

INSPECTION REPORT

Care Home For Older People

Mellor Nook
133/135 Moorend Road
Mellor
Stockport
Cheshire
SK6 5NQ.

9th October 2003



ESTABLISHMENT INFORMATION

Name of establishment

Mellor Nook

Tel No:

0161-427 4293

Address

Mellor 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 registered

7th March 1988

Date of latest registration certificate

10th July 2002

**Was the home registered under the
Registered Homes Act 1984**

YES

**Do additional conditions of registration
apply ?**

NO

If Yes Refer to Part C

Date of last inspection

20/3/03

| | | | |
|---|----------|--|----------------|
| Date of Inspection Visit | | 9th October 2003 | ID Code |
| Time of Inspection Visit | | 08:00am to 6:00pm | |
| Name of Inspector | 1 | Sylvia Brown | 074691 |
| Name of Inspector | 2 | None | |
| Name of Inspector | 3 | None | |
| Name of Inspector | 4 | None | |
| 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 | | None | |
| Name of Specialist (e.g. Interpreter/Signer) (if applicable) | | None | |
| Name of Establishment Representative at the time of inspection | | Mrs J M Critchlow, Mr J R Critchlow and Mr J W 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. When spoken to by the Inspector, service users spoke positively of the home and of the care they receive.

Mellor Nook's brochure informs prospective service users that the home aims to provide residential accommodation that is comfortable, warm and caring. They state that they aim to ensure service users continue to enjoy their retirement with maximum independence and that their rights to make decisions are respected with advice and assistance always available.

The atmosphere within Mellor Nook continues to be happy and relaxed.

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.)

Managers and staff in the home have worked extremely hard to meet the requirements and recommendations arising from previous inspections. They have continued to develop practice and upgrade the home for the benefit of the people who live there. Service users again confirmed previous comments made, that they enjoyed living at Mellor Nook and that they felt well care for by a committed staff team.

Choice of Home (Standards 1-6)

Four of these six standards were met. One standard is not applicable to the home.

Since the last inspection, a Statement of Purpose and Service Users Guide have been implemented. Service users can be visited in their own homes, and visit Mellor Nook prior to making any decisions about their future. The home needs to ensure that all service users have assessments in place, and that such assessments are up-to-date. All service users are issued with a contract and conditions of residency.

Health and Personal Care (Standard 7-11)

Three of these five standards were met. One standard was not assessed.

Service users receive the care and support they require. With the exception of one, all care plans were in place. Medication administration processes have improved and are now of the correct standard. Privacy and dignity are maintained and service users confirmed that they receive good care, in a dignified and respectful manner.

Daily Life an Social Activities (Standards 12-15)

Three of these four standards were met.

Service users can receive visitors in private and at any time. Systems are in place to provide entertainment and activities, although the home is known for its peaceful and relaxed atmosphere. Meals and meal times are relaxed and unhurried. It is recommended that in order to promote independence, service users, who are able to and wish to, serve themselves with drinks when sat at the table.

Complaint and Protection (Standards 16-18)

All three standards were met.

Mellor Nook has a written complaints procedure in place. Service users and their families are made aware of how to access the procedure within the service users guide. The Inspector was informed that all service users have the opportunity to vote and partake in civic processes, as they desire. Since the last inspection, the registered owner/manager has introduced procedures which aim to protect the vulnerable adults in their care from abuse. Service users are informed of their right to protection through the inclusion of the whistle blowing policy within the service users guide.

Environment (Standards 19-26)

All eight standards were met.

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 requirements, for hoisting equipment or permanent wheelchair users could not be accommodated at Mellor Nook.

The communal rooms are decorated and furnished in a homely manner. There are currently 11 single and two double bedrooms at Mellor Nook. The registered owner/manager has continued to invest in service users' rooms. A number of beds have been replaced, and a number of rooms have had new carpets. In addition, the home has begun installing double glazing.

Staffing (Standards 27-30)

One of these four standards were met. One standard was not assessed at this inspection.

The current staffing levels appear to meet the needs of the service users. The home complies with the staffing levels stipulated by Stockport Local Authority. The registered owner/manager is currently encouraging the staff to undertake NVQ training at levels 2 and 3. Inspection of staff files identified that the home, whilst having a recruitment and selection procedure in place, does not retain the correct details on file, a requirement to comply with regulations has been made.

Management and Administration (Standards 31-38)

Five of these eight standards were met. One standard was not assessed at this inspection.

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

Since the last inspection, attention has been given to quality assurance procedures. The home sought comment from service users, relatives and visitors. A report of the findings has been produced and a copy submitted to the NCSC.

The service users guide details what records regarding service users are retained, and of the process for accessing information. The registered owner/manager ensures that the home is run efficiently and that staff are trained to complete the job for which they are employed. Staff have received first aid training and arrangements are in place to ensure that a first aider is available on each shift.

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 |
| | | | None |

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 |
| 16 | OP31 | The registered manager should complete training at NVQ level 4 by 2005. Ensure that the registered manager is able to demonstrate periodic training. |

| 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 | |
|-----|------------|------------|---|----------|
| 1 | 14 | OP3 | The registered person must ensure that all service users have assessments place which conform to Standard 3 and that the outcome of that assessment should form the basis for the service users plan of care. | 15/12/03 |
| 2 | 15 | OP7 | The registered person must ensure that all service users have up to date and relevant care plans in place. | 15/12/03 |
| 3 | Schedule 2 | OP29 | The registered person must ensure that all information required within Schedule 2 of the Regulations are retained on file and be available for inspection. | 1/12/03 |
| 4 | 37 | OP38 | The registered person must, under Regulation 37, notify the NCSC of all accidents particularly any which cause injury to a service user | 1/12/03 |

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 | OP12 | The registered person should ensure that records of individual service users' participation in activities are completed. |
| 2 | OP15 | The registered person should ensure that systems are in place to serve drinks as service users individually require and enable independent service users to serve themselves. |
| 3 | OP31 | The registered person should ensure that the manager completes training at NVQ level 4 by 2005. Ensure that the registered manager is able to demonstrate periodic 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 | YES |
| • Pre-inspection Questionnaire | YES |
| • Records | YES |
| • Care Plans / Care Pathways | YES |
| • Meals | YES |
| • Activities | YES |
| • Other (Specify) | NO |
| 'Tracking' care and support | YES |
| Group discussion with service users | YES |
| Individual discussion with service users | YES |
| Group discussion with staff | NO |
| Individual discussion with staff | YES |
| Discussion with management | YES |
| Service user survey | YES |
| Relatives/significant others survey/feedback | YES |
| Visiting Professionals survey / feedback | YES |
| Tour of Premises | YES |
| Formal Interviews | NO |
| Document reading | YES |
| Additional Inspection Information: | |
| Number of Service Users spoken to at time of inspection | 4 |
| Number of Relatives/significant others the inspectors had contact with | 2 |
| Number of letters received in respect of the service | 8 |
| 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 | X |
| Date of Inspection | 09/10/03 |
| Time of Inspection | 08:00 |
| Duration Of Inspection (hrs) | 10 |

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: | Hairdressing, chiropody and newspapers |
|--|--|

| | | |
|-----------------------|---------------|---|
| Key findings/Evidence | Standard met? | 3 |
|-----------------------|---------------|---|

Since the last inspection, the home has met the requirement to produce Statement of Purpose and service users guide, which comply with Regulations 4 and 5 of the Care Homes Regulation 2001, and the National Minimum Standards. All service users are given a copy of the Statement of Purpose and Service Users Guide, which is kept in their room. During the course of the inspection, service users were observed reading the documents.

Individual expenses are incurred for hairdressing, chiropody and daily newspapers, as required.

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 |
|--|---------------|---|
| <p>Inspection of service users files identified that they had an up-to-date contract. 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.</p> | | |

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

| Key findings/Evidence | Standard met? | 2 |
|--|---------------|---|
| <p>In the main, assessments for service users were in place, however one assessment was not. Though the home apologised for the error and gave a full explanation why the error had occurred, the registered owner/manager should have systems in place which enables them to monitor records themselves and not be reliant on feedback from staff. The registered owner/manager must ensure that all service users have assessments in place which conform to Standard 3 and that the outcome of that assessment should form the basis for the service user's plan of care.</p> | | |

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>In the intervening period between the past and present inspections, Mellor Nook has considered varying its registration categories. After some considerable deliberation, the home has decided to remain with its current registration, which enables it to provide a service to older people. The Inspector was informed that if a service user is referred, whose primary care need is outside of the home's registration categories, then an individual variation will be applied for. The Inspector has advised the home to give due consideration to varying its registration to include dementia.</p> <p>During the course of the inspection, the Inspector had the opportunity of speaking with a number of service users; they stated their continued pleasure at residing at Mellor Nook and of the care and attention they received.</p> <p>The registered person stated that they had community links, which enabled them to secure the services 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 that they are experienced and competent for the position they hold.</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

The registered owner/manager has introduced systems, which offer prospective service users to receive a visit from staff in their own home prior to making visiting the home itself.

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?**

N/A

Mellor Nook does not provide intermediate care.

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? | |
|--|---------------|---|
| Service users' care plans were (with the exception of one) in place. Whilst the Inspector is assured that the service user has received good care, it is unacceptable for a person to remain in a care home without a full care plan being in place. The registered owner/manager must ensure that all service users have up-to-date and relevant care plans in place. | | 2 |

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 5

Number of service users with pressure sores at time of inspection (from information taken from care notes) 0

| | | |
|------------------------------|----------------------|---|
| Key findings/Evidence | Standard met? | 3 |
|------------------------------|----------------------|---|

Care staff support service users to receive personal care and health care services. New staff are trained in oral hygiene and a mentoring system is in place to ensure that staff are familiar with providing personal care in the manner that suits the individual service user. Service users at Mellor Nook cannot register with any GP of their choice. Due to the position of the home, GP access is restricted to one general practice. A comment card received from a general practitioner stated that the home communicates well and that service users are able to receive treatments in private. In addition, the GP stated that they were satisfied with the overall care provided by the home.

Service users receive routine chiropody treatments. Furthermore, they receive eyesight, hearing and dental treatment as they require and annually.

The Inspector advises the registered owner/manager to ensure that they are familiar with Regulation 37, which details when a home should notify the National Care Standards Commission of any event which affects the health, well-being and safety of service users.

Standard 9 (9.1 – 9.11)
The registered person ensures that there is a policy and staff adhere to the procedures for the receipt, 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 registered owner/manager has, since the last inspection, introduced new medication administration systems. Inspection of records and observation of practice identified that improvements have been made and that the home is maintaining the standard required.

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

During the inspection service users informed the Inspector that assistance with personal care was given in a respectful and private manner. Records stated the service users' preferred term of address and staff appeared to be addressing them correctly.

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.

Currently, there are two shared rooms at Mellor Nook; if required, both rooms have a screening facility to ensure that privacy is maintained.

As stated previously, the GP to the home confirmed that treatments are carried out in private.

Standard 11 (11.1 – 11.12).

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

Key findings/Evidence**Standard met?**

N/A

Not assessed at this inspection.

Daily Life and Social Activities

The intended outcomes for the following set of standards are:

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

Standard 12 (12.1 – 12.4)

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

| Key findings/Evidence | Standard met? | 3 |
|-----------------------|---------------|---|
|-----------------------|---------------|---|

Mellor Nook is, in the main, a peaceful and relaxed home, it does not attempt to have ongoing entertainments and activities, however activities are undertaken and enjoyed by service users. Each afternoon a staff member is designated to do an activity of the service users' choosing. The home has extensive grounds, within which is an impressive summerhouse for service users' enjoyment. This particular home also has acres of land used for the breeding of Alpacas. Service users are taken on walks to see the animals. Inspection of records failed to indicate the activities undertaken. The registered owner/manager was informed that, for inspection purposes, the home should record the individual service users' participation in activities.

Service users are able to choose where they wish to spend their days. The registered owner/manager encourages service users to spend at least part of the day in the communal areas, in order to promote socialisation and integration.

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 |
|-----------------------|---------------|---|
|-----------------------|---------------|---|

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.

Service users can and do receive visitors in private. The deputy was able to give an example of adhering to residents' wishes when they did not want to see particular visitors.

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?**

2

The Inspector had the opportunity of speaking with the cook. She stated that she had up-to-date training for food preparation and that the home had been inspected by the Environmental Health Department on 16th June 2003 and that all recommendations had been met. Records inspected identified that the home maintains appropriate records in accordance with Environmental Health guidance.

Meal times appeared unhurried and relaxed. Service users spoke positively of the meals they received and of the variety offered. Menus were evident; the registered person stated that service users are consulted when new menus are devised. It was confirmed that the current rotating menu includes residents' favourite meals.

The registered person stated that service users are generally encouraged to use the dining room at meal-times, as the home views such times as social occasions and an opportunity for service users to converse with each other. However, for service users who prefer to have their meals in their rooms, arrangements are made to ensure that they are served appropriately and according to individual wishes.

Observations were that a number of service users were independent and yet tea and coffee were routinely served collectively, out of communal teapots. This practice not only served to minimise the independence of some service users, but they also had to wait until staff were ready and available to serve all service users before they could receive a drink. Systems should be in place to serve drinks as service users individually require and enable independent service users to serve themselves.

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="1"/> |
| No. of these complaints fully substantiated | <input type="text" value="1"/> |
| 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 NCSC | <input type="text" value="0"/> |
| Percentage of complaints responded to within 28 days | <input type="text" value="100"/> % |

| Key findings/Evidence | Standard met? | 3 |
|-----------------------|---------------|---|
|-----------------------|---------------|---|

Mellor Nook has a written complaints procedure in place. Service users and their families are made aware of how to access the procedure within the service users guide. In the intervening period between the past and present inspections, the home has recorded one complaint. The people who returned a comment card, stated that they had had no cause to complain.

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 |
|-----------------------|---------------|---|
|-----------------------|---------------|---|

The Inspector was informed that all service users have the opportunity to vote and take part in civic processes, as they desire.

Standard 18 (18.1 – 18.6)

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

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

YES

No. of staff referred for inclusion on POVA lists

X

Key findings/Evidence

Standard met?

3

Since the last inspection, the registered owner/manager has introduced procedures which aim to protect the vulnerable adults in their care from abuse. Service users are informed of their right to protection through the inclusion of the whistle blowing policy within the service users guide. The registered owner/manager stated that staff have been trained appropriately and are aware of the action to take if a suspicion of abuse arises.

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 |
|-----------------------|---------------|---|
|-----------------------|---------------|---|

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.

The grounds to the home are extensive; gardens have been made for residents' 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.

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 |
|-----------------------|---------------|---|
|-----------------------|---------------|---|

Mellor Nook has one bathing and one showering facility. 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?

3

Mellor Nook does not have a passenger lift. A stair-lift enables the less mobile to ascend and descend the stairs. Inspection of certificates identified that correct and up-to-date servicing of the stair lift was in place.

Since the last inspection, handrails have been fitted to support the less mobile service users.

At the time of the inspection, Mellor Nook did not have a mobile hoist. The Inspector was informed that due consideration has been given to obtaining a hoist which will support service users and staff, however due to the limited space within the home, a suitable hoist has not been identified. The Inspector advises the home to continue to evaluate hoists. In addition, the registered owner/manager is reminded that service users should not be placed at risk by being manually lifted, nor should staff undertake any practices which may contravene health and safety regulations.

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 | 1 |
|---|---|

| Key findings/Evidence | Standard met? | 3 |
|--|----------------------|----------|
| <p>There are currently 11 single and two double bedrooms at Mellor Nook.</p> <p>Shared bedrooms do not accommodate more than two service users. Many examples were given to the Inspector regarding the process undertaken to ensure that service users in double rooms are given the opportunity to move when a single room becomes vacant.</p> | | |

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

The registered owner/manager has continued to invest in service users' rooms. A number of beds have been replaced; where required, specific beds have been purchased to meet the individual needs of service users.

All bedrooms have been fitted with double electrical sockets. The home has ceased using electrical adaptors.

All rooms were appropriately carpeted, with a number having recently been re-carpeted. All service users had a lockable unit within which they could store personal items privately and securely. Service users in double room were provided with appropriate screening to enhance privacy and all bedroom doors had a locking device.

All rooms were different in decoration and layout. A number of service users have incorporated small fixtures and fittings from their own homes. All rooms have pleasant views of the countryside from their windows.

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

All rooms had appropriate lighting that was domestic in style and in keeping with the design of the home. Service users are able to control the temperature of their room according to their own need and preferences.

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 registered person stated that policies and procedures were in place for the control of infection.

Due to the design of the home, staff requiring access to the laundry facilities have to either go through the service user lounges and dining room or go through the kitchen area. The registered person stated that consideration has been, and continues to be, given regarding improving the system. However, as stated throughout this report, Mellor Nook is unable to extend the building and therefore is restricted in altering the internal aspects of the home.

The laundry area contains two washing machines and two separate dryers. The registered owner/manager has given assurances that the home's washing machines can complete washing programmes which conform to disinfectant standards.

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="X"/> | | |
| No. of care staff | <input type="text" value="9"/> | | |
| No. of ancillary staff | <input type="text" value="3"/> | | |

Key findings/Evidence

Standard met?

3

The current staffing levels appear to meet the needs of the service users. The home complies with the staffing levels stipulated by Stockport 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

3

% of care staff with NVQ level 2

38 %

Key findings/Evidence

Standard met?

3

The registered owner/manager is currently encouraging the staff at Mellor Nook to undertake NVQ training at levels 2 and 3. It is envisioned that the home will meet statutory targets by 2005, if it is able to retain trained staff.

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?

1

Inspection of staff files identified that the home, whilst having a recruitment and selection procedure in place, does not retain the correct details on file. Application forms were evident, as were interviewing processes; letters of appointment were on file as were, in some cases, letters of acceptance. Not all files inspected had references in place, nor was there proof of identity and photographs of staff. CRB checks have been applied for, and, in the majority of cases, been received. The registered owner/manager accepted that the home had failed to fully comply with Schedule 2 and would immediately take action to rectify the matter. The registered person must ensure that all information required within Schedule 2 is retained on file and available for inspection.

On the first day of employment, staff receive a handbook which details the home's aims and objectives, staffing structure routines within the home and a layout of the building, which includes the names of service users and their bedroom location. General job descriptions, grievance procedures and the home's health and safety policy are also included.

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?

N/A

Not assessed at this inspection.

Management and Administration

The intended outcomes for the following set of standards are:

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

Standard 31 (31.1 – 31.8)

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

Key findings/Evidence

Standard met?

2

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.

Whilst the registered owner/manager stated that she and her senior team are familiar with the conditions and diseases associated with older age, she herself has not undertaken training for some time. The Inspector respects that the registered owner/manager has been in position for a considerable length of time, is experienced and that she takes an active interest in all aspects of the home, however it is essential that all managers continue with their learning and update training already undertaken in order to be aware of and implement best current practice. The Inspector advises the registered owner/manager to maintain documentation of any training undertaken.

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 |
|-----------------------|---------------|---|
|-----------------------|---------------|---|

The registered person stated that she endeavours to encourage innovation and creativity within the home. She further stated that, as far as possible, and within business limitations, the running of the home is conducted openly.

The home has an equal opportunities policy and codes of practice; such procedures are displayed within the office area.

The registered person stated that she endeavours to encourage innovation and creativity within the home. She further stated that, as far as possible, and within business limitations, the running of the home is conducted openly.

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? | 3 |
|-----------------------|---------------|---|
|-----------------------|---------------|---|

Mellor Nook has completed quality assurance procedures. The home sought comment from service users, relatives and visitors and a report of the findings has been produced with a copy submitted to the NCSC.

The Inspector offered advice on how to receive comments and view a critical evaluation of service provision as positive. The Inspector also reminds the registered owner/manager that the report should be made available to the public, particularly those who receive the service.

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? | 3 |
|-----------------------|---------------|---|
|-----------------------|---------------|---|

The home has appropriate insurance and public liability cover in place. Whilst the home does not have a set financial plan, the registered person stated that a business plan, which demonstrated the home's viability, could be made available for inspection as required.

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

X

Number of service users subject to Enduring Power of Attorney processes

X

Number of service users subject to Guardianship Orders

X

Key findings/Evidence

Standard met?

N/A

Not assessed at this inspection.

Standard 36 (36.1 – 36.5)

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

Key findings/Evidence

Standard met?

3

The home has commenced supervision with all staff members. The registered owner/manager is aware that supervision should be carried out at least six times a year, and more frequently if required.

The registered owner/manager is in attendance at the home each day and has ample opportunity to directly observe and monitor staff practice.

Standard 37 (37.1 – 37.3)

Records required by regulation for the protection of service users and for the effective and efficient running of the business are maintained, up-to-date and accurate.

Key findings/Evidence**Standard met?**

3

The registered owner/manager stated that service users have been informed of their right to see records and information held about them by the home.

The service users guide details what records regarding service users are retained by the home and of the process for accessing information. Confidential information is defined and restrictions are imposed where information is gained through third parties.

Individual records were up-to-date and held in a secure place in accordance with the Data Protection Act 1998.

Standard 38 (38.1 – 38.9)

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

Key findings/Evidence**Standard met?**

2

The registered owner/manager ensures that the home is run efficiently and that staff are trained to complete the job for which they are employed. Staff have received first aid training and arrangements are in place to ensure that a first aider is available on each shift.

Fire safety records identified that checks to fire safety equipment are undertaken at the correct frequency and that all staff have received up-to-date practical fire drill training.

Staff have also received training in infection control and basic food hygiene.

Certificates of servicing of equipment demonstrated that the home takes seriously its responsibility to provide a safe environment to both the service users and staff team.

All accidents are recorded in the correct format. The home has been advised of its responsibility under Regulation 37 to notify the NCSC of all accidents, particularly any which cause injury to a service user. The Inspector has agreed that general accidents can be reported on a monthly basis. All other notifications, as detailed within Regulation 37, must be reported without delay.

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 | None | Signature | _____ |
| Locality Manager | S Easton | 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 9th October 2003 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

Action taken by the NCSC in response to provider comments:

| | |
|--|--------------------------|
| Amendments to the report were necessary | <input type="checkbox"/> |
| Comments were received from the provider | <input type="checkbox"/> |
| 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 4th December 2003, 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"/> |
| Action plan was received at the point of publication | <input type="checkbox"/> |
| Action plan covers all the statutory requirements in a timely fashion | <input type="checkbox"/> |
| 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.