

# INSPECTION REPORT

Care Home For Older People

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

26th August 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****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**

18/3/03

<b>Date of Inspection Visit</b>		26th August 2003	<b>ID Code</b>
<b>Time of Inspection Visit</b>		10:00 am	
<b>Name of Inspector</b>	<b>1</b>	Rachel verrell	107250
<b>Name of Inspector</b>	<b>2</b>	N/A	
<b>Name of Inspector</b>	<b>3</b>	N/A	
<b>Name of Inspector</b>	<b>4</b>	N/A	
<b>Name of Lay Assessor (if applicable)</b> 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		N/A	
<b>Name of Specialist (e.g. Interpreter/Signer) (if applicable)</b>		N/A	
<b>Name of Establishment Representative at the time of inspection</b>		Mr John Mark 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 unannounced inspection took place on 26<sup>th</sup> August 2003. It found that there was evidence that the manager has been proactive in complying with National Minimum Standards. In addition, dates have been agreed as to when outstanding standards will be addressed. All service users expressed satisfaction with the care that they were receiving.

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

**2 of the 5 Standards assessed were achieved**

The Minimum Standards require the home to produce a statement of purpose and a service users guide to the home. These are not yet available. Service users and their relatives are encouraged to visit the home prior to admission.

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

**2 of the 4 Standards assessed were achieved**

Arrangements were in place for meeting the health and personal needs of the service users. The manager is in the process of developing care plans to ensure that all needs are addressed.

#### **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)**

**1 of the 2 Standards assessed was 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)**

**2 of the 4 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 3 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)**

**3 of the 5 Standards assessed were achieved**

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

Requirements from last Inspection visit fully actioned?

NO
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**If No please list below**

<b>STATUTORY REQUIREMENTS</b>				
Identified below are areas not addressed from the last inspection report which indicate a non-compliance with the Care Standards Act 2000 and accompanying Regulations.				
No.	Regulation	Standard	Required actions	
1	4	OP1	The home produces and implements a statement of purpose.	Six Months
2	4		That the home produces a service users guide	Three Months
3	5	OP2	The home provides each service user written terms and conditions. A contract should be provided for those purchasing their care privately.	Three Months
4	15(2)(b) 12(1)	OP7	Service users care plans need to include details in line with those in schedule 3 of the regulations	One Month
5	13(2)		<p>9.1 The home must ensure that the policies and procedures for the storage, handling, all persons on duty adhere to recording, administration and disposal of medication.</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 received, administered, leaving the home or disposed of.</p> <p>9.4 Medicines in 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>	Three Months

6	16(2) (m)(n)		Evidence must be provided that details how service users are given the opportunity to engage in leisure activities.	Immediate
7	4 Schedule 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
8	13(6)		Comprehensive policies and procedures on Adult Protection must be developed and implemented and include whistle blowing procedure.	3 months
9	23(2)(n)		Evidence must be provided to show that a suitably qualified professional has made an assessment of the premises and facilities.	Six months
10	18 (1) (a-c) (2) (4)		Evidence must be provided that all persons on duty are suitably qualified and trained.	Three Months
11	19(1)(2)(3) (4)(5)		The manager should ensure that the following are in place: <ol style="list-style-type: none"> <li>1. That procedures are put into place for recruitment.</li> <li>2. That 2 references are obtained before staff are employed.</li> <li>3. That all staff undergoes a CRB check.</li> <li>4. That all staff receives a contract and terms and conditions of employment.</li> </ol>	One Month
12	18(1)(c)		That all staff receive induction and foundation training that meets the National Training Organisation Specifications.	Three Months
13	23(2)		All parts of the premises must be kept free from hazards to service users.	Immediate

**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

1	OP19	That a written maintenance plan is compiled and actioned.
2	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.

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

## STATUTORY REQUIREMENTS IDENTIFIED DURING THE INSPECTION

Action Plan: The Registered Person is requested to provide the Commission with an Action Plan, which indicates how requirements 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 statement of purpose that includes all elements required by legislation.	30/10/03
2	4	OP1	That the Manager produces a service users guide that includes all elements required by legislation.	1/1/04
3	5		That the home provides each service user with written terms and conditions.	1/104/
4	15 Schedule 3(1)(b) 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
5	13(2)	OP9	Medicines must be managed in line with the National Minimum Standards.	30/11/03
6	16(2) (m)(n)		Evidence must be provided that details how service users are given the opportunity to engage in leisure activities.	1/12/03
7	Schedule 4 1(13)		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

8	13(6)		Comprehensive policies and procedures on Adult Protection must be developed and implemented and include whistle blowing procedure.	Immediate
	23(2)(n)		Evidence must be provided to show that a suitably qualified professional has made an assessment of the premises and facilities.	1/2/04
	18(1)(a-c) (2)(4)		Evidence must be provided that all persons on duty are suitably qualified and trained.	1/3/04
	18(1)(a-c)		That 50% of care staffed are NVQ level 2 qualified by 2005	2005
	19(1)(2)(3) (4)(5)		The manager should ensure that the following are in place:  <ol style="list-style-type: none"> <li>1. That procedures are put into place for recruitment.</li> <li>2. That 2 references are obtained before staff are employed.</li> <li>3. That all staff undergoes a CRB check.</li> <li>4. That all staff receives a contract and terms and conditions of employment.</li> </ol>	1/12/03
	18(1)(c)		That all staff receives induction and foundation training that meets the National Training Organisation Specifications.	1/3/04
	18(2)		That all staff receive formal documented supervision at least 6 times a year	1/3/04
	23(2)  Regulation 4(a)(c)(d)  13(5)		All parts of the premises must be kept free from hazards to service users.  <ol style="list-style-type: none"> <li>1. That evidence is provided of fire drills and fire safety</li> <li>2. That evidence is provided that boilers and central heating systems have been serviced</li> <li>3. That manual handling assessments are carried out where necessary.</li> </ol>	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

\* 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	YES
• Activities	NO
• Other (Specify)	YES
'Tracking' care and support	NO
Group discussion with service users	YES
Individual discussion with service users	NO
Group discussion with staff	YES
Individual discussion with staff	YES
Discussion with management	NO
Service user survey	NO
Relatives/significant others survey/feedback	NO
Visiting Professionals survey / feedback	NO
Tour of Premises	YES
Formal Interviews	NO
Document reading	YES
Additional Inspection Information:	
Number of Service Users spoken to at time of inspection	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	26/8/03
Time of Inspection	13:30
Duration Of Inspection (hrs)	2.5

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:

Key findings/Evidence	Standard met?
	1

The manager stated that he is in the process of producing a statement of purpose. This was a requirement made at the last inspection. It was agreed with the manager that this would be sent to the Commission on completion by the end of October.

The manager stated that he is in the process of developing a service users guide. The manager stated that this would be sent to the Commission by 1/1/04.

<b>Standard 2 (2.1 – 2.2)</b> <b>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).</b>		
<b>Key findings/Evidence</b>	<b>Standard met?</b>	1
This was a requirement made at the previous inspection. The manager stated that a contract for privately funded service users is in the process of being developed.		

<b>Standard 3 (3.1 – 3.5)</b> <b>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.</b>		
<b>Key findings/Evidence</b>	<b>Standard met?</b>	3
There is evidence that a full and detailed assessment process takes place prior to admission. When a referral is received the manager stated that he goes to visit the prospective service user. A full physical and social assessment takes place at this stage. In addition, potential risks are assessed at this stage.		

<b>Standard 4 (4.1 - 4.4)</b> <b>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.</b>		
<b>Key findings/Evidence</b>	<b>Standard met?</b>	N/A
This standard was not assessed at this inspection.		

<b>Standard 5 (5.1 – 5.3)</b> <b>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.</b>		
<b>Key findings/Evidence</b>	<b>Standard met?</b>	3
Prospective service users are offered a month's trial before a firm decision about admission is made. The manager stated that during this time a full assessment is carried out that aims to establish whether the home is able to fully meet the needs of service users.		

**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. The manager stated that the remaining care plans are to be updated by 1/12/03.</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?	3
<p>The manager stated that the home maintains a good relationship with the local Surgery. All service users are able to choose their own GP, dentist and optician. District nurses monitor one service user who has diabetes. There was evidence of weights being recorded. The manager stated that service users have access to a physiotherapist if required.</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.**

<b>Key findings/Evidence</b>	<b>Standard Met?</b>	<b>2</b>
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There is evidence that the home has been proactive in meeting this standard. The pharmacist visits every three months. Oxygen is kept in the office where it is chained to the wall. The home has implemented a system that shows an individual medication profile for each service user. The MDS system has been accessed for the method of delivery of medicines.

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.

The home should ensure that records are maintained of order, receipts, administration and disposal of medication.

**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.**

<b>Key findings/Evidence</b>	<b>Standard met?</b>	<b>3</b>
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There is evidence that privacy and dignity are given consideration within the home. There are policies and procedures relating to this issue and evidence that staff have read these documents. All personal care is delivered in the service users bedrooms. The manager has purchased a mobile phone in order that phone calls may be taken and received in privacy. All rooms have telephone points.

**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?**

N/A

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?	2
<p>Care plans provide evidence of service users personal interests. The manager stated that service users engage in shopping, walks and days out with the family. However, there is no evidence to show that service users are enabled to take part in relevant planned activities. This evidence should be reflected in the care plan.</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>The manager stated that service users might receive visitors at anytime. The manager stated that he would be including details of maintaining relatives involvement and maintaining links with the community in the service users guide. Where service users have no family or representative, the manager should involve advocacy services.</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?	N/A
<p>This standard was not assessed at this inspection.</p>		

**Standard 15 (15.1 – 15.9)**

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

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

3

Service users confirmed that meals are of a good quality. The wife of the registered manager is a fully qualified chef. The manager stated that service users are provided with a large selection of fresh fruit and vegetables on a daily basis. Snacks and drinks are available throughout the day. Flexible mealtimes are catered for.

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

Key findings/Evidence	Standard met?	N/A
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This standard was not assessed at this inspection.

### 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?	3
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Service users receive their voting papers directly and are enabled to vote should they wish to.

**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 POVA lists**

0

**Key findings/Evidence**

**Standard met?**

1

The home does not have an Adult protection procedure at the present time. The manager stated that this would be in place by the end of October. It should be in line with the East Sussex, Brighton and Hove Policies and Procedures for the Protection of Vulnerable Adults. CRB checks have not been carried out. The manager stated that this was in the process of being organised. All staff should 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 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?	
This standard was not assessed at this inspection.		

### 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?	
The communal areas are accessible to service users. The manager has replaced the worn dining room table and chairs. This was a requirement made at the last inspection. Lightings and furnishings throughout the home are domestic in style.		

<b>Standard 21 (21.1 – 21.8)</b>		
<b>Toilet, washing and bathing facilities are provided to meet the needs of service users.</b>		
<b>Key findings/Evidence</b>	<b>Standard met?</b>	<b>N/A</b>
This standard was not assessed at this inspection.		

<b>Standard 22 (22.1 – 22.8)</b>		
<b>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.</b>		
<b>Key findings/Evidence</b>	<b>Standard met?</b>	<b>2</b>
There is evidence that consideration has been given to providing environmental adaptations for less mobile service users. There are grab rails in the toilets and bathrooms. One toilet has a riser seat. There is no evidence that suitably qualified professionals in respect of aids and adaptations have assessed the home.		

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

<b>Total number of single bedrooms with at least 10 sq.m usable space or additional compensatory space</b>	<input type="checkbox"/> X
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<b>Pre-existing homes only (1 April 2003) - single bedrooms below 10 sq.m usable space or additional compensatory space</b>	<input type="checkbox"/> X
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<b>Total number of wheelchair users accommodated for in rooms at least 12sq.m</b>	<input type="checkbox"/> X
---	----------------------------

<b>Total number of wheelchair users accommodated for in rooms at less than 12sq.m</b>	<input type="checkbox"/> X
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<b>Total number of shared rooms at least 16 sq.m</b>	<input type="checkbox"/> X
--	----------------------------

<b>Total number shared rooms less than 16 sq.m</b>	<input type="checkbox"/> X
--	----------------------------

**Percentage of places within single rooms:**

<b>100%</b>	<input type="checkbox"/> YES
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<b>80% - 99%</b>	<input type="checkbox"/> NO
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<b>Less than 80%</b>	<input type="checkbox"/> NO
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<b>Total number of single bedrooms</b>	<input type="checkbox"/> X
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<b>Total number of single rooms with en suite</b>	<input type="checkbox"/> X
---	----------------------------

<b>Total number of double rooms</b>	<input type="checkbox"/> X
-------------------------------------	----------------------------

<b>Total number of double rooms with en suite</b>	<input type="checkbox"/> X
---	----------------------------

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

N/A

This standard was not assessed at this inspection.

**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?**

N/A

This standard was not assessed at this inspection.

**Standard 25 (25.1 – 25.8)**

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

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

3

The manager has complied with the requirements made at the previous inspection. Service users radiator temperatures can be individually controlled. Radiators have been fitted with guards or are of the low surface temperature type. Lighting is bright and domestic in style. Water temperatures are now controlled so as not to exceed 43 degrees at the point of delivery. Water is stored at 75 degrees in the hot water tank.

**Standard 26 (26.1 – 26.9)**

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

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

3

On the day of the inspection the home was clean, tidy and free from offensive odours. The home has policies and procedures relating to the control of infection.

## Staffing

The intended outcomes for the following set of standards are:

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

### Standard 27 (27.1 – 27.7)

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

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

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

Key findings/Evidence

Standard met?

1

There was no evidence that staff working at the home had undergone formal recruitment procedures or training. The manager should ensure that the necessary recruitment paperwork is completed and stored appropriately.

**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

% of care staff with NVQ level 2  %

Key findings/Evidence	Standard met?	1
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The manager has yet to register staff on the NVQ programme.

**Standard 29 (29.1 – 29.6)**  
**The registered person operates a thorough recruitment procedure based on equal opportunities and ensuring the protection of service users.**

Key findings/Evidence	Standard met?	2
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The home has policies and procedures on equal opportunities. There were no recruitment policies available at the inspection.

**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
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The manager is in the process of developing a training programme that meets the National Training Organisation targets. The training programme should also include issues relating 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 responsibilities fully.
- Service users benefit from the ethos, leadership and management approach of the home.
- The home is run in the best interests of service users.
- Service users are safeguarded by the accounting and financial procedures of the home.
- Service users' financial interests are safeguarded.
- Staff are appropriately supervised.
- Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- The health, safety and welfare of service users and staff are promoted and protected.

### Standard 31 (31.1 – 31.8)

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

Key findings/Evidence	Standard met?	3
<p>The manager has several years experience of caring for the older person. In addition, he has undergone training in management and has qualifications in this area.</p>		

### Standard 32 (32.1 – 32.7)

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

Key findings/Evidence	Standard met?	3
<p>From observation, it was clear that service users felt comfortable with the manager and appeared able to approach staff. Service users are included in the day-to-day activities of the family run home.</p>		

**Standard 33 (33.1 – 33.10)**

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

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

N/A

This standard was not assessed at this inspection.

**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?**

N/A

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?**

3

There is evidence that the manager enables service users to manage their own finances. The manager stated that he gets allowances for service users and then gives the money directly to the service user. Signed and dated records provided evidence of this. One service user has a power of attorney. Records in relation to this were available for inspection.

**Standard 36 (36.1 – 36.5)**

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

Key findings/Evidence	Standard met?	1
<p>The manager has yet to formalise policies and procedures relating to employment. There was no evidence of formal supervision taking place.</p>		

**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?	N/A
<p>This standard was not assessed at this inspection.</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?	2
<p>There is evidence that the manager has responded to the health and safety requirements made at the previous inspection. These include; the testing of electrical systems and appliances and the regulation of water temperatures to control legionella.</p>		
<p>The manager should ensure that the following are attended to</p>		
<ol style="list-style-type: none"> <li>1. That evidence is provided of fire drills and fire safety</li> <li>2. That the home has a copy of the Health and Safety regulations 1981</li> <li>3. That evidence is provided that boilers and central heating systems have been serviced.</li> <li>4. That manual handling assessment is carried out where necessary.</li> </ol>		

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

(where applicable)

Condition	Compliance	
<b>Comments</b>		

Condition	Compliance	
<b>Comments</b>		

Condition	Compliance	
<b>Comments</b>		

Condition	Compliance	
<b>Comments</b>		

Lead Inspector

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Second Inspector

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Locality Manager

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Date

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Signature

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Signature

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Signature

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**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 26<sup>th</sup> August 2003 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

NO

Comments were received from the provider

NO

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

NO

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

NO

**Note:**

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

**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

YES

Action plan was received at the point of publication

YES

Action plan covers all the statutory requirements in a timely fashion

YES

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

NO

Provider has declined to provide an action plan

NO

Other: <enter details here>

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.