

# INSPECTION REPORT

Care Home For Older People

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

18th March 2003



## 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**

14th August 1998

**Date of latest registration certificate**

30th July 2002

**Do additional conditions of registration  
apply ?**

NO

**If Yes Refer to Part C**

**Date of last inspection**

N/A

<b>Date and Time of Inspection Visit</b>		<b>ID Code</b>	
<b>Name of Inspector</b>	<b>1</b>	<b>Gwyneth Bryant</b>	105286
<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 Lay Assessor (if applicable)</b>			
<b>Name of Interpreter/Signer (if applicable)</b>			

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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 is registered for up to three older people. The home is family run and is situated in a prominent area of Saltdean, just off the coast road on level ground opposite Saltdean Park where there are a bowls green, pitch and putt and tennis courts with spectator seating. There are two gardens, the rear one being enclosed. Both gardens have seating for those who like to be outside in fine weather. Service users are encouraged to bring their own furniture and to follow any special hobbies or interests. Nearby are a community centre, library and local shops. The beach with promenade walks is approximately 100 metres from the home. All rooms have central heating and a television. Meals may be taken in the dining room or in service users bedrooms.

## **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.)

On the day of the inspection the Manager was away on holiday and friends of the family, who were very co-operative and helpful throughout the inspection, were temporarily responsible for the service users in the home. The home was clean and tidy and service users stated that they were happy in the home. The homes has some policies and procedures but were not specific to Oasis House and there was no evidence that the staff on duty had read and understood them. The Inspector has a number of concerns in respect of service users care plans, risk assessments and the lack of stimulating activities. In addition the staff on duty informed the Inspector that they were not employed and this raises concerns in respect of satisfactory recruitment procedures and accountability during the registered Managers' absence. In light of this there are a number of statutory requirements that need to be met. It should be noted that the staff on duty at the time of the inspection were not Registered Managers.

Requirements from last Inspection fully actioned?

N/A

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	

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	The home needs to produce and implement a Statement of Purpose.	Six Months
2	5	OP2	Each service users must be provided with a Service Users Guide and Terms and Conditions. A contract must be provided for those purchasing their care privately.	Three Months
3	14 (1) (2)	OP3	Service users care plans need to include details in line with those in Schedule 3 of the Regulations.	One Month
4	14 (1) (d)	OP4	The home must demonstrate it can meet service users needs in respect of their social, cultural and physical requirements.	One Month
5	14 (1) (c)		The home needs to ensure that prospective service users are offered trial visits.	One Month
6	15 (2) (b)		Service users care plans must include risk assessments and be regularly reviewed.	One Month
7	13 (2)		<p>9.1 The home must ensure that the policies and procedures for the storage, handling, recording, administration and disposal of medication is adhered to by all persons on duty.</p> <p>9.2 Those service users who wish to self-medicate are allowed to do so within a risk assessed framework.</p> <p>9.3 Records are kept of all medicines</p>	Three months

			<p>received, administered, leaving the home or disposed of.</p> <p>9.4 Medicines in the custody of the home are handled according to the requirements of the Medicines Act 1968.</p> <p>9.7 All medicines must be administered by designated and appropriately trained persons.</p> <p>9.9 The Manager must seek advice from a pharmacist regarding medicines policy within the home and medicines dispensed for service users.</p>	
8	12 (2) (3) (4)		The home needs to ensure all persons on duty are familiar with policies and procedures relating to privacy and dignity.	Immediate
9	12 (1) (4)		All persons on duty need to be familiar with the policies and procedures on death and dying.	Immediate
10	16 (2) (m)(n)		Service users must be given the opportunity for stimulation through leisure activities both outside and within the home.	Immediate
11	4 Schedule 1 (13)		Service users and their families and representatives must be given written information on the homes policy on maintaining relatives involvement and maintaining links with the local community .	Immediate
12	17 (1) (b)		Evidence must be provided to show that records are held in accordance with the requirements of the Data Protection Act 1998	One Month
13	22 (1) (3) (7) (a)		The complaints policy must be updated and all complaints investigated and recorded.	One Month
14	13 (6)		Comprehensive policies and procedures on Adult Protection must be developed and implemented and include a whistle blowing procedure.	Three Months
15	23 (2) (o)		All parts of the premises must be kept free from hazards to service users.	Immediate
16	23 (2) (j)		Suitable facilities need to be provided to enable service users to have a bath.	Six Months

17	23 (2) (n)		Evidence must be provided to show that a suitably qualified person has made an assessment of the premises and facilities.	Six Months
18	13 (3) (c)		The headboard in the service users bedroom (front of home) needs to be fixed.	Immediate
19	12 (4) (a)		Locks need to be fitted to all bedrooms and service users provided with keys.	Three Months
20	23 (2) (m)		Service users must be provided with lockable facilities in their bedrooms.	Three Months
21	23 (2)		Service users bedrooms need to be fitted with at least two accessible double electric sockets.	Six Months
22	13 (4) (a) (c)		Guards need to be fitted to radiators and pipe work in all areas accessible to service users.	Six Months
23	13 (4) (c)		All washbasin and bath taps need to deliver water at a temperature close to 43 <sup>o</sup> .	One Month
24	13 (3)		Evidence that water storage and distribution prevent risk of Legionella must be provided.	One Month
25	13 (3)		Evidence that the facilities comply with the Water Supply (Water Fittings) Regulations 1999 must be provided.	One Month
26	18 (1) (a-c) (2) (4)		All persons on duty must be suitable qualified and trained.	Three Months
27	19 (1) (2) (3) (4) (5)		<p>29.1 Robust policies and procedures on recruitment must be developed and implemented.</p> <p>29.2 Two written references must be obtained before appointing a member of staff.</p> <p>29.3 New staff are only employed after satisfactory Criminal Records Bureau checks have been completed.</p> <p>29.4 All staff are employed in accordance with the code of conduct and practice set by the General Social Care Council.</p> <p>29.5 All staff receive statements of terms and conditions.</p>	One Month
28	18 (1) (c)		All staff receive induction and foundation training that meets the National Training Organisation (NTO) specifications.	Three Months

29	9 (10) (3)		The Manager must provide evidence that he has undergone periodic training to update his skills and knowledge.	Six Months
30	24 (1) (2) (3)		Quality assurance and quality monitoring systems need to be put in place and implemented. Service users views must be sought in respect of the quality assurance systems.	Six Months
31	20 (1) (2) (3)		The Manager must ensure that service users control their own money and that all aspects of handling service users finances meet the standard.	One Month
32	18 (2)		The Manager must ensure that the employment policies and procedures adopted by the home are put into practice.	Three Months
33	17 (1) (2) (3) (4)		The Manager must ensure that records required by regulations are secure, accurate and up-to-date.	One Month
34	23 (2) (c)		Evidence of the safety and testing of electrical systems and appliances must be provided.	Three Months
35	13 (5)		The Manager must provide a system for moving and handling service users that is safe for both service users and staff.	One Month
36	23 (4) (a-e)		The home must ensure that regular fire drills are undertaken and recorded.	One Month
37	13 (4) (c)		Evidence must be provided to demonstrate that Health & Safety (First Aid) Regulations are complied with.	One Month
38	23 (2) (c)		Evidence of servicing of boilers and central heating systems must be provided.	Three Months.

## 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 *	Recommendation Action
1	OP19	That a written maintenance programme is compiled and actioned.
2	OP20	Consideration should be given to replacing the dining room furniture.
3	OP23	A plan needs to be developed to demonstrate how the home will ensure that 80% of bedrooms meet the space requirements by 1 April 2007.
4	OP28	A plan needs to be developed to demonstrate how the home will ensure that 50% of staff will achieve National Vocational Qualification (NVQ) 2 by 2005.
5		The Manager should ensure that the management approach of the home creates an open and inclusive atmosphere.

\* Note: You may refer to the relevant standard in the remainder of the report by omitting the 2-letter prefix e.g. OP10 refers to Standard 10.

## PART B

## INSPECTION METHODS & FINDINGS

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

Direct Observation	YES
Indirect Observation	YES
Sampling	NO
• Pre-inspection Questionnaire	YES
• Records	YES
• Care Plans / Care Pathways	NO
• Meals	NO
• 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	YES
Discussion with management	NO
Service user survey	NO
Visiting Professionals survey / feedback	NO
Tour of Premises	YES
Formal Interviews	NO
Document reading	YES
Date of Inspection	18/3/3
Time of Inspection	9.55
Duration Of Inspection (hrs)	3.50

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" in the "Standard met?" box denotes standard not assessed on this occasion.  
"9" in the "Standard met?" box denotes standard 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 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.

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

Any charges for extras

Key findings/Evidence	Standard met?	1
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The Person on duty was unable to provide details of the range of fees charged or any charges for extras. A Statement of Purpose was not available. A Service Users Guide was not available. The homes' aims and objectives are available.

### 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
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A blank contract form and details of terms and conditions are available but there was no evidence that service users are provided with a copy.

**Standard 3 (3.1 – 3.5)**

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

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

2

The Person on duty stated that the Manager does the assessments. The service users' care plans showed that some risk assessments had been undertaken but this needs to be expanded to include all risks and the management of the identified risks.

**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

The Person on duty was unable to demonstrate the home's capacity to meet the assessed needs of individuals admitted to the home.

**Standard 5 (5.1 – 5.3)**

**The registered person ensures that the 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?**

1

The Person on duty was unable to confirm that prospective service users are invited to visit the home and move in on a trial basis.

**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?**

N/A

Intermediate care is not provided.

## 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' health care needs are fully met.
- 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
Each service user has a care plan but they need to be reviewed monthly and accurately reflect their changing needs. There is no evidence that service users are involved in the compilation of their care plans and this needs to be rectified.		

### Standard 8 (8.1 – 8.13)

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

No. of incidents where service users have been admitted to Accident and Emergency since last announced inspection

0

No. of service users with pressure sores at time of inspection (from information taken from care notes)

0

Key findings/Evidence	Standard met?	3
All service users are able to choose their own GP, dentist and optician. Some service users' families assist with accessing health care. The Person on duty was able to confirm that when necessary advice is sought from relevant healthcare professionals on behalf of individual service users.		

**Standard 9 (9.1 – 9.11)**  
**The registered person ensures that there is a policy and staff adhere to the procedures for the receipt of 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?	1
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The Person on duty was unable to provide accurate and up-to-date records for the storage, handling and administration of medication. Medicines were kept in a kitchen cupboard; in future all medication needs to be stored appropriately. All persons who administer medication must receive accredited training. The Manager must review all policies, procedures and practices relating to the recording, storage and administration of medication. In addition policies and procedures must be developed and actioned in respect of those service users who may choose to self-medicate. An oxygen cylinder was on its side in the lounge and the person on duty was required to take advice from a pharmacist in respect of proper storage provisions.

**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, 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, following death.**

Key findings/Evidence	Standard met?	2
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The home has policies and procedures on privacy and dignity but there is no evidence that those working in the home have read and understood them. The Person on duty confirmed that all personal care is given in service users bedrooms. Service users do not have access to a telephone for use in private unless they have a telephone installed in their rooms.

**Standard 11 (11.1 – 11.12).**  
**Care and comfort are given to service users who are dying, their death is handled with dignity and propriety, and their spiritual needs, rites and functions observed.**

Key findings/Evidence	Standard met?	2
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The home has policies and procedures on death and dying but there is not evidence that those working in the home have read and understood them.

## 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?	1
Some service users care plans have details of personal interests but there is no evidence that action has been taken to provide opportunities to become involved in relevant activities. Two service users told the Inspector that they go out for daily walks but there is no evidence that any planned activities are provided in the home. Meals are served at set times but the Person in charge said this was of the service users choosing.		

### 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
The Person on duty stated that service users are able to receive visitors at any time and can receive them in the privacy of their rooms. There is no evidence that service users and their families or representatives are given written information on maintaining links at the time of admission to the home. There was no evidence that local community groups are involved with the home.		

### 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?	2
Policies and procedures on autonomy and choice were not available. The Person on duty stated that service users are able to bring personal possessions with them and evidence of this was seen in service users' bedrooms. There was no evidence that service users have access to their records in accordance with the Data Protection Act 1998.		

**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 congenial setting and at flexible times.**

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

3

Discussions with individual service users confirmed that they were happy with meals and that they are of good quality. Drinks and snacks are available throughout the day and service users who are able can access the kitchen and make their own drinks. The Person on duty stated that all meals are served at set times but this was of the service users own choosing.

## 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 since the last announced inspection	<input type="text" value="0"/>
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"/>
Percentage of complaints responded to within 28 days	<input type="text" value="0"/> %

<b>Key findings/Evidence</b>	<b>Standard met?</b>	<b>2</b>
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The home has policies and procedures on complaints but this needs to be updated and include details of the National Care Standards Commission local office. The Person on duty was unable to confirm that complaints are investigated and recorded in line with the requirements of the National Minimum Standards. The Person on duty was unable to provide records of complaints.

### 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.

<b>Key findings/Evidence</b>	<b>Standard met?</b>	<b>3</b>
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The Person on duty stated that she thought that service users receive voting papers directly and would therefore vote as they chose.

**Standard 18 (18.1 – 18.6)**

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

**The home has an Adult Protection procedure (including Whistle Blowing) which complies with the Public Disclosure Act 1998 and the Department of Health Guidance *No Secrets***

NO

**No. of staff referred for inclusion on Protection of Vulnerable Adult lists since last announced inspection**

0

**Key findings/Evidence**

**Standard met?**

1

There was no evidence of policies and procedures on Adult Protection or a whistle blowing procedure. The home needs to develop and implement Adult Protection policies and procedures in line with the East Sussex, Brighton & Hove Policies and Procedures for the Protection of Vulnerable Adults Protocols. All staff need to undertake training in the Protection of Vulnerable Adults.

## 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 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.
- Service users live in safe and 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?	2
<p>A written maintenance programme was not available. The front garden was well maintained and accessible to service users. The rear garden was littered with children's' toys and this presents a risk of service users tripping over them. Only the patio area was accessible to service users unless they are sufficiently mobile to manage the steps to the upper areas of the garden. The swimming pool is accessible to service users and the rail guard on the pool was not sufficiently high to prevent the risk of falling in. The upper garden paths were partially blocked by roof tiles and therefore also presented a potential risk to service users.</p>		

### Standard 20. (20.1 – 20.7)

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.m for each service user. (To be applied from 1<sup>st</sup> April 2007 for homes existing prior to 1<sup>st</sup> April 2002 which do not meet this standard).

Key findings/Evidence	Standard met?	2
<p>The communal areas are accessible to service users but the dining room table and chairs were worn and unstable. The Person on duty said that each service users had brought their own armchairs with them and this was why the lounge furniture did not match. Lighting and furnishings throughout the home are domestic in style. The rear garden is not accessible to wheelchair users.</p>		

**Standard 21 (21.1 – 21.8)****Toilet, washing and bathing facilities are provided to meet the needs of service users.****Key findings/Evidence****Standard met?**

2

The home has two toilets and service users can have a commode in their bedroom if required. The home does not have an assisted bath and therefore needs to consider installing one. All service users bedrooms have a washbasin. The home does not have a sluice.

**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

Grabs rails are provided in toilets and bathrooms and one toilet has a riser seat. All service users bedrooms have a call bell. The Person on duty was unable to confirm that there had been an assessment by suitably qualified professionals in respect of aids and adaptations.

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

Single rooms with at least 10 sq.m usable space	<input type="text" value="1"/>
Single rooms below 10 sq.m usable space	<input type="text" value="2"/>
Single rooms accommodating wheelchair users	<input type="text" value="0"/>
At least 12 sq.m	<input type="text" value="0"/>
Less than 12 sq.m	<input type="text" value="0"/>
Shared rooms at least 16 sq.m	<input type="text" value="0"/>
Shared rooms less than 16 sq.m	<input type="text" value="0"/>
Percentage of places within single rooms:	
100%	<input type="text" value="NO"/>
80% - 99%	<input type="text" value="NO"/>
Less than 80%	<input type="text" value="YES"/>
Number of single bedrooms with en suite	<input type="text" value="0"/>
Number of single rooms without en suite	<input type="text" value="3"/>
Number of double rooms with en suite	<input type="text" value="0"/>
Number of double rooms without en suite	<input type="text" value="0"/>

**Key findings/Evidence****Standard met?****2**

One service users' bedroom meets the space requirement. The home does not have shared rooms. The home will need to confirm how it will meet the individual space requirements by 1<sup>st</sup> April 2007.

**Standard 24 (24.1 – 24.8)**  
**The home provides 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?	2
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The headboard in one service users bedroom is not fixed and presents a risk, this needs to be rectified. Service users bedrooms do not have locks and lockable facilities are not provided. Not all service users bedrooms have sufficient power points.

**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?	2
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Service users bedroom radiator temperature can be individually controlled. Guards need to be fitted to radiators and pipe work in all areas accessible to service users. Lighting is bright and domestic in style. Water temperatures on all bath and washbasin taps exceeded 43<sup>0</sup>. Evidence that the distribution and storage water temperatures meet the standard was not available.

**Standard 26 (26.1 – 26.9)**  
**The premises are kept clean and 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?	2
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The laundry room is sited so that soiled laundry does not have to be carried through areas where food is prepared, cooked or eaten. The home has policies and procedures on the control of infection. Foul laundry can be washed at 65<sup>0</sup>. There was no evidence that the facilities comply with the Water Supply (Water Fittings) Regulations 1999. The commode in one service users bedroom had not been emptied.

## 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 and layout and purpose of the home, at all times.

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

		Personal Care	Nursing
No. service users <i>High</i> needs	<input type="text" value="1"/>	No. staff hours allocated	<input type="text" value="X"/>
No. service users <i>Medium</i> needs	<input type="text" value="2"/>	No. staff hours allocated	<input type="text" value="X"/>
No. service users <i>Low</i> needs	<input type="text" value="0"/>	No. staff hours allocated	<input type="text" value="X"/>
No. of staff hours required	<input type="text" value="X"/>	No. of staff hours provided	<input type="text" value="X"/>
No. of full time equivalent first level registered nurses	<input type="text" value="X"/>		

Key findings/Evidence	Standard met?
The Person on duty stated that neither of those in charge of the home at the time of the inspection were actually employed and therefore had not undergone any training. A staffing roster was seen but was not dated.	1

**Standard 28 (28.1 – 28.3)**

**A minimum ratio of 50% trained members of staff (NVQ Level 2 or equivalent) is achieved by 2005, excluding the registered 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 was no evidence that the Person on duty or others involved in the care of the service users have relevant qualifications.

**Standard 29 (29.1 – 29.6)**

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

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

2

The home has policies and procedures on equal opportunities. Robust policies and procedures on recruitment are not available. Criminal Records Bureau checks, health checks and references were not available for the Person on duty or the other person who shared the duties.

**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?**

1

There was no evidence that staff have undergone any training within the home related to the care of elderly people.

## 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 responsibility fully.
- Service users benefit from the ethos, leadership and management approach of the home.
- The home is run in the best interests of service users.
- Service users are safeguarded by the accounting and financial procedures of the home.
- Service users' financial interests are safeguarded.
- Staff are appropriately supervised.
- Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- The health, safety and welfare of service users and staff are promoted and protected.

### Standard 31 (31.1 – 31.8)

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

Key findings/Evidence	Standard met?	2
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The registered Manager has a certificate from the Institute of Management. In his absence the Person on duty stated that the Manager had been managing the home for several years.

### Standard 32 (32.1 – 32.7)

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

Key findings/Evidence	Standard met?	2
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During the inspection service users were noted to approach the Person on duty on some issues and appeared comfortable in doing so.

### 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 the success in meeting the aims and objectives and the statement of purpose of the home.

Key findings/Evidence	Standard met?	1
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There was no evidence of quality assurance or quality monitoring systems. There was no evidence that service users views are sought.

<b>Standard 34 (34.1 – 34.5)</b> 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.		
<b>Key findings/Evidence</b>	<b>Standard met?</b>	1
A Certificate of Public Liability Insurance was seen. In the absence of the registered Manager there was no means of confirming the existence of financial plans.		

<b>Standard 35 (35.1 – 35.6)</b> The registered manager ensures that service users control their own money except where they state that they do not wish to or they lack capacity and that safeguards are in place to protect the interests of the service users.		
Number of service users subject to Power of Attorney processes		0
Number of service users subject to Enduring Power of Attorney processes		0
Number of service users subject to Guardianship Orders		0
<b>Key findings/Evidence</b>	<b>Standard met?</b>	1
There was no evidence available on service users who may need assistance with their finances.		

<b>Standard 36 (36.1 – 36.5)</b> 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.		
<b>Key findings/Evidence</b>	<b>Standard met?</b>	1
There was no evidence that employment policies and procedures are put into practice.		

**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?**

1

Service users care plans were not up-to-date and there was no evidence that records are held in accordance with the Data Protection Act 1998.

**Standard 38 (38.1 – 38.9)**

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

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

2

The home has information on Control of Substances Hazardous to Health and control of infection, a policy on Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations, policies and procedures on moving and handling, food hygiene and a leaflet on Health and Safety at work. There was no evidence that these had been read and understood by the Person on duty.

There was no evidence of fire drills and fire safety, testing and safety of electrical systems and appliances, Health & Safety (First Aid) regulations 1981, servicing of boilers and central heating systems or regulation of water temperature to control the risk of Legionella.

**PART C****COMPLIANCE WITH CONDITIONS**

(where applicable)

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

**PART D**

**LAY ASSESSOR'S SUMMARY**

(where applicable)

**Lay Assessor** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Lead Inspector** \_\_\_\_\_ **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 18<sup>th</sup> March 2003 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

Please see attached

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

Amendments to the report were necessary

Comments were received from the provider

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

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

**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 by which indicates how requirements are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.**

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

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

Action plan was required

 YES

Action plan was received at the point of publication

 YES

Action plan covers all the requirements in a timely fashion

 YES

Action plan did not cover all requirements and required further discussion

 NO

Provider has declined to provide an action plan

 NO

Other: <enter details here>

 N/A

**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** \_\_\_\_\_