YES
Total number of care staff employed (excluding managers)	3
Total number of staff with nursing qualifications employed	0
Date of Inspection	13/1/04
Time of Inspection	10:00
Duration Of Inspection (hrs)	4

The following pages summarise the key findings and evidence from this inspection, together with the NCSC assessment of the extent to which the National Minimum Standards for Care homes for older persons 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
NEWSPAPERS

Key findings/Evidence

Standard met?

2

As required at the previous inspection the manager has now developed a statement of purpose for the home. This document has been sent to the Commission. The manager should now develop a service users guide.

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?**

1

This requirement has been made at all previous inspections. The manager stated that a contract for privately funded service users is in the process of being developed.

Standard 3 (3.1 – 3.5)

New service users are admitted only on the basis of a full assessment undertaken by people trained to do so, and to which the prospective service user, his/her representatives (if any) and relevant professionals have been party.

Key findings/Evidence**Standard met?**

0

This standard was not assessed at this inspection. The home had achieved this standard in August 2003.

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?**

1

Due to the fact that the home does not have a formal training programme at the present time, there is currently no evidence available to assess the extent to which the home is able to meet the assessed needs of the service users. In addition, not all of the care plans were available for inspection in order for assessed needs to be identified.

Standard 5 (5.1 – 5.3)

The registered person ensures that prospective service users are invited to visit the home and to move in on a trial basis, before they and / or their representatives make a decision to stay; unplanned admissions are avoided where possible.

Key findings/Evidence**Standard met?**

0

This standard was not assessed at this inspection. The home had achieved this standard in August 2003.

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 this service.

Health and Personal Care

The intended outcomes for the following set of standards are:

- The service users' 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?	2
<p>There is evidence that the manager has been proactive in working towards this standard. One care plan has been completely rewritten and complies with all of the required elements. This care plan contained details of risk assessments, medical history and social history. There is evidence of review and of service user involvement in the drawing up of the plans. Care plans are kept in the service users bedrooms. However, at the previous inspection it was required that all care plans be updated by 1/12/03. Not all of the care plans were available for inspection. This being the case, this standard could not be assessed fully.</p>		

Standard 8 (8.1 – 8.13)

The registered person promotes and maintains service users' health and ensures access to health care services to meet assessed needs.

Number of incidents where service users have been taken to Accident and Emergency during last 12 months

Number of service users with pressure sores at time of inspection (from information taken from care notes)

Key findings/Evidence	Standard met?	0
<p>This standard was not assessed at this inspection. The home had achieved this standard in August 2003.</p>		

Standard 9 (9.1 – 9.11)

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

Key findings/Evidence**Standard Met?**

2

The home has policies on medicine management. There are some additional written policies required on the following

- Security of medicines and Medicines key management policy.
- Verbal orders of medicine administration directions
- Procedure to follow regarding medicines when a service user is absent from the home for short periods
- Policy on medicine misuse/misappropriation and medicine errors
- The use of discretionary medicines/homely remedies in the home

All policies should be reviewed annually and the review date should be incorporated within the policy.

Standard 10 (10.1 – 10.7)

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

Key findings/Evidence**Standard met?**

0

This standard was not assessed at this inspection. The home had achieved this standard in August 2003.

Standard 11 (11.1 – 11.12).

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

Key findings/Evidence**Standard met?**

0

This standard was not assessed at 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
<p>There is evidence that the manager has been proactive in meeting this standard. One service user has been enabled to participate in the local community centre. Activities include outings, bingo and attendance at the community centre. The manager has introduced an activities board by the front entrance. This provides the times of library opening times.</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?	2
<p>There are no restrictions on visiting within the home. Links have been developed with the local community with one service user attending an art class for senior citizens. The manager should ensure that service users receive written information relating to how links with the community will be maintained.</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

On the day of the inspection service users were observed to be entering and leaving the home when they wished. The manager stated that one service user does not wish to attend the entertainment that is arranged in the home. This right to choice is observed. Another service user who has a dementia-type illness is enabled to go for short walks on a regular basis within a risk management strategy. There was evidence that service users are able to get up and go to bed as they wish.

Standard 15 (15.1 – 15.9)**The registered person ensures that service users receive a varied, appealing, wholesome and nutritious diet which is suited to individual, assessed and recorded requirements and that meals are taken in a congenial setting and at flexible times.****Key findings/Evidence****Standard met?**

0

This standard was not assessed at this inspection. The home had achieved this standard in August 2003.

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="0"/>
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 NCSC	<input type="text" value="0"/>
Percentage of complaints responded to within 28 days	<input type="text" value="100"/> %

Key findings/Evidence	Standard met?	2
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As required at the previous inspection the home has now produced a complaints policy for service users. A copy of this should be made available to service users when the service users guide is produced.

Standard 17 (17.1 – 17.3)

Service users have their legal rights protected, are enabled to exercise their legal rights directly and participate in the civic process if they wish.

Key findings/Evidence	Standard met?	0
<p>This standard was not assessed at this inspection. The home had achieved this standard in August 2003.</p>		

Standard 18 (18.1 – 18.6)

The registered person ensures that service users are safeguarded from physical, financial, or material, psychological or sexual abuse, neglect, discriminatory abuse or self harm, inhuman or degrading treatment through deliberate intent, negligence or ignorance, in accordance with written policies.

<p>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></p>	<div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 auto;">YES</div>
<p>No. of staff referred for inclusion on POVA lists</p>	<div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 auto;">0</div>

Key findings/Evidence	Standard met?	2
<p>As required at the previous inspection the manager has now developed an adult protection policy. A copy of this is kept in the service users bedrooms. Staff do not have formal training in the protection of vulnerable adults at the present time. In addition, staff had not had CRB checks at the time of the inspection. However, the manager is in the process of arranging these.</p>		

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

Oasis House is situated within close proximity to the local library and community centre. The manager stated that one of the service users accesses these amenities. The home is well maintained. Gates have recently been placed in the gardens for health and safety reasons. There are plans to lay new carpets in the home.

There is a maintenance programme for the home and the manager stated that the maintenance is on going.

Standard 20. (20.1 – 20.7)

In all newly built homes and first time registrations the home provides sitting, recreational and dining space (referred to collectively as communal space) apart from service users' private accommodation and excluding corridors and entrance hall amounting to at least 4.1 sq. metres for each service user.

Key findings/Evidence

Standard met?

0

This standard was not assessed at this inspection. The home had achieved this standard in August 2003.

Standard 21 (21.1 – 21.8)		
Toilet, washing and bathing facilities are provided to meet the needs of service users.		
Key findings/Evidence	Standard met?	3
<p>The home meets the requirements for a home of this size. There are two toilets, one bathroom and two walk in showers.</p>		

Standard 22 (22.1 – 22.8)		
The registered person demonstrates that an assessment of the premises and facilities has been made by suitably qualified persons including a qualified occupational therapist, with specialist knowledge of the client groups catered for and provides evidence that the recommended disability equipment has been secured or provided and environmental adaptations made to meet the needs of service users.		
Key findings/Evidence	Standard met?	2
<p>A suitably qualified person in relation to environmental adaptations has not assessed the home. The home provides zimmers for service users.</p>		

Standard 23 (23.1 – 23.11)**The home provides accommodation for each service user which meets minimum space as prescribed**

Total number of single bedrooms with at least 10 sq.m usable space or additional compensatory space	<input type="text" value="2"/>
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Pre-existing homes only (1 April 2003) - single bedrooms below 10 sq.m usable space or additional compensatory space	<input type="text" value="1"/>
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Total number of wheelchair users accommodated for in rooms at least 12sq.m	<input type="text" value="0"/>
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Total number of wheelchair users accommodated for in rooms at less than 12sq.m	<input type="text" value="0"/>
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Total number of shared rooms at least 16 sq.m	<input type="text" value="0"/>
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Total number shared rooms less than 16 sq.m	<input type="text" value="0"/>
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Percentage of places within single rooms:

100%	<input type="text" value="YES"/>
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80% - 99%	<input type="text" value="NO"/>
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Less than 80%	<input type="text" value="NO"/>
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Total number of single bedrooms	<input type="text" value="3"/>
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Total number of single rooms with en suite	<input type="text" value="0"/>
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Total number of double rooms	<input type="text" value="0"/>
-------------------------------------	--------------------------------

Total number of double rooms with en suite	<input type="text" value="0"/>
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Key findings/Evidence	Standard met?	3
<p>All service users have their own bedrooms. Although there is one bedroom that is undersized, the manager stated that there are plans to extend the building in order that the lower floor is for the sole use of the service users.</p>		

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

The manager stated that service users have lockable facilities in their bedrooms in which to keep items of personal importance. All bedrooms are domestic in character and have adequate amounts of furniture. Service users have televisions in their rooms.

Standard 25 (25.1 – 25 8)

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

Key findings/Evidence**Standard met?**

0

This standard was not assessed at this inspection. The home had achieved this standard in August 2003.

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?**

0

This standard was not assessed at this inspection. The home had achieved this standard in August 2003.

Staffing

The intended outcomes for the following set of standards are:

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

Standard 27 (27.1 – 27.7)

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

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

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

Key findings/Evidence

Standard met?

2

There were two members of staff on duty at the time of the inspection. Although both members of staff have experience in caring for the older person, training records are not available to provide evidence of skills and competencies.

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 care staff who are registered nurses.

No. care staff (excluding registered nurses) with NVQ level 2 or equivalent

0

% of care staff with NVQ level 2

0

%

Key findings/Evidence

Standard met?

1

There are no staff in possession of the NVQ at the present time.

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?

1

The home does not have a recruitment process at the present time due to the fact that the home is family run. The manager stated that this is in the process of being developed. However, the manager should ensure that all members of the staff are able to provide evidence to the Commission that they have undergone a screening process that ensures the protection of service users.

The manager stated that all members of staff have access to policies and procedures. Staff sign when a policy has been read.

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?

2

There is evidence that staff have received training in the following areas, risk assessment, first aid, and manual handling. This training should be further developed in order to provide evidence that staff have the necessary skills to enable them to care for the older person.

Management and Administration

The intended outcomes for the following set of standards are:

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

Standard 31 (31.1 – 31.8)

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

Key findings/Evidence	Standard met?	0
This standard was not assessed at this inspection. The home had achieved this standard in August 2003.		

Standard 32 (32.1 – 32.7)

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

Key findings/Evidence	Standard met?	0
This standard was not assessed at this inspection. The home had achieved this standard in August 2003.		

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?	1
The home does not have quality assurance or quality monitoring systems in place at the present time.		

Standard 34 (34.1 – 34.5) Suitable accounting and financial procedures are adopted to demonstrate current financial viability and to ensure that there is effective and efficient management of the business.		
Key findings/Evidence	Standard met?	0
This standard was not assessed at this inspection.		

Standard 35 (35.1 – 35.6) The registered manager ensures that service users control their own money except where they state that they do not wish to or they lack capacity and that safeguards are in place to protect the interests of the service user.		
Number of service users subject to Power of Attorney processes		1
Number of service users subject to Enduring Power of Attorney processes		0
Number of service users subject to Guardianship Orders		0
Key findings/Evidence	Standard met?	0
This standard was not assessed at this inspection. The home had achieved this standard in August 2003.		

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?	1
There is evidence that the home does not have formal supervision policies in place at the present time. Although this is a family run home the manager should ensure that all staff have formal documented supervision in order that training needs may be identified and evidenced for the inspection process. The home does not have a supervision policy at the present time.		

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
<p>On the day of the inspection individual records were assessed. These were up to date and accurate. Records held in respect of individual service users could not be fully assessed at the time of the inspection due to the fact that a service users plan could not be located.</p>		

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
<p>Records show that the manager has been proactive in addressing the health and safety issues in the home. Fire equipment has been checked by the manufacturers this year and faults have been rectified. Fire drills are carried out monthly. Staff are expected to have fire training. Fire alarms are tested on a weekly basis. There is evidence that COSHH assessments are carried out. Electrical and central heating systems are checked on a yearly basis. Both systems have had work carried out on them this year. There have been no accidents in the home since 2000. Risk assessments have been carried out on the required areas within the home. The manager stated that staff have received manual handling training.</p>		

PART C**COMPLIANCE WITH CONDITIONS**

(where applicable)

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Lead Inspector _____

Signature _____

Second Inspector _____

Signature _____

Locality Manager _____

Signature _____

Date _____

PART D

LAY ASSESSOR'S SUMMARY

(where applicable)

Lay Assessor _____ **Signature** _____

Date _____

Public reports

It should be noted that all NCSC inspection reports are public documents.

PART E

PROVIDER'S RESPONSE TO IDENTIFIED STATUTORY REQUIREMENTS

E.1 Registered Person's comments/confirmation relating to the content and accuracy of the report for the above inspection.

We would welcome comments on the content of this report relating to the Inspection conducted on 13th January 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

Action taken by the NCSC 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"/> NO
Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate	<input type="checkbox"/> YES

Note:

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

E.2 Please provide the Commission with a written Action Plan which indicates how requirements are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.

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

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

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

E.3 PROVIDER'S AGREEMENT

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

E.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 _____

Or

E.3.2 I _____ of _____ am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:

Print Name _____
Signature _____
Designation _____
Date _____

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