

INSPECTION REPORT

Care Home For Older People

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

20th and 21st August 2002



ESTABLISHMENT/AGENCY INFORMATION**Name of establishment/agency**

Mellor Nook

Tel No:

0161-427 4293

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

None

Email Addressmanager@mellornook.co.
uk**Name of registered provider(s)/Company (if applicable)**

Mrs. Jean Mary 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 latest registration certificate

1st April 2002

Conditions Apply ?

If Yes Refer to Part C

**Annex for 16 and 17 year olds plus Part VI
Care Home Regulations – Children, apply?****Date of last inspection**

Date and Time of Inspection Visit	20 th & 21 st August 8am to 6pm	ID Code
Name of Inspector(s)	Mrs S Brown	074691
Name of Lay Assessors (if applicable)	N/A	
Name of Interpreter/Signer (if applicable)	N/A	

Introduction to Report and Inspection

Inspection Visits

Brief Description of the Services Provided

Part A: Summary of Inspection Findings

Inspection Summary

Statutory Requirements/Good Practice Recommendations from last Inspection

Conditions of Registration

Statutory Requirements/ Good Practice Recommendations from this Inspection

Part B: Inspection Findings

National Minimum Standards For Older People:

Choice of Home

Health and Personal Care

Daily Life and Social Activities

Complaints and Protection

Environment

Staffing

Management & Administration

Part C: Compliance with Conditions of Registration (if applicable)

Part D: Lay Assessor's Summary (where applicable)

Part E: Provider's Response

E.1. Action Plan

E.2. Agreement

INTRODUCTION TO REPORT AND INSPECTION

Every establishment/agency which falls within the jurisdiction of the National Care Standards Commission (NCSC), is subject to inspection, to establish if the establishment/agency is meeting the National Minimum Standards relevant to that setting and the requirements of the Care Standards Act 2000 and/or the Children Act 1989 as amended.

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 will be 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 and the Children Act 1989 as amended. The report is based on the findings of the specified inspection dates.

BRIEF DESCRIPTION OF THE SERVICES PROVIDED

The home is 18th Century and is laid out in its original cottage style. The service users spoken to during the inspection spoke positively of the home and of the care they received.

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.

During the inspection, through observations and feedback from service users, Mellor Nook appeared to be a happy and relaxed care home.

PART A SUMMARY OF INSPECTION FINDINGS

INSPECTOR'S SUMMARY

(This is an overview of the Inspector's findings, which includes good practice, quality issues, areas to be addressed or developed and any other concerns.)

This service has been inspected for the first time against National Minimum Standards introduced from 1st April 2002. As a result, this report may contain a substantial number of recommendations and requirements. If so, the number of these should fall significantly at the next inspection when the provider will have had time to take account of the new legislation and standards and to take action to meet them.

Any breaches in standards which pose a more immediate risk to service users have been highlighted for urgent action.

This inspection of Mellor Nook identified that the registered owner/manager had prepared for the implementation of the National Minimum Standards and subsequent regulations. The pre-inspection questionnaire identified the work that has been undertaken to update policies and procedures. The inspection report identifies what procedures remain outstanding, however the Inspector accepts that, in some instances, the shortfall is where the details of the Standard were not fully understood and the home was waiting for clarification from the Inspector

Mellor Nook has difficulty in meeting the new standards in respect of the internal aspects of the home. Due to the age of the building and its position in Mellor, planning permission has been refused, therefore making it very difficult, if not impossible, to alter some of the internal parts of the home. Such restrictions may limit the categories of registration for the home in the future.

The Inspector found that the service users at Mellor Nook prefer to have a tranquil lifestyle. During the inspection service users were observed using the grounds of the home, which are quite extensive. Service users informed the Inspector that on fine days they are often supported to walk to the summerhouse or view the animals in the fields.

Requirements from last Inspection 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	

No.	Refer to Standard	Good Practice Recommendations	Actioned Yes/No

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

CONDITIONS OF REGISTRATION	Met (Yes / No)
None	N/A

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 is shown in Part E of this report.

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, the National Standards and the relevant sections of the Children's Act. The Registered Provider(s) is/are required to comply within the given timescales.

No.	Regulation	Standard *	Requirement	
1	4	OP1	Mellor Nook must produce a Statement of Purpose, as detailed in Standard 2, and which is user friendly.	To be arranged
2	Registration Regulations 2001 Regulation 12	OP4	The registered owner/manager must ensure that the home is registered to provide a service which meets all the assessed needs of service users. Where it is identified that needs of service users are outside the home's registration categories, applications for variations must be submitted to the National Care Standards Commission.	To be arranged
3	13	OP9	The registered person must arrange for the recording, handling, safekeeping, safe administration and disposal of medicines received into the home, including the training of staff.	To be arranged
4	16	OP22	Mellor Nook must ensure that the home is equipped with aids and adaptations as may be required by the individual service users, in particular: hand rails and hoisting equipment to support service users with mobility difficulties.	To be arranged
5	19 & Schedule 2	OP29	Mellor Nook must ensure that two written references are obtained before appointing a member of staff, and any gaps in employment records are explored.	To be arranged

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, the National Standards and the relevant sections of the Children's Act. The Registered Provider(s) is/are required to comply within the given timescales.

No.	Regulation	Standard *	Requirement	
6	24	OP33	The registered person must establish and maintain a system for reviewing and improving the quality of care as stated within Standard 33	To be arranged
7	24	OP33	The registered person shall supply to the NCSC a report of any review conducted and make a copy of that report available to service users.	To be arranged
			The Registered Person must provide an action plan dealing with how and when requirement numbers 1 to 7 will be met.	

RECOMMENDATIONS

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

No.	Refer to Standard *	Recommendation Action	
1	OP2	Mellor Nook should review all contracts appertaining to service users, ensuring they are up-to-date and contain the details required in Standard 2.	
2	OP3	Ensure that the person with the responsibility for undertaking assessment is appropriately trained to undertake such work. Ensure all recorded assessments contain the details required as stated within Standard 3.	
3	OP5	Ensure that prospective service users are given the opportunity for staff to meet them in their own home or current situation prior to being accommodated.	
4	OP7	Ensure that all service users' care plans set out in detail the action to be taken by care staff to meet the needs of service users, in order to ensure that all aspects of their health, personal and social needs are met.	

RECOMMENDATIONS

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

No.	Refer to Standard *	Recommendation Action	
5		Ensure all service users' care needs are detailed within care plan including risk assessments, with particular attention to the prevention of falls. Ensure that all entries and reviews are appropriately dated.	
6	OP12	Mellor Nook should consult with service users and provide them with the opportunity to visit local places of interest, which suit their need, preferences and capacities.	
7	OP15	Mellor Nook should ensure that meal times are flexible; in particular, the breakfast meal where residents' rising and retiring routines vary considerably.	
8	OP16	Ensure that a record is kept of all complaints made and includes details of investigations and any action taken.	
9	OP18	Mellor Nook must ensure that all policies and procedures in place are reflective of the current standards required, in particular, where those policies and procedures safeguard the service users from physical, financial or material, psychological or sexual abuse, neglect or harm.	
10	OP21	Ensure that all rooms used by service users are appropriately decorated and personalised in order to promote a homely environment.	
11	OP24	Mellor Nook should ensure that all bedrooms have two double electrical sockets.	
12	OP24	Ensure all residents receive a key to their own room. Mellor Nook should ensure the security of service users rooms in their absence.	
13		The registered person should ensure that washing machines have a specific programme to meet disinfectant standards and that all services and facilities comply with the Water Supply (Water Fittings) Regulations 1995.	

RECOMMENDATIONS

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

No.	Refer to Standard *	Recommendation Action	
14	OP28	Mellor Nook must ensure that minimum ratio of 50% trained members of care staff (NVQ level 2 or equivalent) is achieved by 2005, excluding the manager.	
15	OP30	The registered person should ensure that all training and development programmes meet the National Training Organisation standards.	
16	OP31	The registered manager must have completed training at NVQ level 4 by 2005. Ensure that the registered manager is able to demonstrate periodic training.	
17	OP35	Mellor Nook should ensure that all expenditure on behalf of the service user is individually receipted and such receipt is retained on file.	
18	OP36	The registered person must ensure that care staff receive formal supervision at least six times a year.	
19	OP38	The registered person should ensure that all policies and procedures are produced in accordance with Standard 38.	

*** 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 users survey	YES
Visiting Professionals survey / feedback	NO
Tour of Premises	YES
Formal Interviews	YES
Document reading	YES
Date of Inspection	20/08/02
Time of Inspection	8:00
Duration Of Inspection (hrs)	18

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 Older People have been met. The following four-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 four-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)

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

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 users moves into the home without having had his/her needs assessed and been assured 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 service users.

Range of fees charged From (£) To (£)

Any charges for extras

Key findings/Evidence

Standard met

2

Mellor Nook has produced various documents explaining the home's aims and objectives, and service provision. However, it currently does not have a Statement of Purpose or provide the information in a format which is user friendly (Requirement 1). Regulation 4 of The Care Homes Regulations 2001 sets out the details required to be included in the Statement of Purpose as does Standard 1 of the National Minimum Standards.

The registered person gave assurances that the appropriate documents will be produced and made available for service users and that the information will be in sufficient detail to meet the required Standards.

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

Standard 2 (2.1 – 2.2)

Each service users 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**

2

Terms and conditions of residency and contracts were available for inspection. Mellor Nook has a high proportion of privately funded service users. After inspecting the contracts for private service users it was apparent that some additional details were needed in order to meet current Standards. The Inspector advised the registered person to refer to Standard 2 for the details required (Recommendation 1).

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 users, his/her representatives (if any) and relevant professionals have been party.

Key findings/Evidence**Standard met**

2

The registered owner/manager stated that all Social Services funded service users had assessments in place; such assessments are completed by a trained Social Worker.

Inspection of two privately funded service users' files identified that although they had been assessed and a record maintained, the assessments did not contain the details required and as stated within Standard 3 (Recommendation 2).

The registered owner/manager stated that at present there was no-one within the home who had been trained to undertake the kind of assessment now required, however they would seek advice on available training and take interim measures to ensure that assessments are carried out and recorded appropriately (Recommendation 2).

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	2
-----------------------	--------------	---

During the course of the inspection the Inspector had the opportunity of speaking with a number of service users. They stated their pleasure at residing at Mellor Nook and of the care and attention they received.

The registered person stated that to her knowledge the needs of the service users remain within the home's registration categories. The registered person stated that they had community links, which enabled them to secure the services of specialists when required.

Currently, the home is only registered to meet the general needs of older people. Through discussion with the registered person it became apparent to the Inspector that Mellor Nook must give consideration to having its categories of registration varied to include categories which would allow the home to provide a service to service users whose primary care need is not solely due to older age. The Inspector informs the reader that care homes cannot provide a service for which they are not registered (Requirement 2).

The registered person is advised to ensure that all service users have full up-to-date assessments in place to aid the decision process (Recommendation 2).

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.

Standard 5 (5.1 – 5.3)
The registered person ensures that the 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	2
-----------------------	--------------	---

The registered person stated that on occasions prospective service users were visited in their own homes prior to admission. The Inspector and the registered person had a discussion on the merits of visiting all prospective service users in their own homes prior to admission and how those visits could aid the development of assessments and care planning processes (Recommendation 3).

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 become familiar with the home's routine and speak with other service users prior to making any decisions about their future.

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 ?****0**

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

Key findings/Evidence	Standard met	2
-----------------------	--------------	---

Through inspection of care plans and discussions with the registered person, the Inspector could evidence good care principles and practices. Inspection of records did identify some routines for the monitoring of service users' health, however some information was confusing. Dates and signatures were not always evident (Recommendation 4).

After being advised of the Inspector's findings, the registered person looked at the records and stated that the records were not maintained to the standard they themselves required.

Standard 8 (8.1 – 8.13)

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

No. of service users admitted to A & E since last inspection	0
No. of service users with pressure sores (from information taken from care notes)	0

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

During the inspection the Inspector had the opportunity of talking to service users, observe practice and inspecting their files. Information received enabled the Inspector to conclude that service users' health needs are fully met.

Standard 9 (9.1 – 9.11)

The registered person ensures that there is a policy and staff adhere to the procedures for the receipt of 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**

1

Through observation and inspection of medication records and practices, it was evident that Mellor Nook does not comply with the required standard. All medication administration records were handwritten. The Inspector observed that for medication prescribed mid-month, Mellor Nook had devised its own method of preparing it for administration. The Inspector understands the practice in place was thought to reduce mistakes being made. However, such practice does not comply with the codes of practice stated by the Royal Pharmaceutical Society (Requirement 3).

Mellor Nook has been advised by the Inspector to consult and ask the home's pharmacist to supply documentation for completion which meets current standards. A copy of the Royal Pharmaceutical Society's guidelines was provided to the home by the Inspector.

The registered person was also informed of the need to ensure the implementation of appropriate policies, procedures and training, which reflect the current 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, 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, following death.

Key findings/Evidence**Standard met**

3

Service users informed the Inspector that assistance with personal care was given in a respectful and private manner. Records stated the service user's 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 mobile 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.

The registered person stated that all healthcare visits are undertaken in the privacy of the service user's own room.

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

Records reflected that service users had had their last wish discussed with them, and that assurances are given that, as far as possible, their wishes and requests would be met. The registered person and deputy manager gave the Inspector many examples of how the home has cared for the needs of the dying and how the home cared for the service user after death.

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
-----------------------	--------------	---

The Inspector observed a member of staff encouraging some of the service users to participate in a afternoon quiz contest, those service users who did not wish to join in were encouraged to walk with staff to the summer house within the grounds of the home. On the day of the inspection service users stated that they enjoyed their chosen activity. The home maintains a record of all activities undertaken, however the records were not maintained in an individual format with the information being retained on the service user's file. The Inspector advised the registered person of the need to record activities undertaken in the service users' individual records. Such recordings enable individual assessments of participation in activities to be undertaken; and, in addition, it enables the reader to obtain a sense of the service user's daily life within the home.

Mellor Nook secures the services of a person on a weekly basis to come into the home to chat and entertain the service users.

Mellor Nook has its own transport. During the inspection a number of service users informed the Inspector of the enjoyment they had received from trips out on previous occasions. The service users spoke of fond memories of staff that had taken them and of the places they had visited. It was with some regret that they stated trips out of the home are less frequent than they would wish. Whilst the Inspector is aware that these service users' request may be in a minority, Mellor Nook should undertake to consult with the service users and make arrangements to meet their request whilst encouraging other residents to join in external outings (Recommendation 6).

Standard 13 (13.1 – 13.6)
Service users are able to maintain contact with family/friends/representatives and the local community as they wish.

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 (Recommendation 6).

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 sharing one meal with service users. The meal appeared unhurried and relaxed. Service users spoke positively of the meals they received and of the variety offered. The Inspector observed that breakfasts were served collectively in one sitting. If service users are to have flexible rising routines, consideration must be given to serving breakfast in the same manner (Recommendation 7).

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 a social occasion 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.

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.

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 from last inspection	<input type="text" value="0"/>
No. of complaints fully substantiated	<input type="text" value="0"/>
No. of complaints partly substantiated	<input type="text" value="0"/>
No. of complaints not substantiated	<input type="text" value="0"/>
No. of complaints not yet resolved	<input type="text" value="0"/>
Percentage of complaints responded to within 28 days	<input type="text" value="0"/> %

Key findings/Evidence	Standard met	2
------------------------------	---------------------	----------

The home has a complaints procedure in place, however discussions were held with the registered persons regarding details which needed to be included, in order for the procedure to meet the required Standards. The Inspector also discussed how complaints are received and the need for all staff to recognise what constitutes as a complaint. Ensure that a record of all complaints is kept, regardless of the swift action taken to resolve the matter (Recommendation 8).

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 partake 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 DOH Guidance *No Secrets*

0

No. of staff referred for inclusion on POCA/POVA lists

0

Key findings/Evidence

Standard met

2

The Inspector was advised that whilst the home has procedures in place to protect service users, there are plans to develop them further, in order to ensure that they are reflective of current legislation and best practice (Recommendation 9).

The registered person stated that they were aware of but not familiar with protection process as stated within Standard 18. At the time of the inspection the home had not had reason to implement such action. Assurances were given by the registered person that the home would secure appropriate documentation should it be required.

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 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.
- Service users live in safe and 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
<p>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 standards.</p> <p>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.</p> <p>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.</p>		

Standard 20 (20.1 – 20.7)
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.m for each service users (to be applied from 1st April 2007 for homes existing prior to 1st April 2002 which do not meet this standard).

Key findings/Evidence	Standard met	2
-----------------------	--------------	---

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.

At the time of the inspection the National Care Standards Commission was still consulting with service providers regarding the environmental standard being required for care homes. The registered person stated that they expect Mellor Nook will not be able to comply with all the final standards due to planning restrictions which prevent the home from increasing its size.

At the time of writing the report, room measurements were not available to the Inspector.

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	2
-----------------------	--------------	---

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 wheel chair.

Toileting and bathing areas were inspected and observations were that they were clean and presentable; advice was given to the registered person regarding the personalisation of the rooms in order that they reflect the standard presented in other parts of the home (Recommendation 10).

The pre-inspection questionnaire stated that ten bedrooms have private en-suite facilities.

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

1

Mellor Nook does not have a passenger lift. A stair-lift enables the less mobile to ascend and descend the stairs.

Due to the limited space, handrails have not been placed in corridor areas. The registered provider was informed of the need to provide handrails and other adaptations as may be required to meet the individual needs of service users (Requirement 4).

At the time of the inspection Mellor Nook did not have a mobile hoist. Whilst the Inspector is aware of the limited space within the home and the lack of a lift that would enable a hoist to be taken upstairs, the Inspector strongly advises the registered person to seek specialist advice regarding the various types of mobile hoist available. Upon identifying suitable equipment, purchases should be made (Requirement 4).

Standard 23 (23.1 – 23.11)

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

Single rooms with at least 10 sq.m usable space	11
Single rooms below 10 sq.m usable space	0
Single rooms accommodating wheelchair users	0
At least 12 sq.m	0
Less than 12 sq.m	0
Shared rooms at least 16 sq.m	0
Shared rooms less than 16 sq.m	2
Percentage of places within single rooms:	
100%	NO
80% - 99%	YES
Less than 80%	NO
Number of single bedrooms with en suite	9
Number of single rooms without en suite	2
Number of double rooms with en suite	1
Number of double rooms without en suite	1

Key findings/Evidence**Standard met**

2

There are currently 11 single and two double bedrooms at Mellor Nook. The Inspector was informed that should the National Care Standards Commission's final decision be that Mellor Nook has to increase the single bedroom ratio, arrangements are in place to ensure compliance.

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.

Standard 24 (24.1 – 24.8)

The home provides accommodation for each service user which is furnished and equipped to assure comfort and privacy and meets the assessed needs of the service users.

Key findings/Evidence**Standard met****2**

During the inspection the Inspector was informed that Mellor Nook was in the process of replacing all service users' beds. The registered person stated that consideration is being given to individual bed requirements.

The registered person stated that the majority of bedrooms had two double electrical sockets; arrangements were being made to provide all bedrooms with the appropriate number of electrical sockets. At the time of writing the report, information requested regarding electrical socket in bedrooms had not been received. The deputy manager was advised against the use of electrical adapters and extension leads (Recommendation 11).

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.

During the inspection it was evident that all bedroom doors remained unlocked. The Inspector informed the deputy manager of the home's responsibility for ensuring the security of residents' bedrooms, and to ensure that all residents receive a key to their own room (Recommendation 12).

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 and 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**

2

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 the report Mellor Nook is unable to extend the building and therefore is restricted in altering the internal aspects of the home.

During the inspection the Inspector did not observe laundry procedures being followed, however assurances were given that all laundry carried through the home is covered, giving minimal opportunity for airborne germs to spread.

The laundry area contains two washing machines and two separate dryers. The registered person stated that the home is consulting with manufactures regarding the washing machines' programmes. Should the machines be unable to meet the required standard, as stated within Standard 26, a new machine will be purchased (Recommendation 13).

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 and layout and purpose of the home, at all times.

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

			Personal Care	Nursing
No. service users <i>High</i> needs	0	No. staff hours allocated	0	2
No. service users <i>Medium</i> needs	0	No. staff hours allocated	0	0
No. service users <i>Low</i> needs	15	No. staff hours allocated	338	0
No. of staff hours required	344	No. of staff hours provided	0	0
No. of first level registered nurses	0			

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

The information above details the proposed staffing levels by the Department of Health (DoH). Currently, the DoH is undertaking a statistical analysis to see how such proposals would impact on service providers and the provisions they offer. Until such details are agreed and finalised, care home may operate on the staffing levels agreed by the previous registration authority. Mellor Nook exceeds the local authority's guidance for staffing levels.

Duty rotas were available for inspection, advice was given regarding the clarification required in respect of detailing staff's full names, position held, hours worked and shift time. The home does not employ agency staff and assurances were given that all care staff providing personal care to the service users are over the age of 18.

Standard 28 (28.1 – 28.3)

A minimum ratio of 50% trained members of staff (NVQ Level 2 or equivalent) is achieved by 2005, excluding the registered 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

25%

%

Key findings/Evidence**Standard met**

2

The pre-inspection questionnaire detailed the names, dates of employment and qualifications held by all staff employed within the home. The Inspector obtained further information through discussions held with the registered person and deputy manager.

At the time of the inspection Mellor Nook was working towards compliance with Standard 28. Currently, of the 12 staff providing care support, three have completed NVQ training at level 2 (Recommendation 14).

Standard 29 (29.1 – 29.6)

The registered person operates a thorough recruitment procedure based on equal opportunities and ensuring the protection of service users.

Key findings/Evidence**Standard met**

2

The pre-inspection questionnaire stated that the home has a recruitment and selection procedure in place. The home is aware that two references must be secured prior to appointment. The registered persons stated that awaiting references could ultimately mean losing the member of staff to other employment; therefore they ensure that the worker does not work alone prior to references being secured. As an interim measure, the home stated that verbal references are always received prior to appointment (Requirement 5).

The registered person is aware of the new requirement to ensure that all members of staff have current police checks completed.

The home is yet to familiarise itself with the codes of practice set by the General Social Care Council, however they provide staff with a handbook, terms and conditions, contracts and subsequent documentation.

Standard 30 (30.1 – 30.4)

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

Key findings/Evidence**Standard met**

3

Whilst the registered person was able to confirm training undertaken by staff at the home, it was unclear if the training undertaken was meeting the National Training Organisation standards. Assurances were given that verification would be sought regarding this matter, and that all future training would comply with the standard required (Recommendation 15).

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 responsibility fully.
- Service users benefit from the ethos, leadership or 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 (Recommendation 16).

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 (Recommendation 16).

The registered owner/manager informed the Inspector that arrangements are underway to ensure that all the details within Standard 31 will be met within given timescales.

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. Statements that appertain to such procedures are displayed within the office area.

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 the success in meeting the aims and objectives and the statement of purpose of the home.

Key findings/Evidence	Standard met	1
------------------------------	---------------------	---

The registered person informed the Inspector that the home does not currently have a formal quality assurance procedure in place. Through discussion it was apparent that as with other standards that are not currently met, the home is committed to implementing whatever is required to ensure compliance (Requirement 6).

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 for the home, 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 users.

Number of service users subject to Power of Attorney processes

0

Number of service users subject to Enduring Power of Attorney processes

0

Number of service users subject to Guardianship Orders

0

Key findings/Evidence	Standard met	2
------------------------------	---------------------	---

As stated previously within the report, Mellor Nook has minimal responsibility for handling service users' finances. Each service user has their own individual lockable facility within which personal allowances are maintained. Members of staff including the registered owner/manager do not have direct access to the storage facility; only service users and their relatives have keys.

The registered owner/manager stated that receipts are not issued when residents spend their finances for internal services such as hairdressing and chiropody. The Inspector informed the registered owner/manager of the need to obtain individual receipts for all expenditures undertaken (Recommendation 17).

Standard 36 (36.1 – 36.5)
The registered person ensures that the employment policies and procedures adopted by the home and its induction, training and supervision arrangements are put into practice.

Key findings/Evidence	Standard met	2
------------------------------	---------------------	----------

The registered person stated that although supervision is carried out within the home, it is not always conducted in a formal manner. Again, the registered person gave assurances that formal supervision will be undertaken as stated within this Standard (Recommendation 18).

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	2
------------------------------	---------------------	----------

The home recognises and accepts that this is an area for development. During the inspection a commitment was given which leads the Inspector to believe that Mellor Nook will, as far as possible, endeavour to meet all the Standards in a timely manner.

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 pre-inspection questionnaire identified the outstanding policies and procedures which have yet to be developed. The Inspector was informed that the home had secured a number of the documents stated within Standard 38 for reference purposes (Recommendation 19).

Risk assessments have been carried out for all parts of the building. Each room has a written risk assessment on view.

The registered owner/manager stated that all staff had received up-to-date training in moving and handling, and fire safety.

Assurances were given that, in time, the home will be more familiar with the more specific details of this Standard and will meet the required standard.

PART C**COMPLIANCE WITH CONDITIONS**

(where applicable)

Condition	Compliance	N/A
None		
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

PART E**PROVIDERS' RESPONSE**

E.1 Please provide the Commission with an Action Plan, which indicates how requirements and recommendations are to be addressed and a completion date within the stated timescale.

STATUTORY REQUIREMENTS				
No.	Regulation	Standard	Action being taken to address Requirements	Completion date

RECOMMENDATIONS			
No.	Refer to Standard	Action being taken to address Recommendations	Completion date

E.2 PROVIDER'S AGREEMENT

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 (date(s) to be inserted) and any factual inaccuracies:

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

E.2.1 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.

Or

E.2.2 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:

Signed _____

Designation _____

Date _____

Note:

In instances 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.