



Making Social Care
Better for People

inspection report

Care Home For Older People

Kestrel Grove Nursing Home

Hive Road

Bushey Heath

Herts

WD2 1JQ

Unannounced Inspection

24th January 2005

Commission for Social Care Inspection

Launched in April 2004, the Commission for Social Care Inspection (CSCI) is the single inspectorate for social care in England.

The Commission combines the work formerly done by the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission.

The role of CSCI is to:

- Promote improvement in social care
- Inspect all social care - for adults and children - in the public, private and voluntary sectors
- Publish annual reports to Parliament on the performance of social care and on the state of the social care market
- Inspect and assess 'Value for Money' of council social services
- Hold performance statistics on social care
- Publish the 'star ratings' for council social services
- Register and inspect services against national standards
- Host the Children's Rights Director role.

Inspection Methods & Findings

SECTION B of this report summarises key findings and evidence from this inspection. The following 4-point scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The 4-point scale ranges from:

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

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

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

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

ESTABLISHMENT INFORMATION

Name of establishment

Kestrel Grove Nursing Home

Tel No:

020 8950 4329

Address

Hive Road, Bushey Heath, Herts, WD2 1JQ

Fax No:

020 8950 8074

Email address

enquiries@kestrelgrove.co.uk

Name of registered provider(s)/company (if applicable)

Mr Paul Martin Tripp

Name of registered manager (if applicable)

Barbara Mancer

Type of registration

No. of places registered (if applicable)

Care Home

57

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

Old age, not falling within any other category (57)

Registration number

G110000268

Date first registered

5th December 2003

Date of latest registration certificate

3rd March 2004

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

5/4/04

Date of inspection visit		24th January 2005	ID Code
Time of inspection visit		09:30 am	
Name of inspector	1	Sue Mitchell	074927
Name of inspector	2		
Name of inspector	3		
Name of inspector	4		
Name of specialist (e.g. Interpreter/Signer) (if applicable)			
Name of establishment representative at the time of inspection		Paul Tripp (Proprietor) Margaret Curran (Deputy Manager)	

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INTRODUCTION TO REPORT AND INSPECTION

Every establishment that falls within the jurisdiction of the Commission for Social Care Inspection (CSCI), is subject to inspection, to establish if the establishment is meeting the National Minimum Standards relevant to that setting and the requirements of the Care Standards Act 2000.

This document summarises the inspection findings of the CSCI in respect of Kestrel Grove Nursing Home.

The inspection findings relate to the National Minimum Standards (NMS) for Care Homes for Older People published by the Secretary of State under the Care Standards Act 2000.

The Regulations applicable to the inspected service are secondary legislation, with which a service provider must comply. Service providers are expected to comply fully with the National Minimum Standards. The National Minimum Standards will form the basis for judgements by the CSCI regarding registration, the imposition and variation of registration conditions and any enforcement action.

The report follows the format of the NMS and the numbering shown in the report corresponds to that of the Standards.

The report will show the following:

- Inspection methods used
- Key findings and evidence
- Overall ratings in relation to the standards
- Compliance with the Regulations
- Required actions on the part of the provider
- Recommended good practice
- Summary of the findings
- Provider's response 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.

Kestrel Grove is a family run, private care home providing personal and nursing care for 57 older people. It is situated in a quiet residential area of Bushey Heath Herts. close to local shops and transport. It is a large old building with two extensions and has its own grounds of 6 acres, which are well maintained. One wing is newer and generally people with residential care needs are accommodated there. The rest of the house is for both nursing and personal care service users.

The home provides a full nursing service for 32 people as well as personal care for 25 service users. Some residents attend a local day centre during the week. In house activities such as Bingo, exercise to music, videos and entertainers are arranged on a daily basis for residents to join in as they wish. Services such as chiropody, opticians, dentist, hair dressing, manicurist and aromatherapy come into the home on a regular basis.

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.)

The inspection took place during the morning and early afternoon. The inspector was able to meet with the service users in their rooms, the dining area and lounges. There were both trained staff and care staff on duty in sufficient numbers to meet the care needs of the service users. Staff were observed to be attentive to service users, talking with them and later on engaging them in the flower arranging session held after lunch. There was a busy but relaxed and calm atmosphere within the home. All service users spoken to were full of praise for the care, attention and services provided by staff and the proprietor.

The home had complied with the requirements from the last inspection. Some attention still needs to be paid to ensuring that staff are supervised regularly but there was evidence that supervision was taking place. Of the National Minimum Standards inspected on this occasion it was recommended the senior staff ensure that care plans are signed at the point of writing, as this was not consistent in all files sampled. No other requirements were issued on this occasion, which is commendable. There is clear evidence that both the Proprietor, Manager and staff have worked hard to ensure that all policies and procedures and care related activities were in place and maintained to a high standard.

Choice of home (Standards 1-6)

One standard was assessed and met in full. There were detailed assessments of new service users and comprehensive risk assessments on tissue viability, dependency and moving handling had been carried out. Care plans had been written following admission. The manager should ensure that staff writing the care plans sign them as not all had been signed in the samples seen.

Health and Personal Care (Standards 7-11)

Three standards were assessed. Two exceeded the minimum standard, which is commendable. The manager and her staff continue to maintain their high standard of care planning and ensuring that service users health care needs are met promptly and by the appropriate health care professionals. The home has now met the requirements set by the CSCI pharmacist inspector's last visit. A comprehensive clinical protocols manual is now available for the nursing staff.

Daily Life and Social Activities (Standards 12 –15)

Two standards were assessed. Both were met in full. There are details of service users personal preferences in relation to leisure interests, religious observance, diet and daily routines in their care plans. One of the senior carers is now the activities coordinator for the home. Not all service users attend the activities laid on but staff were observed to encourage service users to attend the flower arranging session on the day of the inspection. Service users are able to choose from the daily menu or they can have an alternative option of their choice. The meal served at lunchtime on the day of the inspection looked appetising and a number of people had chosen different options.

Complaints and Protection (Standards 16-18)

One standard was assessed. This was met in full. Seven complaints had been made to the home. All were fully documented. One had been made to the CSCI who investigated the complaint. There was insufficient evidence for the complaint to be upheld. The manager has also attended abuse awareness training and this is being cascaded down to staff.

Environment (Standards 19-26)

One standard was assessed which exceeded the minimum standards. The proprietor continues to ensure that the home is well maintained having a team of maintenance personnel to carry out ongoing decoration and repairs. There is a large team of ancillary staff who keep the home clean, tidy and free from odours.

Staffing (Standards 27-30)

One standard was assessed and met in full. The proprietor and manager continue to ensure that nurses and care staff attend both mandatory and specialist training courses to meet the needs of the service users. Staffing levels on the day of the inspection were judged to be sufficient to meet the care needs of the service users. The provision of a large team of ancillary staff to carry out catering, laundry and cleaning in the home is very supportive to the carers. A high proportion of care staff have now achieved NVQ 2 There are some staff undertaking NVQ 3 training

Management and Administration (Standards 31-38)

One standard was assessed. This exceeded the minimum standard. The home has robust health and safety policies and procedures in place. All services to equipment in the home had been carried out regularly. There were detailed records of accidents and incidents. Risk assessments of the premises were in place. Staff undertake regular health and safety training.

Requirements from last Inspection visit fully actioned?

YES

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. The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".				
No.	Regulation	Standard	Required actions	

Action is being taken by the Commission for Social Care Inspection to ensure compliance in regard to the above requirements.

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 are to be addressed with the time scale within which such actions will be taken. This action plan will be made available on request to the Area Office.

STATUTORY REQUIREMENTS

Identified below are areas addressed in the main body of the report, which indicate non-compliance with the Care Standards Act 2000, and accompanying Regulations 2001 and the National Minimum Standards. The Registered Provider(s) is/are required to comply within the given time scales. The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".

No.	Regulation	Standard *	Requirement	

RECOMMENDATIONS

Identified below are areas addressed in the main body of the report, which relate to National Minimum Standards and are seen as good practice issues which should be considered for implementation by the registered Provider(s). The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".

No.	Refer to Standard *	Good Practice Recommendations

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

PART B**INSPECTION METHODS & FINDINGS**

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

Direct observation	YES
Indirect observation	YES
Sampling	NO
• Pre-inspection questionnaire	YES
• Records	YES
• Care plans / Care pathways	YES
• Meals	YES
• Activities	NO
• Other (Specify)	NO
'Tracking' care and support	YES
Group discussion with service users	YES
Individual discussion with service users	YES
Group discussion with staff	NO
Individual discussion with staff	YES
Discussion with management	YES
Service user survey	NO
Relatives/significant others survey/feedback	NO
Visiting professionals survey / feedback	NO
Tour of premises	NO
Formal interviews	NO
Document reading	YES
Additional inspection information:	
Number of service users spoken to at time of inspection	8
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	NA
CRB check for the manager seen	NA
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)	65
Total number of staff with nursing qualifications employed	13
Date of inspection	24/1/05
Time of inspection	09.00
Duration of inspection (hrs)	5.30

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

The scale ranges from:

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

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

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

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

Choice of Home

The intended outcomes for the following set of standards are:

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

Standard 1 (1.1 – 1.3)

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

Range of fees charged From (£) To (£)

Any charges for extras

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

Key findings/Evidence	Standard met?	0
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Not assessed on this occasion

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?	0
Not assessed on this occasion		

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?	4
Care files of three new service users were sampled. These contained a detailed needs assessment, which had been carried out by the deputy or manager. Very few people admitted are funded through social services so the home is responsible for ensuring a full needs assessment is carried out. Risk assessments on mobility, moving and handling and pressure sores had been also been carried out. A dependency needs assessment were also in place. Detailed care plans were in place for each person. It was noted that for one service user the nurse completing the care plans had only signed some of plans. It is recommended that senior staff monitor whether the plans have been signed when written. A full nursing service is provided within the home for all service users as required.		

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?	0
Not assessed on this occasion		

Standard 5 (5.1 – 5.3) The registered person ensures that prospective service users are invited to visit the home and to move in on a trial basis, before they and / or their representatives make a decision to stay; unplanned admissions are avoided where possible.		
Key findings/Evidence	Standard met?	0
Not assessed on this occasion		

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

Not applicable to this home

Health and Personal Care

The intended outcomes for the following set of standards are:

- The service user's health, personal and social care needs are set out in an individual plan of care.
- Service users make decisions about their lives with assistance as needed.
- Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
- Service users feel they are treated with respect and their right to privacy is upheld.
- Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

Standard 7 (7.1 – 7.6)

A service user plan of care generated from a comprehensive assessment (see Standard 3) is drawn up with each service user and provides the basis for the care to be delivered.

Key findings/Evidence	Standard met?	4
<p>The home continues to maintain its high standard of care planning and evaluation of service users personal and nursing care needs. Approximately 12 care plans were sampled on both wings of the home. All were found to be detailed and covered all aspects of the service users personal, physical, emotional and social care needs. Care plans were noted to be evaluated monthly and any changes were recorded. Risk assessments for moving and handling, Waterlow (tissue viability assessments) dependency levels etc were noted to be evaluated monthly with any changes recorded. Not all service users are able to sign their care plans. The home continues to record all nighttime checks with details of service users choices i.e. if they wish to be woken at certain times or not disturbed at all.</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.

No. of incidents where service users have been taken to Accident and Emergency during last 12 months

2

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

3

Key findings/Evidence

Standard met?

4

The home continues to maintain its high standard of monitoring and recording service users health care needs. The care plans sampled clearly identified each person's particular health care needs, treatment and support required. The nursing staff carry out Waterlow assessments for tissue viability. The deputy stated that the home has good support from the Tissue Viability nurse who comes in to treat patients weekly with the nursing staff following up with daily treatment as necessary. There were detailed records of all treatment given on the individuals care plans. The home provides appropriate mattresses and cushions for the prevention or treatment of pressure sores. The deputy manager stated that all the service users had been assessed by the continence advisor in October 2004 and was coming back in January to assess them for nursing care and continence. The home makes referrals via the GP to the psycho geriatrician for anyone with psychological needs. The Community Psychiatric Nurse is currently visiting one person in the home. The home has regular exercise sessions on Monday mornings for service users. Service users dietary needs and food preferences are detailed in their care plans. Information on their dietary needs is also kept in the kitchen. The service users all belong to the same local GP surgery. The GP visits weekly and the deputy manager stated that the GP is very supportive. There were records of all GP visits made to the service users. The chiropodist, dentist and optician visit the home regularly. The optician visited the home during the inspection. The deputy was also in the process of trying to organise a home visit from an audiologist at the request of one service users family.

Standard 9 (9.1 – 9.11)

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

Key findings/Evidence

Standard Met?

3

The home has now met the requirements set by the CCSI pharmacy inspector at her previous visit in April 2004. There is a detailed clinical protocols manual available for nursing staff. The inspector checked one medication cabinet, the controlled drugs and medication records. All records were found to be in order; the controlled drugs were counted and found to be correct. Three service users self medicate at present. The GP visits weekly and any issues are discussed then. If there are urgent concerns about service use health or medication the deputy stated that the GP will respond quickly

Standard 10 (10.1 – 10.7)

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

Key findings/Evidence**Standard met?**

0

Not assessed on this occasion

Standard 11 (11.1 – 11.12).

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

Key findings/Evidence**Standard met?**

0

Not assessed on this occasion. The inspector was informed that both the Manager and deputy had recently attended palliative care training.

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?	4
<p>The service users care plans sampled clearly identified individual wishes and preferences in terms of personal care routines, dietary and food preferences, social contacts, leisure interests and spiritual or religious observance. There is a weekly entertainments notice on display in the dining room, which generally consisted of exercises, Bingo, a drinks party and an entertainment. The inspector was informed that a member of staff was now responsible for ensuring that activities were organised for the service users. She had organised a trip to the Harlequin Centre in Watford before Christmas so service users could do their Christmas shopping. A flower arranging session had been planned for the afternoon of the inspection. A number of service users were encouraged by the staff to attend the session. Some service users prefer to stay in their rooms and all have access to TV, radio, video and their own telephone. One person said they took great pleasure in their own company and the radio and had visitors as well as telephone contact with friends and relatives.</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?	0
<p>Not assessed on this occasion</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?**

0

Not assessed on this occasion

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?**

4

The menu was made available for inspection. It had a choice of a main course with an alternative for vegetarians. One person stated that she wanted something different from the main menu and this was served to her as she wished. There is record of all dietary needs in the kitchen including pureed or soft diets. Staff ask service users what they wish for their meals and a list is taken to the kitchen. There is a separate kitchen on each side of the home with its own staff that provide drinks and snacks to service users and their relatives when they wish. All service users spoken to stated that they enjoyed the food. Those who require support to eat their meals are given their lunch in the lounge or their rooms. Service users can choose where they wish to take their meals. There are two people on PEG feeds.

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	7
No. of these complaints fully substantiated	6
No. of these complaints partly substantiated	0
No. of these complaints not substantiated	0
No. of these complaints not yet resolved	0
No. of complaints sent direct to CSCI	1
Percentage of complaints responded to within 28 days	100 %

Key findings/Evidence

Standard met?

3

There is a complaints policy in place. The home keeps detailed records of all complaints and records whether the complainant was satisfied. One complaint about the home had been made to the CSCI, which was investigated by the inspectors. There was insufficient evidence for the complaint to be upheld. None of the service users spoken to had any concerns or complaints about the home or care provided. They said they knew to whom they could speak to if they had any concerns.

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

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 <i>No Secrets</i>	<input type="checkbox"/>	YES
No. of staff referred for inclusion on POVA lists	<input checked="" type="checkbox"/>	X
Key findings/Evidence	Standard met?	0
Not assessed on this occasion. The inspector was informed that the manager had had abuse awareness training in October. The deputy stated that staff were having in house abuse awareness training run by herself and the manager.		

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?	4
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The home is situated in six acres of spacious grounds which are accessible to service users and maintained by contractors. The home is in a quiet residential area of Bushey Heath, which has local shops and transport within walking distance. The home is mixture of old and new buildings. It continues to be well maintained by the in house maintenance team who carry out redecoration, repairs and other tasks. The Proprietor oversees all aspects of maintenance. Internally the home was seen to be well decorated and pleasantly furnished. The home has a large ancillary staff team who keep the home clean, tidy and free from odours as was the case on this inspection. The fire brigade last visited the home in April 2003; the home had complied with the recommendations from the visit. The Environmental Health Officer had also visited in January 2004. The Proprietor has now complied with all the requirements made on that visit. An asbestos management policy is now in place, which had been outstanding from the Environmental Health Officer's visit at the last inspection. There were no premises issues arising from 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?	0
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Not assessed on this occasion.

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?	0
Not assessed on this occasion.		

Standard 22 (22.1 – 22.8)		
The registered person demonstrates that an assessment of the premises and facilities has been made by suitably qualified persons, including a qualified occupational therapist, with specialist knowledge of the client groups catered for, and provides evidence that the recommended disability equipment has been secured or provided and environmental adaptations made to meet the needs of service users.		
Key findings/Evidence	Standard met?	0
Not assessed on this occasion.		

Standard 23 (23.1 – 23.11)

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

Total number of single bedrooms with at least 10 sq.m usable space or additional compensatory space	<input type="text" value="56"/>
Pre-existing homes only (1 April 2003) - single bedrooms below 10 sq.m usable space or additional compensatory space	<input type="text" value="0"/>
Total number of wheelchair users accommodated for in rooms at least 12sq.m	<input type="text" value="0"/>
Total number of wheelchair users accommodated for in rooms at less than 12sq.m	<input type="text" value="0"/>
Total number of shared rooms at least 16 sq.m	<input type="text" value="1"/>
Total number shared rooms less than 16 sq.m	<input type="text" value="0"/>
Percentage of places within single rooms:	
100%	<input type="text" value="YES"/>
80% - 99%	<input type="text" value="NO"/>
Less than 80%	<input type="text" value="NO"/>
Total number of single bedrooms	<input type="text" value="27"/>
Total number of single rooms with en suite	<input type="text" value="19"/>
Total number of double rooms	<input type="text" value="0"/>
Total number of double rooms with en suite	<input type="text" value="0"/>

Key findings/Evidence**Standard met?**

0

Not assessed on this occasion.

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?	0
Not assessed on this occasion.		

Standard 25 (25.1 – 25 8)		
The heating, lighting, water supply and ventilation of service users' accommodation meet the relevant environmental health and safety requirements and the needs of individual service users.		
Key findings/Evidence	Standard met?	0
Not assessed on this occasion.		

Standard 26 (26.1 – 26.9)		
The premises are kept clean, hygienic and free from offensive odours throughout and systems are in place to control the spread of infection, in accordance with relevant legislation and published professional guidance.		
Key findings/Evidence	Standard met?	0
Not assessed on this occasion.		

Staffing

The intended outcomes for the following set of standards are:

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

Standard 27 (27.1 – 27.7)

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

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

		Personal Care	Nursing
No. service users <i>High</i> needs	<input type="checkbox"/>	No. staff hours allocated	<input type="checkbox"/>
No. service users <i>Medium</i> needs	<input type="checkbox"/>	No. staff hours allocated	<input type="checkbox"/>
No. service users <i>Low</i> needs	<input type="checkbox"/>	No. staff hours allocated	<input type="checkbox"/>
No. of staff hours required	<input type="checkbox"/>	No. of staff hours provided	<input type="checkbox"/>
No. of full time equivalent first level registered nurses	<input type="text" value="13"/>		
No. of care staff	<input type="text" value="65"/>		
No. of ancillary staff	<input type="text" value="36"/>		

Key findings/Evidence

Standard met?

0

Not assessed on this occasion.

Standard 28 (28.1 – 28.3)

A minimum ratio of 50% trained members of care staff (NVQ Level 2 or equivalent) is achieved by 2005, excluding the registered manager and/or care manager, and in care homes providing nursing, excluding those members of the care staff who are registered nurses.

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

X

% of care staff with NVQ level 2

X

%

Key findings/Evidence**Standard met?**

0

Not assessed on this occasion

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?**

0

Not assessed on this occasion.

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?**

4

The proprietor and manager continue to ensure that both nursing and care staff have appropriate training to meet the needs of the service users. Staff are provided with more than the statutory three days training yearly, which is commendable. In addition to ongoing mandatory health and safety training in first aid, infection control, fire safety and moving and handling staff have also undertaken training in palliative care, abuse awareness, care skills and medication administration. Training had also been booked for staff on positive dementia care, care skills and managing stress. There were two new trainees who were being inducted by senior staff. Their induction programme was made available for inspection.

Management and Administration

The intended outcomes for the following set of standards are:

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

Standard 31 (31.1 – 31.8)

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

Key findings/Evidence	Standard met?	0
Not assessed on this occasion.		

Standard 32 (32.1 – 32.7)

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

Key findings/Evidence	Standard met?	0
Not assessed on this occasion.		

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?	0
Not assessed on this occasion. Since the last inspection the proprietor has implemented his Quality Assurance policy and procedures. This will be more fully assessed at the next inspection.		

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

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		<input type="checkbox"/> X
Number of service users subject to Enduring Power of Attorney processes		<input type="checkbox"/> X
Number of service users subject to Guardianship Orders		<input type="checkbox"/> X
Key findings/Evidence	Standard met?	0
Not assessed on this occasion.		

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?	0
Not assessed on this occasion.		

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?**

0

Not assessed on this occasion.

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?**

4

The proprietor continues to maintain a high standard of health and safety within the home. There is a robust health and safety policy in place as well as clinical protocols for nurses to follow. As stated in standard 30 above the proprietor and manager ensure that staff undertake regular health and safety training. All certificates and service records for the appliances and equipment used in the home were made available for inspection. These were noted to be up to date with no outstanding works required. Weekly call bell tests are carried out and staff continue to have fire drills, which are recorded. There is an up to date fire risk assessment. At the last inspection the proprietor had been required by the Health and Safety Executive officer to ensure that staff working in the kitchen and laundry carried out a risk assessments of these environments. These were now in place. Risk assessments for the premises were in place. The manager keeps detailed records of all accidents and incidents in the home. She continues to carry out a monthly audit of accidents to assess whether there are any patterns or issues arising from the time or place of the accident. There were records of when a service user had been referred to the GP when the home had concerns. There had been 78 minor accidents to service users since the last inspection in April 2004. The home continues to report any Regulation 37 events to the CSCI promptly.

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

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Lead Inspector	Sue Mitchell	Signature	_____
Second Inspector	_____	Signature	_____
Regulation Manager	Gail Freeman	Signature	_____
Date	23rd February 2005		_____

Public reports

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

PART D

**PROVIDER'S RESPONSE TO IDENTIFIED
STATUTORY REQUIREMENTS**

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

We would welcome comments on the content of this report relating to the Inspection conducted on 24th January 2005 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

Action taken by the CSCI 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.

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

Action plan was received at the point of publication

Action plan covers all the statutory requirements in a timely fashion

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

Provider has declined to provide an action plan

Other: <enter details here>

D.3 PROVIDER'S AGREEMENT

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

D.3.1 I Mr Paul Tripp of Kestrel Grove 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

D.3.2 I Mr Paul Tripp of Kestrel Grove 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.

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