



Champions for
Social Care
Improvement

inspection report

Care Home For Older People

Mellor Nook

133/135 Moorend Road

Mellor

Stockport

Cheshire

SK6 5NQ.

Unannounced Inspection

16th February 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

Mellor Nook

Tel No:

0161-427 4293

AddressMellor Nook, 133/135 Moorend Road, Mellor, Stockport,
Cheshire, SK6 5NQ.**Fax No:**

0161 427 0843

Email Address**Name of registered provider(s)/Company (if applicable)**

Mrs. Jean Mary Critchlow

Mr John Robert Critchlow, Mr James William Critchlow

Name of registered manager (if applicable)

Mrs. Jean Mary Critchlow

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

Care Home

15

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

Old age, not falling within any other category (15)

Registration number

F040000194

Date First registered7th March 1988**Date of latest registration certificate**

10th July 2002

**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		16th February 2004	ID Code
Time of Inspection Visit		1pm	
Name of Inspector	1	Sylvia Brown	074691
Name of Inspector	2	N/A	
Name of Inspector	3	N/A	
Name of Inspector	4	N/A	
Name of Lay Assessor (if applicable) Lay assessors are members of the public independent of the NCSC. They accompany inspectors on some inspections and bring a different perspective to the inspection process		N/A	
Name of Specialist (e.g. Interpreter/Signer) (if applicable)		N/A	
Name of Establishment Representative at the time of inspection		Mrs J Critchlow Mr J Critchlow	

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INTRODUCTION TO REPORT AND INSPECTION

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

This document summarises the inspection findings of the NCSC in respect of Mellor Nook.

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

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

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

The report will show the following:

- Inspection methods used
- Key findings and evidence
- Overall ratings in relation to the standards
- Compliance with the Regulations
- Required actions on the part of the provider
- Recommended good practice
- Summary of the findings
- Report of the Lay Assessor (where relevant)
- Provider's response and proposed action plan to address findings

This report is a public document.

INSPECTION VISITS

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

BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

The home was built in the 18th Century and is laid out in its original cottage style. Service users have the use of and share a lounge that has a number of original features, including an inglenook fireplace. There is also small lounge/reception area as you walk into the home that is used by a number of service users throughout the day. Window-seats and ceiling beams retain the cottage feel and with the addition of fixtures and fittings which are in keeping with the age of the property, service users are provided with a warm and inviting environment.

The home offers 11 single bedrooms, nine of which have en-suite facilities, and two double rooms, one with an en-suite facility. All bedrooms are tastefully furnished to a good standard and, like other parts of the home, reflect the age and character of the building.

Mellor Nook is situated some considerable distance from any shops and community life, therefore is more suitable to those people who prefer a quieter lifestyle. The views from the home are stunning and the numerous windows in all areas enable service users to see hills and valleys. Within the grounds of the home is a summer house which is fully equipped with fixtures and fittings suitable to meet the needs of service users. In addition, there is a telescope to enable service users to see the views more clearly. The home also has a herd of Alpacas. Service users talk fondly of them and of their walks to see them. In addition, Mrs Critchlow walks the Alpacas, enabling the service users to see and touch them close up.

Due to the age of the building and planning restrictions, the home does not have a passenger lift, service users are able to reach the upper parts of the home by a stair lift. The National Care Standards Commission has registered the home to meet the needs of older people only, the home is not suitable to meet the needs of those service users who are physically disabled or who require permanent wheelchair use.

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 current inspection was unannounced and conducted on a Sunday. The Inspector wishes to thank the registered persons who, although not on duty and were going out, made alternative arrangements and made themselves available throughout the inspection process.

The inspector evaluated the home's actions since the previous inspection to meet the requirements and recommendation made at that time. The inspector also re-evaluated a number of the standards and assessed standards which were not assessed at the last inspection.

Choice of Home (Standards 1-6)

All of the six standards were met.

The home provides an individual statement of purpose and service user guide to all prospective service users. Prospective service users are provided with the documents on enquiry at the home. In addition, a further copy of the statement of purpose is kept in each service user's room.

Each service user has a written contract and/or terms of conditions of residency, which sets out the fee structure and details issues relating to service provision. The home has variable rates relating to bedroom accommodation, therefore some service users may find that they have to make a financial contribution for their accommodation, in addition to the fee paid by the Local Authority.

The registered person/manager and/or deputy manager offers to visits prospective service users in their own homes prior to any decisions being made. Furthermore, service users can visit the home to view a vacant room. Visits can last as long as the service user wishes, such visits enable the service user to ask any questions they might have, observe the day to day routines and meet the staff.

The management team ensure that assessments of need are in place before the service user is admitted. Once admission takes place, a further admission is conducted along with a risk assessment. Service users are able to contribute to the formulation of care plans and risk assessments, their involvement ensures that their personal and individual preferences are known and recorded and that they agree to the care package to be provided.

Health and Personal Care (Standards 7-11)

All of the five standards were met.

Service users receive regular health checks. Dental screening and eyesight tests are carried out as the individual requires and annually. Chiropody services are provided approximately six weekly; hearing tests are provided as the service users require them.

Staff have received up-to-date training in medication administration. Inspection of the records identified that they were maintained correctly and in accordance with Royal Pharmaceutical Society's guidance.

Daily Life and Social Activities (Standards 12-15)

All of the four standards were met.

Since the last inspection the home has improved the opportunities for service users to join in activities. Arrangements are in place for an external person to come in and visit service users and, if desired, take them out to local places of interest. Staff offer some social activities each day, including reading the newspapers and discussing world and headline events.

Mellor Nook is situated on the outskirts of Mellor village, with extensive views of the surrounding Cheshire and Derbyshire countryside. As a consequence, service users cannot easily access the local community. Fundamentally, the service users who chose to live at Mellor Nook prefer to be away from the hustle and bustle of town life.

The service users at Mellor Nook have informed the inspector that they prefer the quieter life and are happy with walks in the grounds, visits to the summerhouse and what the staff provide.

Visitors are able to visit at any time, snacks and drinks are freely provided and, with advance notice, visitors are able to dine with the service users.

The Inspector was informed that Mellor Nook has minimal involvement with service users' finances. Information is available for service users and their respective families regarding relevant external agencies that will give advice and act in the best interests of the service user.

Service users are offered a varied and appetising menu. At the time of the inspection the inspector observed that tables were laid appropriately with laundered linen, crockery and cutlery. Inspection of the kitchen identified that it had recently been repainted and was clean. Inspection of cleaning routines informed the inspector that staff were aware of the standard required and kept an appropriate cleaning schedule.

Complaints and Protection (Standards 16-18)

Two of the three standards were met. One Standard was not assessed

Service users have their legal rights protected, are enabled to exercise their legal rights directly and participate in the civic process if they wish. The home has policies and procedures in place which aim to protect service users from abuse. Staff are trained in adult protection procedures and are aware of their responsibility to report any suspicions of abuse. Service users and their families are made aware of how to access the procedure within the service user guide.

Environment (Standards 19-26)

Seven of the eight standards were met. One Standard was not assessed

Mellor Nook is quite unique, in that, it is converted 18th century cottages. Whilst it is well maintained, unfortunately the home has, and will have, continuing difficulty in adapting the internal parts of the home to meet current spatial standards.

The grounds to the home are extensive; gardens have been made for service users' enjoyment. Lawned areas have flowerbeds and outdoor seating. Service users can and do enjoy afternoons in the summerhouse where lounge seating and tables are provided, as are music and lighting.

Since the previous inspection the owners have commenced replacing windows and redecoration of the internal parts of the home. The communal rooms are decorated and furnished in a homely manner, which is in keeping with the design and age of the home.

Service users have the opportunity of sitting in a small cosy area adjacent to the front door or a larger living room, which has an inglenook fireplace. The dining area is, in essence, connected to the larger lounge.

A number of service users' rooms have en-suite facilities, providing service users with increased privacy.

Inspection of service users' private rooms identified that they were maintained to a high standard and that all were individually presented. Fixtures and fittings were in keeping with the age, style and character of the building.

a positive move forward for both service users and staff team.

The home provides domestic support to service users, the registered owners also assist with the upkeep of the environment. On the day of the inspection the home was again free from offensive odours and was clean.

Staffing (Standards 27-30)

Both of the two standards assessed were met.

Two of the registered persons live on the premises and take a active and personal role in the running of the home and supporting staff in their care duties. One of the registered persons is also the registered manager.

The registered person continues to encourage the staff at Mellor Nook to undertake NVQ training at levels 2 and 3. There has previously been some reluctance and difficulties in staff completing the training and remaining at the home, however the registered owner/manager stated that staff are now in the process of completing training at NVQ levels 2 and 3. The deputy manager is currently undertaking training at NVQ level 4. It is envisioned that the home will meet statutory targets by 2005.

Although the registered person has induction procedures in place, not all were completed appropriately. Furthermore, the home's induction did not appear to conform to the TOPPS specifications. The home does not have foundation training in place. As a consequence, the registered person should confirm that their own induction pack conforms to the standard requirement by TOPPS, that it is completed correctly and that foundation training is implemented.

The staffing levels at the home meet the standard required by the local authority.

Currently, the home has one waking night staff on duty with the registered person/registered manager providing support when required. The inspector was informed that each night she joins the handover meeting for night staff in order to know about night care issues. The inspector was also informed that in light of changing standards and needs of service users, the home is considering providing two waking night care staff in the future. The inspector believes that this appointment

Management and Administration (Standards 31-38)

Three of the eight standards were met. Four standards were not assessed.

The owner/manager does not hold formal qualifications, however she does have extensive experience regarding the care of the elderly in a residential setting. The owner/manager is aware of the requirement to achieve NVQ training at level 4 by 2005.

The home has minimal responsibility for handling service users' finances. Systems are in place which ensure that all service users receive advice and support either from family members or advocacy services.

Inspection of records identified that the home takes its responsibility to maintain appropriate health and safety systems seriously.

Each room has been assessed and health and safety notices are posted where risks are evident. Up-to-date servicing records were in place for hoisting equipment and stair lift. Furthermore, servicing of gas and electrical items had been undertaken.

Fire safety records were maintained correctly in that fire safety checks are undertaken at the correct frequently. In addition, the home has ensured that all staff have received up-to-date fire safety training.

Accident records were maintained correctly, however the inspector could not ascertain if all staff had received first aid training and that there is a qualified first aider on each shift, including night time. The registered manager should provide the NCSC with the training records as they apply to individual staff. Such records should indicate the dates of previous training and any planned 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.				
No.	Regulation	Standard	Required actions	

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

RECOMMENDATIONS		
Identified below are recommendations from the last inspection that have not been implemented		
No.	Refer to Standard	Good Practice Recommendations

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

STATUTORY REQUIREMENTS IDENTIFIED DURING THE INSPECTION

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

STATUTORY REQUIREMENTS

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

No.	Regulation	Standard *	Requirement	

RECOMMENDATIONS

Identified below are areas addressed in the main body of the report, which relate to National Minimum Standards and are seen as good practice issues which should be considered for implementation by the registered Provider(s)

No.	Refer to Standard *	Good Practice Recommendations
1	OP27	The registered person should provide full details on the duty rota, which include all staff, employed, the full name and position held. In addition the rota should identify the actual hours worked by the individual.
2	OP30	The registered person should confirm that the homes induction training programmes meet the required standards set by the NTO, that induction records are completed correctly and that foundation training is implemented.
3	OP38	The registered person should provide the NCSC with the training records as they apply to individual staff. Such records should state the dates of previous training and details of any planned training.

* Note:

You may refer to the relevant standard in the remainder of the report by omitting the two-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	NO
Group discussion with service users	NO
Individual discussion with service users	YES
Group discussion with staff	NO
Individual discussion with staff	YES
Discussion with management	YES
Service user survey	YES
Relatives/significant others survey/feedback	YES
Visiting Professionals survey / feedback	NO
Tour of Premises	YES
Formal Interviews	NO
Document reading	NO
Additional Inspection Information:	
Number of Service Users spoken to at time of inspection	3
Number of Relatives/significant others the inspectors had contact with	0
Number of letters received in respect of the service	X
CRB check for the Responsible Individual seen	YES
CRB check for the Manager seen	YES
Certificate of registration was displayed at the time of the inspection	YES
Certificate of registration accurately reflected the situation in the service at the time of inspection	YES
Total number of care staff employed (excluding managers)	12
Total number of staff with nursing qualifications employed	0
Date of Inspection	16/02/04
Time of Inspection	13:00
Duration Of Inspection (hrs)	7

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

The scale ranges from:

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

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

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

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

Choice of Home

The intended outcomes for the following set of standards are:

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

Standard 1 (1.1 – 1.3)

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

Range of fees charged From (£) To (£)

Any charges for extras

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

Accommodation rates dependant on room size. Hairdressing, chiropody and newspapers.

Key findings/Evidence

Standard met?

3

Service users wishing to be accommodated at Mellor Nook may find that in addition to Social Services funding, they may have to make a contribution to meeting the fee. The home has variable rates relating to bedrooms, some of which may be more than the funding provided by Social Services.

The home provides an individual statement of purpose to all service users. Prospective service users are provided with the documents upon enquiry at the home. In addition, a further copy of the statement of purpose is kept within each service user's room.

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
Inspection of service users' files identified that the home again meets the required standard, in that, all service users had written contracts and or terms and conditions of residency on file. Contracts issued by the local authority do not conform to the required standard, however the home issues its own terms and condition, which form part of the contractual arrangements. The terms and conditions of residency conform to Standard 2.		

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
Since the previous inspection, the home has improved some of its recording systems. The inspector was able to see that written assessments were in place and that the service users' individual needs had been evaluated. The assessment documentation recorded the required information as stipulated in standard 3.3 and there was also evidence that the assessments were monitored appropriately.		

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
<p>During the course of the inspection, the inspector had the opportunity of speaking with a number of service users; they again stated their continued pleasure at residing at Mellor Nook and of the care and attention they received.</p> <p>Mellor Nook is registered to care for Older People. The registered persons have informed the inspector that systems are in place to monitor service users and should their primary needs alter, individual applications will be submitted to the NCSC for a variation to the registration which, if successful, will enable the service users to live at the home for as long as possible. The registered person stated that they continue to have good professional community links, which enables them to secure the services and advice of specialists when required.</p> <p>Whilst there have been changes in the staff team since the previous inspection, the majority of care staff have been with the home for some time. The registered person stated that they are experienced and competent for the positions they hold. At the time of the inspection the inspector concluded that the home was meeting its stated aims and objectives and that they could meet the presenting needs of service users.</p>		

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

Prospective service users are able to meet with a member of the management team in their own home and prior to any decisions being made about their future. Such visits enable the service users to meet with staff and discuss any concerns they may have.

All prospective service users are able to visit Mellor Nook prior to their admission; visits can be arranged for part of a day or all day. Such visits enable the service users to become familiar with the home's routines and speak with other service users prior to making any decisions about their future.

When a service user makes a decision to move into the home, they receive a 'Welcome to Mellor Nook' booklet on their first day. The booklet takes the opportunity to welcome the service user and explain briefly about the home and matters which may arise whilst in the initial stages of settling-in. The booklet is in appropriate size print and can be adapted to suit the needs of service users with diminishing eyesight.

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

Mellor Nook does not provide an intermediate care service.

Health and Personal Care

The intended outcomes for the following set of standards are:

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

Standard 7 (7.1 – 7.6)

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

Key findings/Evidence

Standard met?

3

Three service users care plans were inspected. The inspector found that the home had developed and improved written information. The inspector also noted that the care plans are reviewed monthly and that any changes in the service users' needs are recorded. The home also ensures that risk assessments are up-to-date and in place as they individually apply to the service user.

Standard 8 (8.1 – 8.13)

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

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

X

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

0

Key findings/Evidence

Standard met?

3

The home continues to provided appropriately for the health care needs of service users. Service users receive routine chiropody treatments and eyesight tests and dental check ups as they individually require and annually.

The service users at Mellor Nook are not able to choose their own doctor. Due to the home's situation, there is only one general practice that serves the home. When spoken to, service users were satisfied with the services provided.

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 inspection of medication administration records identified that they were maintained at the required standard. Staff have continued with their training and are now recording all medication received into the home.

Staff were aware of policies and procedures relating to the management of medication, in particular, the process undertaken when receiving new medication from the pharmacist.

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

Service users are treated with dignity and respect when being supported by staff. Their preferred name is known and used as they wish and treatments and personal care support are provided in the privacy of the service user's own room. Currently, there are two shared rooms at Mellor Nook; both rooms have a screening facility to ensure that privacy is maintained. At the time of the inspection one double room was being used as a single to meet the personal preferences of the service users.

All rooms have door locks and service users receive a key for their individual use.

Service users have the use of a public phone, however the registered person stated that service users prefer to make and receive calls from the office phone which has a cordless facility and can be used in all parts of the home if required.

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

Policies and procedures are in place for caring for service users who are nearing the end stages of their lives. Mellor Nook is a small family run home, the registered manager stated that she herself undertakes the after death care of service users and instructs care staff in the care required. Staff are given the option of not undertaking after death care, however the registered manager stated that after forming friendships, staff usually prefer after training to undertake that last caring tasks for the service users.

Families are able to spend as much time as they wish with service users and, where possible, arrangements can be made to provide them with a sleeping facility should they require it. Meals and refreshments are provided free of charge.

Daily Life and Social Activities

The intended outcomes for the following set of standards are:

- Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
- Service users maintain contact with family/friends/representatives and the local community as they wish.
- Service users are helped to exercise choice and control over their lives.
- Service users receive a wholesome, appealing, balanced diet in pleasing surroundings at times convenient to them.

Standard 12 (12.1 – 12.4)

The routines of daily living and activities made available are flexible and varied to suit service users' expectations, preferences and capacities.

Key findings/Evidence	Standard met?	3
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Since the last inspection the home has improved the opportunities for service users to join in activities. Arrangements are in place for an external person to come in and visit service users and, if desired, take them out to local places of interest. Staff offer some social activities each day, including reading the newspapers and discussing world and headline events.

Service users at Mellor Nook have informed the inspector that they prefer the quieter life and are happy with walks in the grounds, visits to the summerhouse and what the staff provide.

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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Visitors are able to visit at any time, snacks and drinks are freely provided and, with advance notice, visitors are able to dine with the service users.

Mellor Nook is situated on the outskirts of Mellor village, with extensive views of the surrounding Cheshire and Derbyshire countryside. As a consequence, service users cannot easily access the local community. Fundamentally, the service users who chose to live at Mellor Nook prefer to be away from the hustle and bustle of town life.

The registered person stated that arrangements for residents wishing to partake in community activities are made when requested and the home's own transport is provided to ensure that they attend as frequently as they require. There are no service users who currently belong to or attend community activities.

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

The Inspector was informed that Mellor Nook has minimal involvement with service users' finances. Information is available for service users and their respective families regarding relevant external agencies that will give advice and act in the best interest of the resident.

The registered person stated that all records are maintained in accordance with the Data Protection Act.

Standard 15 (15.1 – 15.9)

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

Key findings/Evidence**Standard met?**

3

Service users are offered a varied and appetising menu. On the day of the inspection service users received salmon sandwiches, which were served on fresh bunnies. A variety of cakes were served which were homemade and tasty. The cook informed the inspector that fresh salad was also being served and that any service user preferring something else would make their choices know.

Tables were laid appropriately with laundered linen, crockery and cutlery.

Inspection of the kitchen identified that it had recently been repainted and was clean. Inspection of cleaning routines informed the inspector that staff were aware of the standard required and kept an appropriate cleaning schedule.

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 timescales for the process and that complaints are dealt with promptly and effectively.

No. of complaints made to the home during last 12 months	<input type="text" value="X"/>
No. of these complaints fully substantiated	<input type="text" value="X"/>
No. of these complaints partly substantiated	<input type="text" value="X"/>
No. of these complaints not substantiated	<input type="text" value="X"/>
No. of these complaints not yet resolved	<input type="text" value="X"/>
No. of complaints sent direct to NCSC	<input type="text" value="X"/>
Percentage of complaints responded to within 28 days	<input type="text" value="X"/> %

Key findings/Evidence	Standard met?	0
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This standard was not assessed at this inspection. The previous inspection identified that the home had met this standard.

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
<p>The Inspector was informed that all service users have the opportunity to vote and take part in civic processes, as they desire.</p> <p>Families are informed of how to contact advocacy services and persons who can independently support them if required.</p>		

Standard 18 (18.1 – 18.6)		
The registered person ensures that service users are safeguarded from physical, financial, or material, psychological or sexual abuse, neglect, discriminatory abuse or self harm, inhuman or degrading treatment through deliberate intent, negligence or ignorance, in accordance with written policies.		
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="text" value="YES"/>	
No. of staff referred for inclusion on POVA lists	<input type="text" value="0"/>	
Key findings/Evidence	Standard met?	3
<p>The home has policies and procedures in place, which aim to protect service users from abuse. Staff are trained in adult protection procedures and are aware of their responsibility to report any suspicions of abuse. Service users and their families are made aware of how to access the procedure within the service user guide.</p>		

Environment

The intended outcomes for the following set of standards are:

- Service users live in a safe, well-maintained environment.
- Service users have access to safe and comfortable indoor and outdoor communal facilities.
- Service users have sufficient and suitable lavatories and washing facilities.
- Service users have the specialist equipment they require to maximise their independence.
- Service users' own rooms suit their needs.
- Service users live in safe, comfortable bedrooms with their own possessions around them.
- Service users live in safe, comfortable surroundings.
- The home is clean, pleasant and hygienic.

Standard 19 (19.1 – 19.6)

The location and layout of the home is suitable for its stated purpose; it is accessible, safe and well maintained; meets service users' individual and collective needs in a comfortable and homely way and has been designed with reference to relevant guidance.

Key findings/Evidence	Standard met?	3
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Mellor Nook is quite unique, in that, it is converted 18th century cottages. Whilst it is well maintained, unfortunately the home has, and will have, continuing difficulty in adapting the internal parts of the home to meet current spatial standards. The home is family run and is well maintained by family members.

The registered owner has continued to invest in the upkeep of the property, however due to the limitations placed on the home by the Planning Department, the home does not have the opportunity for structural redevelopment. As a consequence, people who may require additional space for hoisting equipment or permanent wheelchair users could not be accommodated at Mellor Nook.

Since the previous inspection the owners have commenced replacing windows and redecoration of the internal parts of the home.

The grounds to the home are extensive; gardens have been made for service users' enjoyment. Lawned areas have flowerbeds and outdoor seating. Service users can and do enjoy afternoons in the summerhouse where lounge seating and tables are provided, as are music and lighting.

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 communal rooms are decorated and furnished in a homely manner, which is in keeping with the design and age of the home. Lighting is domestic in style and additional lighting enables service users to enjoy reading without hindrance.

Service users have the opportunity of sitting in a small cosy area adjacent to the front door or a larger living room, which has an inglenook fireplace.

The dining area is, in essence, connected to the larger lounge. Access to this area is through an archway, which divides up the two rooms.

Corridors have reduced space, particularly on the ground floor, however service users do not seem to have any difficulties getting around the home. Handrails are in place, which offers the less mobile and agile service users support.

Standard 21 (21.1 – 21.8)

Toilet, washing and bathing facilities are provided to meet the needs of service users.

Key findings/Evidence**Standard met?**

3

A number of service users' rooms have en-suite facilities, providing service users with increased privacy. In addition, the home has one bathing and one showering facility. The registered owners informed the inspector that they are considering having a specialised bath which will offer increased support to service users. The bath will incorporate a showering facility to meet the needs of service users who prefer a shower.

Toilets are placed near the communal parts of the home; however some toileting facilities could not facilitate a hoist or a wheelchair.

Toileting and bathing areas were inspected and observations were that they were clean and presentable.

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

This standard was not assessed at this inspection. The previous inspection identified that the home had met this standard.

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	11
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	0
Total number shared rooms less than 16 sq.m	2
Percentage of places within single rooms:	
100%	NO
80% - 99%	YES
Less than 80%	NO
Total number of single bedrooms	11
Total number of single rooms with en suite	9
Total number of double rooms	2
Total number of double rooms with en suite	2

Key findings/Evidence**Standard met?**

3

At the time of the inspection one double room was being used as a single bedroom at the request of the service user. The inspector was informed that this arrangement will last as long as the service user requires and that due consideration is being given to permanently adapting the room for single occupation.

Standard 24 (24.1 – 24.8)
The home provides private accommodation for each service user, which is furnished and equipped to assure comfort and privacy and meets the assessed needs of the service user.

Key findings/Evidence	Standard met?	3
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Inspection of service users' private rooms identified that they were maintained to a high standard and that all were individually presented. Fixtures and fittings were in keeping with the age, style and character of the building. The registered person wish to decorate, however due to service users' requests, rooms will only be redecorated when they are vacated.

Furniture was of good quality and the registered persons continue to replace fixtures and fittings where required.

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
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The home has always provided appropriate lighting which is reflective of the homeliness of the premises. The inspector was informed that light shades have been replaced where required.

The heating system is routinely service and, on the day of the inspection, was working appropriately.

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
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The home provides domestic support to service users and the registered owners also assist with the upkeep of the environment. On the day of the inspection the home was clean and free from offensive odours.

The manager stated that staff have up-to-date training in place regarding infection control. In addition, it was evident that at the staff meetings issues of maintaining standards are addressed in order to ensure that all staff are aware of the standard required.

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="text" value="X"/>	No. staff hours allocated	<input type="text" value="X"/>
No. service users <i>Medium</i> needs	<input type="text" value="X"/>	No. staff hours allocated	<input type="text" value="X"/>
No. service users <i>Low</i> needs	<input type="text" value="15"/>	No. staff hours allocated	<input type="text" value="X"/>
No. of staff hours required	<input type="text" value="274"/>	No. of staff hours provided	<input type="text" value="259"/>
No. of full time equivalent first level registered nurses	<input type="text" value="0"/>		
No. of care staff	<input type="text" value="9"/>		
No. of ancillary staff	<input type="text" value="3"/>		
Key findings/Evidence		Standard met?	2

Two of the registered persons live on the premises and take an active and personal role in the running of the home and supporting staff in their care duties. One of the registered persons is also the registered manager and ensures that she is fully aware of all aspects of the service users' care needs.

Currently, the home has one waking night staff on duty with the registered person/manager providing support when required. The inspector was informed that each night she joins the handover meeting for night staff in order to know about night care issues. The inspector was also informed that in light of changing standards and needs of service users, the home is considering providing two waking night care staff in the future. The inspector believes that this appointment a positive move forward for both service users and staff team. Such staffing levels should be in place for the protection of service users, in that, staff practice cannot be monitored appropriately when they work alone.

Inspection of the duty rota informed the inspector that it was not maintained correctly. Due to the small staff team and regular working hours, information was limited to the first name of staff and their duty. Best practice should identify the staff's full name, their position and the actual hours worked. Whilst this information was produced upon request, the day-to-day rota should contain the details.

The registered person should provide full details on the duty rota, which include all staff, employed, the full name and position held. In addition, the rota should identify the actual hours worked by the individual.

The staffing levels at the home meet the standard required by the local authority.

Standard 28 (28.1 – 28.3)

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

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

X

% of care staff with NVQ level 2

X %

Key findings/Evidence

Standard met?

3

The registered owner/manager continues to encourage the staff at Mellor Nook to undertake NVQ training at levels 2 and 3. There has previously been some reluctance and difficulties in staff completing the training and remaining at the home, however the registered owner/manager stated that staff are now in the process of completing training at NVQ levels 2 and 3. In addition, the deputy manager is currently undertaking training at NVQ level 4. It is envisioned that the home will meet statutory targets by 2005.

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?**

3

Inspection of staff files identified that the home has developed its recording systems and ensured that required information is retained. Current photographs of staff were available, as was proof of identity. The inspector was able to observe that all but two staff had returned and completed CRB checks. Advice was given to the registered person to ensure that references obtained were specific to the home and not to whom it may concern.

Standard 30 (30.1 – 30.4)

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

Key findings/Evidence**Standard met?**

2

The home has an induction programme in place, however they were not all completed. The registered persons have been informed of the NTO standards for induction and foundation training. It remains unclear if the home has developed its induction programme to meet the standards required.

The registered person should confirm that the home's induction and training programmes meet the required standards set by the NTO, that induction records are completed and foundation training implemented.

Management and Administration

The intended outcomes for the following set of standards are:

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

Standard 31 (31.1 – 31.8)

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

Key findings/Evidence	Standard met?	3
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The owner/manager was registered with the previous Registration and Inspection Unit. The owner/manager does not hold formal qualifications, however she does have extensive experience regarding the care of the elderly in a residential setting. The owner/manager is aware of the requirement to achieve NVQ training at level 4 by 2005.

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
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This standard was not assessed at this inspection. The previous inspection identified that the home had met this standard.

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
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This standard was not assessed at this inspection. The previous inspection identified that the home had met this standard.

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

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?	3
<p>The home has minimal responsibility for handling service users' finances. Systems are in place which ensure that all service users receive advice and support, either from family members or advocacy services. Arrangements are also in place which provide service users with lockable facilities in which they can privately and independently keep their income safely. Each service user has a key to the facility. Staff do not have direct access to service users' finances or security boxes.</p> <p>Each service user is also provided with an account book which is independently used by them to maintain accurate accounts.</p>		

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?	3
This standard was not assessed at this inspection. The previous inspection identified that the home had met this standard.		

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

This standard was not assessed at this inspection. The previous inspection identified that the home had met this standard.

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

Inspection of records identified that the home takes its responsibility to maintain appropriate health and safety systems seriously.

Each room has been assessed and health and safety notices are posted where risks are evident. Up-to-date servicing records were in place for hoisting equipment and stair lift. Servicing of gas and electrical items had been undertaken.

Fire safety records were maintained correctly, in that, fire safety checks are undertaken at the correct frequency. The home has ensured that all staff have received up-to-date fire safety training.

Accident records were maintained correctly, however the inspector could not ascertain if all staff had received first aid training and that there is a qualified first aider on each shift, including night time.

The registered person should provide the NCSC with the training records as they apply to individual staff. Such records should state the dates of previous training and details of any planned training.

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

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Lead Inspector	S Brown	Signature	_____
Second Inspector	_____	Signature	_____
Locality Manager	_____	Signature	_____
Date	_____		_____

PART D

LAY ASSESSOR'S SUMMARY

(where applicable)

Not applicable.

Lay Assessor N/A **Signature** N/A

Date N/A

Public reports

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

PART E

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

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

We would welcome comments on the content of this report relating to the Inspection conducted on 16th February 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

Action taken by the NCSC in response to provider comments:

Amendments to the report were necessary	<input type="checkbox"/> NO
Comments were received from the provider	<input type="checkbox"/> NO
Provider comments/factual amendments were incorporated into the final inspection report	<input type="checkbox"/>
Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate	<input type="checkbox"/>

Note:

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

E.2 Please provide the Commission with a written Action Plan by 15th June 2004, which indicates how requirements are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.

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

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

Action plan was required	<input type="checkbox"/> YES
Action plan was received at the point of publication	<input type="checkbox"/> YES
Action plan covers all the statutory requirements in a timely fashion	<input type="checkbox"/> YES
Action plan did not cover all the statutory requirements and required further discussion	<input type="checkbox"/>
Provider has declined to provide an action plan	<input type="checkbox"/>
Other: <enter details here>	<input type="checkbox"/>

E.3 PROVIDER'S AGREEMENT

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

E.3.1 I _____ of _____ confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the requirements made and will seek to comply with these.

Print Name _____

Signature _____

Designation _____

Date _____

Or

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

Print Name _____

Signature _____

Designation _____

Date _____

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