



Champions for
Social Care
Improvement

inspection report

Care Home For Older People

Kestrel Grove Nursing Home

Hive Road

Bushey Heath

Herts

WD2 1JQ

Announced Inspection

5th and 6th April 2004

Commission for Social Care Inspection

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

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

The role of CSCI is to:

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

Inspection Methods & Findings

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

The 4-point scale ranges from:

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

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

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

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

ESTABLISHMENT INFORMATION

Name of establishment

Kestrel Grove Nursing Home

Address

Hive Road, Bushey Heath, Herts, WD2 1JQ

Tel No:

020 8950 4329

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)**Type of registration**

Care Home

No. of places registered (if applicable)

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?**Do additional conditions of registration apply ?**

If Yes refer to Part C

Date of last inspection

Date of inspection visit		5 th and 6 th April 2004	ID Code
Time of inspection visit		09:00 am –5.30 pm 09.00 am-5.00 pm	
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		Mr Paul Tripp (Proprietor) Mrs Barbara Mancer (Care 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.

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 was carried out over a period of two days. An officer from the Health and Safety Executive and the Pharmacist inspector also made unannounced visits to the home during the week of the inspection. The inspector met a number of service users and some relatives and friends who were visiting during the inspection. Their comments are included in the body of the report. The inspector had also received 27 comment cards from relatives and friends. These were in the main very positive. The Proprietor, Care Manager and all staff participated fully in the inspection process and were helpful and informative throughout. The home has recently varied its registration to provide more nursing care beds as the referrals to the home are predominantly for nursing care. The home had achieved the majority of the requirements from the last inspection. The health and safety issues raised at the last inspection following a serious incident, which led to the death of a service user had now been resolved and the Proprietor was complying with the requirements from that inspection. This inspection found that the home had met the majority of the National Minimum Standards and continues to maintain its high standard of staffing, record keeping, care planning, health and personal care support for service users.

Choice of Home (Standards 1-6)

All standards were assessed and were met in full. The assessments carried out by the manager and deputy were noted to be of a high standard with good attention to detail, which enabled comprehensive care plans to be written for service users

Health and Personal Care (Standards 7-11)

All standards were assessed. All but one was met in full. The home had had a Pharmacist inspection in October 2003, some of the requirements from that inspection relating to policies had not yet been achieved but the manager had ensured all the day-to-day management issues identified by the inspector had been addressed as required. It is positive to note that the staff continue to maintain a high standard of care planning, recording and ensuring all health care needs are met.

Daily Life and Social Activities (Standards 12-15)

All standards were assessed and met in full. The home provides a range of activities for service users, which they have the choice to participate in. Some relatives had commented on the feedback cards about the lack of outings particularly in the summer. The service users also commented that they chose not to join some of the activities. It was positive to note that there is sufficient staff available in the afternoon to spend time with the service users doing alternative activities from the arranged ones. The home does not hold service users meetings or have a relatives' forum where activities or other issues could be discussed. The Care Manager has taken this on board and planned to hold a meeting in April

Complaints and Protection (Standards 16-18)

All standards were inspected; Two were not met in full. A number of relatives had indicated on the feedback cards that they had made a complaint to the home. The number of complaints recorded did not correspond with the number of comments. It was discovered that when concerns are raised with staff this is usually recorded in the care notes rather than in the complaints book. The care manager had not attended training on the protection of vulnerable adults as required from the last inspection and care staff had not had abuse awareness training. This is now required.

Environment (Standards 19 –26)

All standards were assessed and were met in full. The home continues to have a high standard of maintenance and cleanliness. It is kept well decorated and furnished with domestic style furniture throughout. Service users rooms were noted to be clean, well furnished with many having personal possessions including their own furniture.

Staffing (Standards 27-30)

All standards were assessed and were met in full. The home continues to maintain its high staffing levels of both nursing and care staff, which is commendable. Training was noted to be ongoing and covered core training needs for staff in moving and handling, medication, infection control first aid as well as some specific courses for nursing staff. The home is on target to meet the 50% of staff qualified to NVQ2 by 2005, which is commendable.

Management and Administration (Standards 31-38)

All standards were assessed. All but three were met in full. The home has not yet fully implemented its quality assurance policy nor has it an annual development plan. Discussions during the inspection highlighted the need to have service users meetings and a forum for relatives to express their views and concerns. This would form part of the quality assurance process and ensure as many concerns raised in the meetings would be addressed. Overall the standard of record keeping was high. The proprietor needs to ensure that the requirements from the HSE and EHO visits are met within the timescales stated. The home has moved forward in terms of ensuring the supervision process has started but more work is required for them to reach the minimum standards

Requirements from last Inspection visit fully actioned?

NO

If No please list below

STATUTORY REQUIREMENTS				
Identified below are areas not addressed from the last inspection report which indicate a non-compliance with the Care Standards Act 2000 and accompanying Regulations. The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".				
No.	Regulation	Standard	Required actions	
1	24	OP33	There must be an annual development plan for the home in place	31.10.03
2	13.6	OP18	The managers must have training on the Protection of Vulnerable Adults. Care staff must also have awareness training.	31.3.04

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)
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STATUTORY REQUIREMENTS IDENTIFIED DURING THE INSPECTION

Action Plan: The Registered Person is requested to provide the Commission with an Action Plan, which indicates how requirements are to be addressed with the time scale within which such actions will be taken. This action plan will be made available on request to the Area Office.

STATUTORY REQUIREMENTS				
Identified below are areas addressed in the main body of the report, which indicate non-compliance with the Care Standards Act 2000, and accompanying Regulations 2001 and the National Minimum Standards. The Registered Provider(s) is/are required to comply within the given time scales. The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".				
No.	Regulation	Standard *	Requirement	
1	20	OP9	The Care manager must comply with the requirements set by the pharmacist inspector. This will be followed up at the next inspection.	As set by the pharmacist's report
2	22	OP16	A clearer record of all concerns or complaints made by relatives or service users must be made and detailed in the complaints book even if they have been resolved immediately and to the satisfaction of the relative or service user.	Immediate and ongoing
3	13.6	OP18	The Care Manager must attend protection of vulnerable adults training. Care staff must also have awareness of abuse training.	31.7.04
4	24	OP33	The quality assurance policy and procedure must be implemented in full, using surveys, meetings with service users, relatives, staff and stakeholders to elicit their views on the conduct of the home. An Annual development plan must be written for the home and a copy sent to the CSCI inspector.	30.9.04 30.9.04

5	18.2	OP36	The manager must ensure that supervision is delegated to senior staff that will carry out supervision with care staff. The Manager must discuss this in full with the staff nurses who are responsible for a number of carers on shift and therefore could supervise them formally. Senior staff responsible for supervision must ensure all staff have planned sessions of a minimum of 6 times a year. These sessions must be recorded and be made available for inspection	31.10.04
6	13.4 (c) 23.4 (c) (v) 25.5	OP38	<p>The Proprietor must carry out the recommendations made by the HSE officer; that the maintenance, catering and laundry staff carry out their own risk assessments in addition to the one which had been carried out by the proprietor.</p> <p>The proprietor must ensure an asbestos management policy must be written to comply with the EHO requirements set in January 2004 within their timescales.</p> <p>The proprietor must inform the CSC1 inspector when the fire doors have been alarmed.</p>	<p>By next inspection</p> <p>May 2004</p> <p>In action plan</p>

RECOMMENDATIONS

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

No.	Refer to Standard *	Good Practice Recommendations
1	OP7	It is recommended that the home devise their own social activity record chart, which reflects the type of activities that the service users actually do.
2	OP13	It is recommended that the all staff record in care notes when they have informed relatives of significant events or issues that concern service users.

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

PART B**INSPECTION METHODS & FINDINGS**

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

Direct observation	YES
Indirect observation	YES
Sampling	YES
• Pre-inspection questionnaire	YES
• Records	YES
• Care plans / Care pathways	YES
• Meals	NO
• Activities	NO
• Other (Specify)	NO
'Tracking' care and support	YES
Group discussion with service users	NO
Individual discussion with service users	YES
Group discussion with staff	YES
Individual discussion with staff	YES
Discussion with management	YES
Service user survey	NO
Relatives/significant others survey/feedback	YES
Visiting professionals survey / feedback	NO
Tour of premises	YES
Formal interviews	NO
Document reading	YES
Additional inspection information:	
Number of service users spoken to at time of inspection	15
Number of relatives/significant others the inspectors had contact with	2
Number of letters received in respect of the service	2
CRB check for the responsible individual seen	NO
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	NO
Total number of care staff employed (excluding managers)	43
Total number of staff with nursing qualifications employed	14
Date of inspection	5/4/04
Time of inspection	09.00
Duration of inspection (hrs)	16.30

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:
hairdressing, newspapers, chiropody, manicurist

Key findings/Evidence	Standard met?	3
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The home has fully completed its Statement of Purpose and Service Users Guide. This information is on display in the homes reception area. Information on extra services, that are chargeable, is detailed in the service users guide.

Standard 2 (2.1 – 2.2)
Each service user is provided with a statement of terms and conditions at the point of moving into the home (or contract if purchasing their care privately).

Key findings/Evidence	Standard met?	3
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The home has a contract with all fee paying service users in which the terms and conditions of residence are detailed. A copy of this contract was supplied to the inspector. There are two social services clients and one part funded client. The contract is the same for all service users.

Standard 3 (3.1 – 3.5)
New service users are admitted only on the basis of a full assessment undertaken by people trained to do so, and to which the prospective service user, his/her representatives (if any) and relevant professionals have been party.

Key findings/Evidence	Standard met?	3
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The home has a detailed admission and assessment policy. The inspector sampled the files of the most recent admissions. The assessments are carried out by either the Care Manager or the deputy who visit the service users in their own home or current place of residence. These were noted to comply with standard 3.3 covering all aspects of the service users lifestyle as well as their personal care and nursing needs as appropriate. Information from other professionals such as hospital staff was also noted to be in the files. Care plans were noted to be in place for all service users files sampled. The manager stated that they also involve the families as part of the assessment and admission process to ensure full details are taken of the service users needs and wishes.

Standard 4 (4.1 - 4.4)
The registered person is able to demonstrate the home's capacity to meet the assessed needs (including specialist needs) of individuals admitted to the home.

Key findings/Evidence	Standard met?	3
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The home provides a full nursing service to all the service users as required. There are qualified nurses on duty on each shift. The Care Manager stated that the home has access to the psycho-geriatrician at Northwick Park Hospital to support them in working with people with dementia and challenging behaviour. The home has access to the dietician and a physiotherapist who comes in weekly. Other services such as GP, dentist, optician and chiropody are made available to all service users. The home also offers a respite service for families. There were no service users from ethnic minorities in the home at the time of the inspection. A number of service users are Non Orthodox Jews and can attend Stanmore Synagogue. A Catholic priest comes weekly and the home is waiting for a new vicar to be appointed to come and hold services for service users. A number of lay people from the Catholic Church visit.

Standard 5 (5.1 – 5.3)

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

Key findings/Evidence

Standard met?

3

As part of the admissions policy prospective service users and their families are invited to visit the home and discuss their wishes. The care manager said that it was usually relatives who made these visits. Often a respite placement would form part of a trial stay for individuals. The home is able to take emergency placements if there are vacancies but generally there was a waiting list and the home was usually full.

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

Health and Personal Care

The intended outcomes for the following set of standards are:

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

Standard 7 (7.1 – 7.6)

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

Key findings/Evidence	Standard met?	4
<p>The inspector sampled care plans and social care profiles of approximately 15 service users. The care plans were noted to be comprehensive and covered all aspects of the service users personal, nursing and social care needs. The care plans and all other records pertaining to the care of service users continue to maintain a high standard of recording and attention to detail. This is commendable. Risk assessments for mobility and tissue viability were in place in all care files sampled. Monthly dependency charts are also completed for each person. The care plans were noted to be evaluated on a monthly basis by the manager and deputy. The social care profiles are written and reviewed by the Staff nurses. The profiles are used by care staff to carry out individuals plan of care and inform staff of key issues such as communication, eating and drinking, diet, personal care needs, mobility, social activities, family contact, psychological needs, safety and expressing personal identity. The home now uses a social activity chart to record when certain activities have been carried out as well as charts for recording personal care. This chart is supplied with a list of generic activities that service users may participate in regularly. However it was noted that staff had filled in extra activities that people actually did and did not use the ones on the list, as these were not things the individuals in the home did in reality. This was discussed with the staff and it is recommended that the home devise their own social activity record chart, which reflects the type of activities service users actually do. The home has also introduced an hourly checklist for night staff to complete following the incident last October. This was sampled and found to record a range of nighttime activities that staff have to monitor. Those sampled had all been filled in. The home had also written to the service users explaining that this would be carried out and asking them if they were happy with this arrangement. One person had signed to say she would not like to be disturbed during the night. The Care Manager stated that they were gradually introducing care plan forms that could be signed by the service users as appropriate.</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

10

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

1

Key findings/Evidence**Standard met?**

4

This inspection found that the staff continue to maintain a high standard of health care for the service users. Details of individuals' personal and health care needs were in their care plans and profiles and identified whether they were self caring or required assistance. Records relating to all appointments with GP, dentist, optician and chiropodist were noted to be in place with details of outcomes and action to be taken. These services all come into the home or service users can continue to go to their own specialist services. Staff nurses are responsible for assessing those service users who are at risk of developing pressure sores. There was only one person with a pressure sore. He had come into the home from hospital with the sore, which was gradually clearing up. There were detailed notes on the treatment of individual's pressure sores separate from care notes. The proprietor is in the process of purchasing special beds for all service users, which will make it easier for staff to carry out care for people who are bed bound. One service user who is permanently in bed still has a hospital bed as it meets his needs. The home also provides special mattresses and cushions for service users. The home is in regular contact with the continence advisor. The Care Manager stated that there is support as and when required from the psycho-geriatrician to assist in dealing with people with dementia, Alzheimer's or behavioural problems. There are two exercise to music sessions a week in the home for those that wish to participate. The physiotherapist comes to the home to carry out individual sessions. The initial assessments, care plans and profiles all had details of service users dietary needs including diabetes, soft or pureed diets. The Care Manager stated that the dietician is called in if there are issues about special diets or swallowing. One service user has a PEG feed. One service user was due to attend a hospital appointment and a carer was released to escort the service user and their relative to the hospital. None of the service users spoken to had any issues about their health care and support in the home.

Standard 9 (9.1 – 9.11)		
The registered person ensures that there is a policy and staff adhere to the procedures for the receipt, recording, storage, handling administration and disposal of medicines, and service users are able to take responsibility for their own medication if they wish, within a risk management framework.		
Key findings/Evidence	Standard Met?	2
<p>The inspector carried out an inspection of the medication and records. In addition the pharmacist carried out an unannounced inspection later in the week. Both inspectors found that the Care Manager had achieved the immediate management requirements from the last pharmacist inspection in October and was in the process of writing a number of policies and procedures required by the pharmacist, which are detailed in her reports. The Care manager must comply with the requirements set by the pharmacist inspection. This will be followed up at the next inspection. The inspector went on a medication round with a staff nurse to observe the practice. The nurse was very careful and was observed to double check the medication before administering it. Medication records sampled were found to be correctly filled in for the day. The controlled drugs cabinet was seen and drugs checked and found to be correct. The pharmacist inspector found that there was too much stock of one controlled drug and the home was required to discuss this with the supplying pharmacist to address the situation. The Care Manager informed the inspectors that a number of senior carers were on an administration of medication training course and would soon be able to assist the staff nurses in administering medication. This is a positive move for the home and is seen to be good practice. This is an issue at night time when there is only one staff nurse to administer all the medication as well as carry out any nursing duties.</p>		

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?	3
<p>The home has a policy on privacy and dignity and a staff code of practice on how to treat the service users. This forms part of the induction pack for all staff. The Care Manager has written a number of clinical procedures for staff to follow. All visitors have the choice of seeing their relatives in their rooms or the lounge as they wish. All financial affairs are arranged by the relatives. The care plans and social profiles identify friends and family contacts and a record is kept of all visitors. Staff were observed to knock on doors before entering bedrooms or bathrooms. Service users wishes in relation to death were noted in their care plans and the home has a clear policy on managing death and bereavement. Service users are able to have a telephone in their rooms. One person explained that she took great pleasure in being able to make and receive calls to her family and friends in the privacy of her room. The staff were heard to address the service users with respect using either their first name or Mr, Mrs or Miss. One service user who spoke with the inspector was clear that she liked her name abbreviated and was not to be addressed in a formal manner. The inspector was informed that the GP visits service users in the privacy of their rooms. There are no shared rooms. There is one married couple that have two rooms used as a bedroom and sitting room. They spoke to the inspector and said that they liked this arrangement.</p>		

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

Key findings/Evidence

Standard met?

3

The home has a policy on death and bereavement as well as palliative care. The policy contains all the elements of Standard 11. Three senior staff recently attended a course on caring for the dying, which they said they felt was very helpful. Training on palliative care is also planned for nursing staff. The majority of care plans sampled had details of service users wishes after death. Information for staff on the different customs and practices of various religions was also available.

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 initial assessments identified service users' social and leisure interests and the care plans and social profiles were noted to identify ways of encouraging service users to continue these interests. Individual daily living routines in terms of personal care, mealtimes, going to bed and getting up were also noted in care plans. There is a list of the weekly activities on display in the home, which vary from exercise to music, bingo, entertainers. videos and the home's weekly social drinks party. Staff are freed up in the afternoons to spend time with service users in the lounges encouraging them to participate in impromptu activities such as a sing a long, dancing, doing puzzles or just sitting and talking to them. These activities were observed on both days of the inspection as well as a Bingo session, which was well attended on this occasion. Some service users commented that they preferred not to join in these activities and were quite clear with the inspector why they would prefer their own company or to stay in their rooms to read or listen to the radio, make phone calls etc. Some relatives commented on the lack of activities in the comment cards particularly in the summer and would like to see more outings. The home does not have a service users meeting or relatives forum where these issues can be discussed. This was discussed with the Manager who was very keen to start up service users meetings in the first instance to get their views on activities, menus, care etc. Two service users attend a local Jewish Day centre three times a week. They both said that they enjoyed being able to get out and meet different people and do different activities.</p>		

Standard 13 (13.1 – 13.6)
Service users are able to have visitors at any reasonable time and links with the local community are developed and/or maintained in accordance with service users' preferences.

Key findings/Evidence	Standard met?	3
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The home welcomes visitors at any time. The service users guide has information on visiting. Care plans identify significant people who maintain regular contact with the service users. The care manager stated that she and all staff ensure that information is passed to relatives, friends and representatives and try and involve them as much as possible in the care of their relatives. Some relatives in their comment cards stated that they felt that they were not always informed of significant events but the majority said that they were. This was discussed with the Manager who felt that they did inform relatives as much as possible but recognised that sometimes errors could be made and will seek to address this with staff. It is recommended that the all staff record in care notes when they have informed relatives of significant events or issues that concern service users. The inspector met with three visitors during the time of the inspection. They met their relatives either in their room or in the lounge. Only one person has a restriction on a visitor. Entertainers or local groups come into the home on a regular basis. Service users are informed and encouraged to attend the entertainment if they wish. Again some people were clear that this was not their sort of thing and preferred to stay in their rooms or the lounge.

Standard 14 (14.1 – 14.5)
The registered person conducts the home so as to maximise service users' capacity to exercise personal autonomy and choice.

Key findings/Evidence	Standard met?	3
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The home is not involved in the service users' financial affairs; these are dealt with by themselves, their relatives or professional representatives. Information on advocates etc is in the service users guide. When meeting service users in their rooms the inspector observed that many had personal possessions, furniture, photographs etc. A property list is made on admission.

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

A four-week menu was supplied. The home continues to maintain its high standard of meals for service users, which is commendable. A number of service users commented favourably to the inspector about the meals served during the inspection. The home provides a varied diet catering for a range of tastes. Care staff ask service users what they wish to have for their meals in the morning from the menu. Alternatives can be provided. A list of individual's choices was in the kitchen. The home has two tray rooms where staff prepare light breakfasts, snacks and drinks throughout the day for service users and their visitors. The inspector visited the kitchen when lunch was being prepared on the second day. It was salmon for lunch, which the cook said was a popular choice for most service users. Pureed and soft food meals were also being prepared. All meals looked appetising. The inspector was informed that the service users generally had their breakfasts served in their rooms. Some used the dining room or ate in the lounges or their rooms for lunch and dinner. Some people required to be fed. There was a list of those people requiring support at meal times for care staff. One person has a PEG feed.

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="2"/>
No. of these complaints fully substantiated	<input type="text" value="2"/>
No. of these complaints partly substantiated	<input type="text" value="0"/>
No. of these complaints not substantiated	<input type="text" value="0"/>
No. of these complaints not yet resolved	<input type="text" value="0"/>
No. of complaints sent direct to CSCI	<input type="text" value="1"/>
Percentage of complaints responded to within 28 days	<input type="text" value="100"/> %

Key findings/Evidence

Standard met?

2

The home has a complaints policy and procedure. It will need amending to refer to the Commission for Social Care Inspection from April 1st 2004. A number of relatives stated on the comment cards that they had made complaints to the home. They were not specific about the complaints and thus were not recorded in the complaints book. The Care Manager stated that some relatives raised concerns with staff that were dealt with at the time and gave some examples that she had dealt with personally. These concerns were generally recorded on individual case records rather than in the complaints book. This issue of recording concerns and complaints was discussed in full with the manager and proprietor. A clearer record of all concerns and complaints raised by relatives or service users must be made and detailed in the complaints book even if they have been resolved immediately and to the satisfaction of the relative or service user. Again the issue of having a service users meeting and relatives forum where concerns could be raised and addressed immediately was discussed with Manager.

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
All service users are registered to vote. Information on advocacy services such as Age Concern is in the service users guide.		

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"/>	<input type="checkbox"/>
No. of staff referred for inclusion on POVA lists	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Key findings/Evidence	Standard met?	2
The home has a policy on abuse as well as a copy of Harrow's Protection of Vulnerable Adults policy. There have been no allegations of abuse made about the home. The last inspection required that the Care Manager attended protection of vulnerable adults training. This was not achieved and is required. Care staff must also have awareness of abuse training. The home has policies on whistle blowing, verbal and physical aggression, staff receiving gifts and precluding staff from benefiting from service users wills		

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
<p>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, and is well maintained having an in house maintenance team who carry out redecoration, repairs and other tasks such as fitting new wooden radiator covers. The Proprietor oversees all aspects of maintenance. Internally the home was seen to be well decorated and pleasantly furnished. 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 had complied with all the requirements apart from one. This related to asbestos management and was discussed with the Health and Safety Officer during her visit to the home. She was satisfied with the proposals that the Proprietor made to address the issue. The inspector will follow this up at the next inspection. Following the incident when a service user died the Proprietor has installed keypad entry to the home and is investigating having CCTV installed.</p>		

Standard 20. (20.1 – 20.7)

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

Key findings/Evidence**Standard met?**

3

The home complied with the communal space standards when it was registered under the Registered Homes Act 1984. There are two lounges, a large dining room and a sun lounge available for service users use as well as their own private rooms. The garden is spacious and wheel chair accessible. There is seating in the gardens to the front of the home with sun umbrellas used in the summer. The home has domestic style furnishing and lighting in the lounges and dining areas. The furniture was noted to be in good condition.

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

The majority of the rooms have en-suite bathrooms. The new wing is newer and en-suites were installed when it was built. The proprietor is looking to install more en-suites in the old part of the house as space allows. There are bathrooms and toilets accessible to all residents on each floor of the building and close to the communal areas. The home has a range of bathing facilities to meet the needs of service users such as assisted baths and a walk in shower. The sluicing facilities are kept separate from service users areas.

Standard 22 (22.1 – 22.8)

The registered person demonstrates that an assessment of the premises and facilities has been made by suitably qualified persons, including a qualified occupational therapist, with specialist knowledge of the client groups catered for, and provides evidence that the recommended disability equipment has been secured or provided and environmental adaptations made to meet the needs of service users.

Key findings/Evidence**Standard met?**

3

The home has a passenger lift; chair and platform lift within the old part of the home. A chair lift is provided in the New Wing. There are hoists provided on each floor of the building to assist service users. Grab rails are provided in corridors and bathrooms. There is also a Parker bath, platform bath and disability shower. Wheel chairs are situated in a separate area. There were up to date records of services for this equipment. The home has a nurse call bell system, which is linked to the Care Manager's office. New service users are assessed in terms of moving and handling by the nursing staff and appropriate equipment used. One person has a wheelchair for which servicing etc is arranged by social services.

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	56
Pre-existing homes only (1 April 2003) - single bedrooms below 10 sq.m usable space or additional compensatory space	0
Total number of wheelchair users accommodated for in rooms at least 12sq.m	0
Total number of wheelchair users accommodated for in rooms at less than 12sq.m	0
Total number of shared rooms at least 16 sq.m	1
Total number shared rooms less than 16 sq.m	0
Percentage of places within single rooms:	
100%	YES
80% - 99%	NO
Less than 80%	NO
Total number of single bedrooms	57
Total number of single rooms with en suite	27
Total number of double rooms	19
Total number of double rooms with en suite	0

Key findings/Evidence**Standard met?**

0

The home met the required space standards of the Registered Homes Act 1984 when it was first registered and subsequent registrations for extended premises. All accommodation is single unless service users request to share. There is currently one married couple that share and have the second room as a sitting room.

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?	4
The inspector met a number of service users in their own rooms. Each room was furnished to the individual's taste and many had a large number of personal possessions including their own furniture. Some service users said they liked having their own furniture as it felt more like home although it was hard to choose what furniture to bring. They all had the required furnishings as required in Standard 24.2. All rooms had carpet or, where it was necessary for hygiene purposes, vinyl flooring. The Proprietor is in the process of purchasing new adjustable beds for all service users, ten were already in use and the staff said it made caring for those in bed easier. There are locks on the doors but none of the service users have requested keys. There is lockable storage for service users in their rooms. Three service users are self-medicating and keep their medication in their rooms.		

Standard 25 (25.1 – 25 8)		
The heating, lighting, water supply and ventilation of service users' accommodation meet the relevant environmental health and safety requirements and the needs of individual service users.		
Key findings/Evidence	Standard met?	3
The home was warm on the day of the inspection as the weather was chilly outside. The environmental health officer had been to the home in January 2004 and there were no issues in relation to heating, lighting or ventilation. There was a recent water compliance certificate. Lighting in the service users bedrooms was noted to be domestic and they had bedside lamps. All windows had window restrictors on them but service users were able to open them if they wished. All radiators had covers and the Proprietor informed the inspector that he was having new decorative wooden covers made by his carpenter.		

Standard 26 (26.1 – 26.9)		
The premises are kept clean, hygienic and free from offensive odours throughout and systems are in place to control the spread of infection, in accordance with relevant legislation and published professional guidance.		
Key findings/Evidence	Standard met?	3
The home was clean and free from odours throughout the building. There are two laundry areas and there are designated staff that provide a laundry service for service users. Both areas were seen to be clean and well kept. There is an infection control policy in place. There are two sluices and a sanitizer facility available. Washing machines are industrial and are programmed for certain types of washing programmes such as foul laundry or disinfection settings. A water compliance certificate was made available for inspection.		

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	16	No. staff hours allocated	X	320
No. service users <i>Medium</i> needs	12	No. staff hours allocated	216	X
No. service users <i>Low</i> needs	20	No. staff hours allocated	464	X
No. of staff hours required	1395.4 7	No. of staff hours provided	1676.25	320
No. of full time equivalent first level registered nurses	14			
No. of care staff	43			
No. of ancillary staff	36			

Key findings/Evidence

Standard met?

4

The home continues to have good staffing levels. As noted above the home exceeds the minimum staffing hours as calculated by the residential forum care staffing tool. The home also provides extra staff for after supper covering bedtime. The Care Manager stated that she had agreement from the Proprietor to have an extra 3 hours staff nurse time on the nightshift to support the staff nurse in the administration of medication and other nursing duties. This will continue until the senior carers have completed their medication training and they will be able to administer medication at night to support the staff nurse. The home has a large house keeping team who support the carers and nursing staff to meet the needs of the service users.

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

4

% of care staff with NVQ level 2

24 %

Key findings/Evidence**Standard met?**

3

The proprietor stated that he hoped to have 65% of the care staff qualified to NVQ 2 by January 2005. Four new staff are now on the TOPPS induction course. One of the staff nurses is responsible for managing the trainees and informed the inspector that both she and the trainees are enjoying the course.

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?**

4

The home has a robust recruitment policy. A list of all staff that have had CRB checks had been sent to the inspector. The inspector sampled a number of staff files. CRB checks and references were noted to be in the files. The proprietor informed the inspector that there were no CRB checks outstanding. Copies of the staff terms and conditions were made available for inspection. The home does not recruit any volunteers at present.

Standard 30 (30.1 – 30.4)

The registered person ensures that there is a staff training and development programme which meets the National Training Organisation (NTO) workforce training targets and ensures staff fulfil the aims of the home and meet the changing needs of service users.

Key findings/Evidence**Standard met?**

3

The deputy and care manager are in the process of meeting with all staff to assess their training needs before a programme can be put in place. With such a large staff team this process had taken some time and is still not completed. However the home provides statutory training for all care staff in moving and handling, food hygiene, first aid and fire safety. A copy of all training undertaken by staff was sent to the inspector. In addition senior carers are undertaking medication administration training. Training in infection control was being carried out in house for staff. Protocol training for nurses is also held in house weekly with an external trainer.

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?	4
<p>The Care Manager is an experienced first level nurse having worked with this client group for many years. She is also undertaking the NVQ level 4 in management and hopes complete the training by December 2004. In addition she has attended training in care of the dying and infection control as well as the homes statutory training. The inspector discussed with the care manager, the deputy and some of the staff nurses some of the conditions and issues that caring for the elderly presented. They were well informed and were able to demonstrate a wide knowledge of their client group's needs and how they managed them. The manager job description has not changed, She was able to demonstrate the she was clear about her role and the lines of accountability within the home. She is responsible primarily for staffing and the care side of managing the home with the proprietor being responsible for the finance, and housekeeping and maintenance of the home.</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>The inspector spoke to staff and service users about the way the home was run by the manager. The service users spoke very positively about both the manager and proprietor and the care provided. Staff were also positive about the support provided by the manager saying that she was very approachable. Some stated that staff worked as a team, which meant that care for service users was consistent. Staff meetings are held regularly for the whole team as well as smaller groups such as housekeeping, care staff and senior staff. The home currently has no method of securing the views of stakeholders, service users or relative. The manager said that this is carried out informally when relatives contact them or in the daily working with the service users. This issue has been raised in previous standards and will be addressed in full in Standard 33 below. The home has clear staffing policies in place relating to employment, code of conduct and care practices. There is an equal opportunities policy in place</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?	2
<p>The home has a quality assurance policy and procedure, which has been in place for eight months but has not yet been implemented in practice. The procedure includes surveys for service users, relatives and other professionals involved in the home. These have not been used as yet to monitor the conduct of the home. This is required. Given the high level of response to the inspectors feedback cards there is clear indication that relatives have views on the conduct of the home and must be encouraged to air these views in an appropriate forum on a regular basis. There was no annual development plan for the home. This was outstanding from the last two inspections. This is required. This was discussed with the proprietor. The issue of setting up service users meetings was discussed in some detail with the care manager who stated that she planned to hold one in April on her return from leave. A number of service users were aware that an inspection was taking place and were happy to meet the inspector either in private or in the lounge. The homes policies and procedures had recently been reviewed in February and March 2004. The home generally complies with the timescales to implement requirements identified in CSCI inspection reports</p>		

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?**

3

The home had just received confirmation of its Employers Public Liability Insurance. The letter was shown to the inspector and also included full business and property insurance. The proprietor and an administrative assistant administer the homes financial transactions. These records were kept in the office but were not inspected on this occasion. The proprietor was in the process of writing the business plan for 2004 –2005. A copy of the previous year's plan had been sent the inspector at the last announced inspection. The new business plan must be made available for 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

0

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

Information on the numbers of service users who are subject to Power of Attorney was not available. There was reference in some of the service users care plans of whom to contact in the event of death if different from the family. The home does not manage service users finances. This done either by the person themselves or their relatives or solicitors as appropriate. There is lockable storage in each person's room for the safekeeping of valuables. A record is kept of any valuables handed over for safekeeping. This was uncommon as service users are encouraged to keep a minimum of valuables in their rooms.

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?	2
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As stated in standard 30 in relation to training initial meetings with staff have been carried out as part of assessing training needs. The deputy has been responsible for doing this and had met with 56 staff so far. There was record of the supervision meeting and training needs assessment in the staff files viewed. The issue of providing ongoing supervision for all staff to meet the standard of a minimum of 6 times a year was discussed with the manager and deputy. With such a large staff group the manager must ensure that supervision is delegated to senior staff that will carry out supervision with care staff. This must be discussed in full with the staff nurses who are responsible for a number of carers on shift and therefore could supervise them formally. Senior staff responsible for supervision must ensure all staff have planned sessions of a minimum of 6 times a year. These sessions must be recorded and be made available for inspection. The inspector acknowledged formal supervision was a relatively new concept for many staff and would need time to implement. The timescale for implementation reflects this. The inspector was also informed that the deputy was due to leave in May and that she had been primarily responsible for these initial supervision sessions. A replacement was being sought at the time of the inspection. The manager stated that the housekeeper was responsible for supervising her staff.

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?	3
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The service users records, which were sampled, contained all the information required by Schedule 3 of the Care Homes Regulations. The home also complied with Schedule 4 of the Care Homes Regulations having all records pertaining to the running of the home in place. All records were noted to be up to date and accurate on the day of inspection. There is an access to records policy in place.

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

All certificates relating to the equipment and appliances used in the home were made available for inspection. These were noted to be up to date and had no outstanding service requirements. Fire records were noted to be up to date. A Fire drill had been carried with staff in February 2004. Staff had had in house training on fire safety during March 2004. There were records of staff having food hygiene, moving and handling and infection control training since the last inspection. The Health and Safety Executive officer made an unannounced visit during the second day of the inspection. She fed back to the inspector that she was generally satisfied with the health and safety standards within the home. She recommended to the proprietor that the maintenance, catering and laundry staff carry out their own risk assessments in addition to the one which had been carried out by the proprietor. She was satisfied that the proprietor would be carrying out an appropriate asbestos management policy. This would also be shown to the environmental health officer on their next visit. The proprietor must ensure he complies with the HSE officer's recommendations. These will be followed up at the next inspection. The last inspection had required the proprietor to carry out a risk assessment of the fire doors. The inspection had also recommended that the fire doors be alarmed. The inspector and HSE officer discussed this with the proprietor who stated that he was getting quotes for the doors to be alarmed. He had already installed a keypad system on the main doors and was considering CCTV for service users protection. The proprietor must inform the inspector when this work has been carried out. There had been 60 minor injuries with ten admissions to A&E since the last inspection. The home now uses the new accident recording forms as required by the EHO on their last visit. The manager continues to monitor the types of injuries and when they occurred which is good practice. She also notifies the GP of there are patterns to falls, slips etc. A note of these is made on the accident record book.

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

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

**Lead Regulatory
Inspector****Sue Mitchell****Signature****Second Inspector**

Signature

**Regulation
Manager****Gail Freeman****Signature**

Date**14th May 2004**

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 5th April 2004 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

 YES

Comments were received from the provider

 YES

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

 YES

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

 YES

Note:

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

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>

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 Nursing Home 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 Nursing Home 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.