



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### Mellor Nook

**133/135 Moorend Road  
Mellor  
Stockport  
Cheshire  
SK6 5NQ**

*Lead Inspector*  
Sylvia Brown

*Unannounced Inspection*  
31st January 2006      10:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Mellor Nook
<b>Address</b>	133/135 Moorend Road Mellor Stockport Cheshire SK6 5NQ
<b>Telephone number</b>	0161-427 4293
<b>Fax number</b>	0161 427 0843
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Mrs. Jean Mary Critchlow Mr John Robert Critchlow, Mr James William Critchlow
<b>Name of registered manager (if applicable)</b>	Mrs. Jean Mary Critchlow
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	15
<b>Category(ies) of registration, with number of places</b>	Old age, not falling within any other category (15)

# **SERVICE INFORMATION**

## **Conditions of registration:**

1. Service users to include up to 15 OP.

**Date of last inspection**      16th June 2005

## **Brief Description of the Service:**

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

The home offers 11 single bedrooms, nine of which have en-suite facilities, and two double rooms, one of which has an en-suite facility. All bedrooms are tastefully furnished and, like other parts of the home, reflect the age and character of the building. Mellor Nook is situated some considerable way from any shops and community life, therefore most residents are from the local area and prefer a quieter lifestyle.

# SUMMARY

This is an overview of what the inspector found during the inspection.

The inspection of Mellor Nook was unannounced, commencing at 10:30am and lasting approximately six hours. The opportunity was taken to speak with three residents and spend time observing staff practices as they completed their duties.

During the inspection comment cards were left for both residents and relatives to complete at their leisure. The inspector evaluated a number of records and case-tracked the care of two residents.

This report should be read in conjunction with the report of the June 2005 inspection to obtain full details on how the home is operating.

## **What the service does well:**

Mellor Nook continually works hard to ensure that residents live in comfortable, homely surroundings. The environment is in keeping with the age and design of the home and is well maintained.

Mealtimes are pleasant experiences for residents. Residents stated food continues to be "lovely" and "enjoyable".

Residents appeared happy and contented with their daily routines. They were supported to make their own decisions as to where they spent their day and they have opportunities to join in activities and listen to entertainment as they wish.

The home provides residents and staff with a periodic newsletter that is colourful and informative. New staff and residents are introduced and welcomed, the outcomes of inspections are detailed, updates on the Alpacas are recorded for residents' pleasure and training matters addressed for staff.

## **What has improved since the last inspection?**

The home continues to maintain an overall good standard, however action was being taken to replace some internal window sills within parts of the home. New bedroom furniture and fittings have been purchased and redecoration has been undertaken in a vacant room.

The home achieved the Investors in People award in September 2005.

## **What they could do better:**

The home continues to operate to a good standard and meets the National Minimum Standard in all areas looked at. Recommendations have been made to improve the way information is brought together to develop concise information for staff and for the formulation of nutritional assessments, including the action to be taken when weight loss is evident

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office.

# **DETAILS OF INSPECTOR FINDINGS**

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Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

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Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

## **Choice of Home**

### **The intended outcomes for Standards 1 – 6 are:**

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

**The Commission considers Standards 3 and 6 the key standards to be inspected at least once during a 12 month period.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

3 & 5. Standard 6 is not applicable to Mellor Nook.

Residents have their needs assessed and are able to visit the home prior to making decisions about their future.

### **EVIDENCE:**

Two residents' files were seen and indicated that assessments had been updated and kept under review. The home continues to extend invitations to prospective residents to visit the home and see the day to day routines and view a vacant room prior to making any decisions about their future.

## Health and Personal Care

### **The intended outcomes for Standards 7 – 11 are:**

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

**The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected at least once during a 12 month period.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

7, 8 & 9

Care plans address both health and social care needs for service users. The management and administration of medicines ensure residents' health and safety.

### **EVIDENCE:**

The care planning processes for each resident are thorough. Initial and continuous assessments make sure needs are identified and care support provided. The home could develop its recording system to make certain that staff have clear and concise information on the care needs of residents and how they should be met. Records clearly recorded aspects of the residents' health and of any intervention provided by medical professionals.

Residents spoken to stated they felt well cared for and that they had no reason to be dissatisfied.

Evaluation of medication administration records and storage confirmed that the home meets the required standard.

## **Daily Life and Social Activities**

### **The intended outcomes for Standards 12 - 15 are:**

- 12.** 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.
- 13.** Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- 14.** Service users are helped to exercise choice and control over their lives.
- 15.** Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

**The Commission considers all of the above key standards to be inspected at least once during a 12 month period.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

12, 13, 14 & 15

Residents are able to make their own decisions and choices. They receive a well-balanced, appetising and nutritious diet.

### **EVIDENCE:**

The lifestyle at Mellor Nook is sedate which suits the residents' expectations. In the main, residents enjoy reading, listening to music and watching television. Each day staff undertake some activity with some residents. Opportunities are provided for residents to join in singing, quizzes and walking in the grounds.

The home maintains records of all activities undertaken and who attends. When speaking with residents, they informed the inspector they were happy and contented with their lifestyles and enjoyed the "peace and security" offered by the home.

Residents were observed sitting in both the lounge areas and their individual bedrooms. They are kept informed of any activities and were observed being offered the opportunity to join others to listen to the entertainer on the premises.

A record of visitors to the home is maintained and, at the time of the inspection, was up to date. Residents are able to receive visitors throughout the day and evening. Past inspections have identified relatives' satisfaction with visiting arrangements and the manner in which the staff conduct themselves.

Residents have a varied and nutritious diet. Records are maintained regarding food served and eaten in order to ensure an appropriate diet is taken. Records of residents' weights, though clearly recorded at appropriate frequencies, contained no written instruction to staff to report weight loss or what action is required to promote increased nutritional intake. One care file indicated that a resident was gradually losing weight, there was no specific care devised to ensure every action had been taken to increase the nutritional value of foods in an attempt to stop weight loss.

Though the home does ask each resident about their food likes and dislikes, it has yet to develop the practice of undertaking nutritional assessments. A recommendation has been made regarding these matters.

## **Complaints and Protection**

**The intended outcomes for Standards 16 - 18 are:**

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

**The Commission considers Standards 16 and 18 the key standards to be inspected at least once during a 12 month period.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

The core standards were addressed at the last inspection and found to meet the required standard. They were not assessed at this inspection.

**EVIDENCE:**

## **Environment**

### **The intended outcomes for Standards 19 – 26 are:**

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

**The Commission considers Standards 19 and 26 the key standards to be inspected at least once during a 12 month period.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

19, 20, 21, 23, 24, 25 & 26

Residents live in a well maintained, comfortable environment which is homely and meets their needs.

### **EVIDENCE:**

Mellor Nook is unusual in its design and layout due to the age of the building. Consequently, the home is not suitable for the more infirm or those who may require permanent wheelchair use .

Evaluation of residents' rooms confirmed that the home was maintaining good standards. Residents' personal rooms were well maintained and reflective of the individual. Personal possessions were evident and, where able, residents had chosen their own layout of furniture.

At the time of the inspection the home had completed a full audit of the home, including each individual room. Records indicated the dates when furniture had been replaced, the current standard and the date of possible future upgrading. The home was in the process of replacing some windowsills in bedrooms and supplying new bedroom furniture for one vacant room.

One resident admitted since the last inspection prefers to remain in her room, as does another long term resident. Both were spoken with and observed within their rooms. They were seated in comfortable chairs, with appropriate lighting and heating. Their rooms were pleasant places and they were satisfied with how they were being supported.

A number of bedrooms have en-suite facilities and there are sufficient toilets available throughout the home to meet the needs of the residents. The home has two bathing facilities, one of which is a bathroom with hoist, the other a shower room.

The home was clean and free from offensive odours and all areas were free from obstruction.

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

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

**The Commission consider all the above are key standards to be inspected at least once during a 12 month period.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

27, 28, 29 & 30

Staff are safely recruited, trained and competent to undertake the work for which they are employed.

### **EVIDENCE:**

The home continues with robust recruitment procedures, ensuring statutory checks for prospective staff are in place before employment commences.

Staff files indicated training undertaken and supervision sessions. Induction procedures are in place and worked through in an appropriate manner.

Since the last inspection, a new deputy manager has been employed and was on duty at the time of the inspection. She was able to demonstrate the home's practice for induction and her own learning to ensure she was fully aware of her role and responsibilities to lead and supervise a staff team.

## **Management and Administration**

### **The intended outcomes for Standards 31 – 38 are:**

- 31.** 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.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

**The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected at least once during a 12 month period.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

31, 33 & 38

Mellor Nook is a well managed home which provides a safe environment for residents.

### **EVIDENCE:**

One of the registered owners, Mrs Critchlow, is also registered to be the manager, however with changes being implemented for managers to undertake training at NVQ level 4 and complete the registered manager's award, she feels unable to complete such training.

It has been agreed with the CSCI that the home will be given time to decide its future and, as an interim measure, one of her sons, Mr J Critchlow, who is also an owner, is undertaking the training with a view to either becoming the registered manager in the future or having the knowledge and understanding of the current role and responsibilities of a registered manager to enable them to recruit an appropriate person.

The home completes a quality assurance programme each year and completes a self assessment which measures itself against each national standard. The home is hoping to achieve its investors in people award in the near future. The home is open about its findings and publishes them on the home's website along with all previous inspection reports published by the CSCI.

Residents' health and safety is assured by the servicing of equipment. Health and safety records were found to be maintained appropriately.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. 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)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	3
6	X

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	3
9	3
10	X
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	2

COMPLAINTS AND PROTECTION	
Standard No	Score
16	X
17	X
18	X

ENVIRONMENT	
Standard No	Score
19	3
20	3
21	3
22	3
23	3
24	3
25	3
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	X
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? No

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP7	The registered person should ensure that records clearly indicate the action required when it is evident that a resident's weight is decreasing.
2	OP7	The registered person should ensure that care plans clearly stated the needs of residents and how they should be met. Signatures of agreement should also be evident.
2.	OP15	The registered person should ensure nutritional assessments are undertaken.

## **Commission for Social Care Inspection**

Ashton-under-Lyne Area Office

2nd Floor, Heritage Wharf

Portland Place

Ashton-u-Lyne

Lancs

OL7 0QD

National Enquiry Line: 0845 015 0120

Email: [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk)

Web: [www.csci.org.uk](http://www.csci.org.uk)

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