



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Mellor Nook

133/135 Moorend Road

Mellor

Stockport

SK6 5NQ

Lead Inspector

Sylvia

Brown

Announced
16 June 2005

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
- Practise what we preach in our own organisation

Reader Information

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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 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

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SERVICE INFORMATION

Name of service	Mellor Nook
Address	133/135 Moorend Road, Mellor, Stockport, SK6 5NQ
Telephone number	0161-427-4293
Fax number	0161-427-0843
Email address	-
Name of registered provider(s)/company (if applicable)	Mrs J M Critchlow, Mr J R Critchlow & Mr J W Critchlow
Name of registered manager (if applicable)	Mrs J Critchlow
Type of registration	CRH Care Home
No. of places registered (if applicable)	15
Category(ies) of registration, with number of places	OP Old age (15)

SERVICE INFORMATION

Conditions of registration:

Service users to include up to 15 OP.

Date of last inspection 24 November 2004

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 announced and took place over one day with a total of eight hours spent on the premises. The inspector was able to spend time talking to residents and shared two meal times with them.

The home completed a pre-inspection questionnaire and comment cards were sent to residents, their relatives and professional visitors to the home. Six resident, seven relative and two professional visitor comment cards were returned. Information obtained is included within the report.

The inspector looked at the care of two residents who had moved into the home since the last inspection.

What the service does well:

The home continues to maintain a good all round standard. Without exception, all residents stated that as they were not able to live in their own homes, they were happy and content living at Mellor Nook.

Mealtimes are enjoyable experiences for residents. Meals looked appetising and there is ample variety for residents to choose from. Residents stated that meals were tasty and enjoyable and were of a consistently good standard.

One comment card stated that a "Very high standard of care is always maintained, there is a happy atmosphere and staff are excellent and everywhere is clean."

What has improved since the last inspection?

The home continues to maintain a good standard of care. The home met all the required standards therefore there were no requirements arising from this inspection. Good practice recommendations have been made where there remains an opportunity to develop practice further.

What they could do better:

The home does not profess to be an active home, however residents would benefit from an improved activities programme, devised to stimulate and meet their individual needs and preferences.

Records should clearly indicate residents' preferences and needs. Although recorded in part, additional information would benefit staff when providing support.

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 or by contacting your local CSCI office.

DETAILS OF INSPECTOR FINDINGS

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Staffing (Standards 27-30)

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Scoring of Standards

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 standard(s) 1, 2, 3 & 5. Standard 6 does not apply.

Residents and their families are provided with sufficient information to enable them to make informed choices prior to and during their stay.

EVIDENCE:

The home's Statement of Purpose and service user guide, which are provided to all prospective residents, have been reviewed and contain up to date information.

Records identified that residents are able to visit the home prior to making any decisions about their stay. The registered owner stated that, as far as possible, she encourages prospective residents to talk to current residents and spend time observing the daily routines.

Files contained Social Services contracts, service agreements and terms and conditions of residency produced by the home.

Assessments are ongoing with initial assessment being completed prior to admission.

Though the home does not offer intermediate care, one resident, who has been at the home for a number of months and who is returning home, has been supported to maintain, as far as possible, her independence. When spoken to, she was happy to be returning home, but spoke positively of the support and kindness received from the home.

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 standard(s) 7, 8, 9 & 10

Residents' care needs are recognised and support is provided to maintain good health, for the most part, however the detail is not sufficient in some areas.

EVIDENCE:

Health care services are provided and residents spoken to stated they were well cared for and felt they received the right amount of support. All comment cards confirmed they felt staff treated them well and that their privacy was respected. Relatives' comment cards stated they were satisfied with the care and support provided, with one stating "Mellor Nook maintains a very high standard of care."

Care plans included details of residents' care needs, however the home needs to be more explicit and record residents' personal preferences for such things as bathing routines, oral care and dental issues. Failure to record such information has the potential for needs not being met.

One record indicated a resident's continued decreasing weight, however there was no information of any action taken to investigate why this was happening or any action taken to consult with a nutritional specialist. When asked, the registered owner/manager confirmed that the matter had not been reported to them.

Medication is managed and administered correctly. However, whilst the home does enable residents to manage and take their own medicines if they can, the home does not have a policy which assesses residents' ability and inform them of how medicines have to be managed within the home.

Both comment cards returned from visiting health care professionals stated that the home makes appropriate decisions when they can no longer manage residents' health care and that staff demonstrate a clear understanding of the care needs of the residents.

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 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. Residents are able to receive visitors in private whenever they wish.

EVIDENCE:

In the main, those living at Mellor Nook prefer a more sedate lifestyle. When spoken to, they stated their satisfaction at being able to walk around the gardens and sit in the summer house during the afternoons. Three residents stated they had been taken to see the herd of Alpacas who live within the grounds and who have just had young.

Daily records detailed the residents' daily life within the home, including activities. Whilst activities are in place, the home recognises that they continue to have an opportunity to improve this area of service for the benefit of residents. Two of the received comment cards from residents stated they would sometimes like more activities.

All residents commented favourably about the meals served. Residents have ample choice and were familiar with what meals were available. One resident informed the inspector how she made choices and made her preferences known if her preferred meal option was not on the menu. Daily records include the meal served to each resident at each meal time.

Residents stated they were able to receive visitors when they wished and in private. Relatives' questionnaires confirmed that they were made to feel welcome when they visited the home.

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 standard(s) 16 & 18

Residents are protected from abuse and are able to complain.

EVIDENCE:

All residents and relatives' comment cards stated they were aware of the home's complaint procedure. Information confirmed the registered owner's comments that no complaints had been raised since the last inspection.

Residents stated that they felt safe and that they had someone with whom they could speak if they were unhappy. The staff have received training in the protection of vulnerable adults and are aware of the home's procedures to be followed if a suspicion of abuse or mis-treatment is known.

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 standard(s)

EVIDENCE:

These standards were not assessed at this inspection.

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 considers Standards 27, 29, and 30 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) 27, 28, 29 & 30

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

EVIDENCE:

The pre-inspection questionnaire stated that within the last 12 months six staff have left their employment, two of whom retired. Inspection of three staff files identified that new staff have been recruited correctly with statutory checks being made and received before employment commenced.

New staff had completed an initial induction and proceeded to complete a six week induction programme which meets the required standard. Four of the 12 care staff have completed NVQ training at levels 2 or 3. The deputy is completing NVQ training at level 4. Training records confirmed that staff receive mandatory training to ensure the safety of residents.

Supervision records were in place and preparations to undertake annual appraisals were being made.

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 33, 35 and 38 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) 31, 32, 33, 35, 37 & 38

Mellor Nook is a well managed home which is run to meet the needs of 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 registered owners live on the premises and have a strong leadership style that enables them to diligently monitor staff practice and provide a consistently good standard of care.

Residents are supported to manage their own finances and each person has their own safety deposit box, which is safely secured and managed by themselves or a family member. Records are maintained appropriately and in accordance with the Data Protection Act 1998.

Residents' health and safety is assured by the servicing of equipment and staff training. The Fire Safety Department inspected the home in January 2005 and the Environmental Health department visited in April 2005. The home also has health and safety notices posted which identify areas of risk.

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.

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	
<i>Standard No</i>	<i>Score</i>
1	3
2	3
3	3
4	x
5	3
6	x

HEALTH AND PERSONAL CARE	
<i>Standard No</i>	<i>Score</i>
7	2
8	3
9	2
10	3
11	x

DAILY LIFE AND SOCIAL ACTIVITIES	
<i>Standard No</i>	<i>Score</i>
12	2
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
<i>Standard No</i>	<i>Score</i>
16	3
17	x
18	3

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
19	x
20	x
21	x
22	x
23	x
24	x
25	x
26	x

STAFFING	
<i>Standard No</i>	<i>Score</i>
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
<i>Standard No</i>	<i>Score</i>
31	3
32	3
33	3
34	x
35	3
36	x
37	3
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
1.				

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 all residents' health care needs, including oral health and preferred bathing routines.
2.	OP7	The registered person should ensure records are monitored and changes in residents' needs are recorded and action taken where required.
3.	OP9	The registered person should ensure that a self administration policy for medicines is produced and provided to residents who wish to self medicate.
4.	OP12	The registered person should ensure residents have the opportunity for daily socialisation and stimulation which meets their expectations.

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