



Making Social Care
Better for People

inspection report

Care Home For Older People

Mellor Nook

133/135 Moorend Road

Mellor

Stockport

Cheshire

SK6 5NQ.

Unannounced Inspection

11th May 2004

Commission for Social Care Inspection

Launched in April 2004, the Commission for Social Care Inspection (CSCI) is the single inspectorate for social care in England.

The Commission combines the work formerly done by the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission.

The role of CSCI is to:

- Promote improvement in social care
- Inspect all social care - for adults and children - in the public, private and voluntary sectors
- Publish annual reports to Parliament on the performance of social care and on the state of the social care market
- Inspect and assess 'Value for Money' of council social services
- Hold performance statistics on social care
- Publish the 'star ratings' for council social services
- Register and inspect services against national standards
- Host the Children's Rights Director role.

Inspection Methods & Findings

SECTION B of this report summarises key findings and evidence from this inspection. The following 4-point scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The 4-point scale ranges from:

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

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

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

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

ESTABLISHMENT INFORMATION

Name of establishment

Mellor Nook

Tel No:

0161-427 4293

Address

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

Fax No:

0161 427 0843

Email address

Name of registered provider(s)/company (if applicable)

Mrs. Jean Mary Critchlow

Mr John Robert Critchlow, Mr James William Critchlow

Name of registered manager (if applicable)

Mrs. Jean Mary Critchlow

Type of registration

No. of places registered (if applicable)

Care Home

15

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

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

Registration number

F040000194

Date first registered

7th March 1988

Date of latest registration certificate

10th July 2002

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

YES

**Do additional conditions of registration
apply ?**

NO

If Yes refer to Part C

Date of last inspection

16/02/04

Date of inspection visit		11th May 2004	ID Code
Time of inspection visit		09:00 am	
Name of inspector	1	Sylvia Brown	074691
Name of inspector	2	N/A	
Name of inspector	3	N/A	
Name of inspector	4	N/A	
Name of specialist (e.g. Interpreter/Signer) (if applicable)		N/A	
Name of establishment representative at the time of inspection		Mrs J Critchlow Mr J Critchlow	

CONTENTS

Introduction to Report and Inspection

Inspection Visits

Brief Description of the Services Provided

Part A: Summary of Inspection Findings

Inspector's Summary

Statutory Requirements/Good Practice Recommendations from last Inspection

Conditions of Registration

Statutory Requirements/Good Practice Recommendations from this Inspection

Part B: Inspection Methods & 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 (if applicable)

Part D: Provider's Response

D.1. Provider's Comments

D.2. Action Plan

D.3. Provider's Agreement

INTRODUCTION TO REPORT AND INSPECTION

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

This document summarises the inspection findings of the CSCI 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 CSCI 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
- Provider's response and proposed action plan to address findings

This report is a public document.

INSPECTION VISITS

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

BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

The home was built in the 18th Century and is laid out in its original cottage style. Service users have the use of and share a lounge that has a number of original features, including an inglenook fireplace. There is also small lounge/reception area as you walk into the home that is used by a number of service users throughout the day. Window 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 propriety, 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 to a good standard and, like other parts of the home, reflect the age and character of the building. The current and previous inspections have identified that the atmosphere within Mellor Nook is happy and relaxed.

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

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

PART A SUMMARY OF INSPECTION FINDINGS

INSPECTOR'S SUMMARY

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

The inspection of Mellor Nook was unannounced, enabling the inspector to view the daily routines for service users without prior notice. During the course of the inspection the inspector spent time chatting to service users about their everyday lives and services provided to them.

Since the last inspection the home has undergone some significant staff changes, culminating in the appointment of two new deputies, a number of care staff and a cook.

The registered owners made themselves available throughout the inspection and provided all the required information upon request.

The inspection again identified that the home continued to maintain a good standard and that service users were happy and contented with the services they received. The home could evidence that it was reviewing its procedures and that the development and implementation of more detailed care plans has commenced.

At the time of the inspection Mellor Nook had not received the report of the inspector's findings from the last inspection, completed in February 2004. The Commission for Social Care Inspection would like to make their apologies for the delay in publishing the report.

Choice of Home (Standards 1-6)

Four of the six standards were met. One standard was not assessed and one standard is not applicable to the home.

Mellor Nook had a Statement of Purpose and Service User Guide readily available for service users. The documents detailed all the information about the home and the services they offer to provide.

Service users can be visited in their own homes and/or visit Mellor Nook prior to making any decisions about their future. All service users were assessed prior to admission and were issued with a contract and conditions of residency at the point of admission.

During the course of the inspection service users informed the inspector that they felt well cared for and that their individual needs were met.

Health and Personal Care (Standards 7-11)

All of the five standards were met.

Inspection of records identified that the home had written care plans for all service users and that they were reflective of service users' current needs. The home stated that all service users were consulted regarding their care needs and upon completion were shown their care plans for agreement. Service users informed the inspector that they received good health care and that a doctor, chiropodist and district nurses were provided when required. Medication administration records were inspected and found to be correct.

Daily Life and Social Activities (Standards 12-15)

Three of the four standards were met. One standard was not assessed.

Service users could receive visitors in private and at any time. Service users receiving guests were provided with drinks and light snacks. Although the home is known for its peaceful and relaxed atmosphere, systems are in place to provide some activities. Meals and meal times were relaxed and unhurried.

Complaints and Protection (Standards 16-18)

Two of the three standards were met. One standard was not assessed at this inspection.

Policies and procedures were in place for the protection of vulnerable adults. Information regarding the home's complaints procedure was readily available within the home. All service users had a Statement of Purpose and Service User Guide within their own room.

During conversation with service users, the inspector was not informed of any issues of concern or areas of complaint.

Environment (Standards 19-26)

Six of the eight standards were met. Two standards were not assessed at this inspection.

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.

During the inspection the inspector found the home to be clean and well cared for.

Staffing (Standards 27-30)

Three of the four standards were met. One standard was not assessed.

The current staffing levels appeared to meet the needs of the service users. The home complied with the staffing levels stipulated by Stockport Local Authority, which were in force at the time of initial registration.

The registered person continued to encourage the staff at Mellor Nook to undertake NVQ training at levels 2 and 3. Since the previous inspection the home had employed two deputy managers, both of whom had completed their NVQ training at levels 2 and 3. One of the deputies had also received her registered manager's award which, should she wish to pursue a career in care, would enable her to apply for registration as a manager.

The inspector recommended that the registered person confirm the home's induction and foundation training programme meets the standard set by the National Training Organisation. In addition, formal supervision should recommence.

Management and Administration (Standards 31-38)

Six of the eight standards were met.

Mellor Nook continued to be a well managed home. The registered persons took an active role in the day-to-day management of the home and ensured that standards were, as far as possible, maintained. Service users stated they felt they were sufficiently informed of any new developments and were aware of new staff commencing employment.

The home had effective quality assurance procedures in place. Mr Jim Critchlow stated that quality assurance procedures were undertaken annually and that he would ensure that all service users and the CSCI receive a report of the outcome of the next quality assurance audit.

Required records were made available throughout the inspection and, other than a new accident book being required, all records were maintained appropriately.

Requirements from last Inspection visit fully actioned?

NA

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. The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".				
No.	Regulation	Standard	Required actions	

Action is being taken by the Commission for Social Care Inspection to ensure compliance in regard to the above requirements.

RECOMMENDATIONS		
Identified below are recommendations from the last inspection that have not been implemented		
No.	Refer to Standard	Good Practice Recommendations
2	OP30	The registered person should confirm that the homes induction training programmes meet the required standards set by the NTO, that induction records are completed correctly and that foundation training is implemented

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

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 are to be addressed with the timescale within which such actions will be taken. This action plan will be made available on request to the Area Office.

STATUTORY REQUIREMENTS

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

No.	Regulation	Standard *	Requirement	
1	CSA Section 24	OP4	The registered person must clarify the service users' health status and submit an application to vary the home's registration categories if it is confirmed that service users' needs are outside of the home's registration. The home must not operate outside of its registration.	
1	4 Schedule 2	OP29	The registered person must ensure that all information required within Schedule 2 is retained on file and available for inspection.	

RECOMMENDATIONS

Identified below are areas addressed in the main body of the report, which relate to National Minimum Standards and are seen as good practice issues which should be considered for implementation by the registered Provider(s). The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".

No.	Refer to Standard *	Good Practice Recommendations
1	OP30	The registered person should confirm that the home's induction training programmes meet the required standards set by the NTO, that induction records are completed correctly and that foundation training is implemented.
2	OP36	The registered person should ensure that all staff receive formal supervision.
3	OP38	The registered person should ensure that the accident recording system complies with the Data Protection Act.

*** Note:**

You may refer to the relevant standard in the remainder of the report by omitting the two-letter prefix, e.g., OP10 refers to Standard 10.

PART B**INSPECTION METHODS & FINDINGS**

The following inspection methods have been used in the production of this report:

Direct observation	YES
Indirect observation	YES
Sampling	NO
• Pre-inspection questionnaire	YES
• Records	YES
• Care plans / Care pathways	YES
• Meals	YES
• Activities	NO
• Other (Specify)	NO
'Tracking' care and support	YES
Group discussion with service users	YES
Individual discussion with service users	YES
Group discussion with staff	NO
Individual discussion with staff	YES
Discussion with management	YES
Service user survey	YES
Relatives/significant others survey/feedback	YES
Visiting professionals survey / feedback	NO
Tour of premises	YES
Formal interviews	NO
Document reading	NO
Additional inspection information:	
Number of service users spoken to at time of inspection	5
Number of relatives/significant others the inspectors had contact with	0
Number of letters received in respect of the service	0
CRB check for the responsible individual seen	YES
CRB check for the manager seen	YES
Certificate of registration was displayed at the time of the inspection	YES
Certificate of registration accurately reflected the situation in the service at the time of inspection	YES
Total number of care staff employed (excluding managers)	11
Total number of staff with nursing qualifications employed	0
Date of inspection	11/05/04
Time of inspection	09:00
Duration of inspection (hrs)	8

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

The scale ranges from:

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

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

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

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

Choice of Home

The intended outcomes for the following set of standards are:

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

Standard 1 (1.1 – 1.3)

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

Range of fees charged From (£) To (£)

Any charges for extras

If yes, please state what the extra's are:	Variable accommodation rates dependant on room size. Hairdressing, chiropody and newspapers
--	---

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

The home continued to provide an individual statement of purpose to all service users. Prospective service users were provided with the documents upon enquiry at the home. In addition, a further copy of the statement of purpose was kept within each service user's room. The statement of purpose is reviewed annually at which time amendments to information are made. Service users accommodated received up-to-date information regarding any changes made to the statement of purpose.

Service users also received a service user guide which detailed all the services provided and information regarding the home. The registered manager applied for and received copies of inspection reports published by the CSCI and made them available to service users and their families.

Service users wishing to be accommodated at Mellor Nook may find that in addition to Social Services funding, they have to make their own financial contribution to meet the fee required. The home had variable rates relating to bedrooms, some of which may be in excess of the funding provided by the Social Services.

Standard 2 (2.1 – 2.2)

Each service user is provided with a statement of terms and conditions at the point of moving into the home (or contract if purchasing their care privately).

Key findings/Evidence

Standard met?

3

The inspector can confirm that service users had written contracts and terms and conditions retained on their files. Signatures of agreement were evident, as were the specific details of the rooms and fees paid. In addition to the home's contract, service users who received funding from the Social Services also received a contract from the Local Authority.

Standard 3 (3.1 – 3.5)

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

Key findings/Evidence

Standard met?

3

The inspector was able to see that written assessments were in place and that the service users' individual needs had been evaluated. The assessment documentation recorded the required information as stipulated in standard 3.3 and there was also evidence that pre-assessments were re-evaluated once the service user had settled into the home.

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 again stated their continued pleasure at residing at Mellor Nook and of the care and attention they received.

Mellor Nook is registered to care for Older People. The registered person informed the inspector at previous inspections, that systems were in place to monitor service users and should their primary needs alter and be outside of the home's registration, an application would be submitted to the CSCI for a variation to the registration. Notwithstanding that information, the inspector became aware that at least one service user may be outside of the home's registration. The registered person must clarify the service users' health status and submit a application to vary the home's registration categories if it is confirmed that service users' needs are outside the home's registration categories. The home must not operate outside of its registration.

The registered person stated that they continued to have good professional community links which enable them to secure the services and advice of specialists when required. The two new deputy managers had a wealth of experience in social and residential care, this impact on the home had been positive and ensured that the staffing changes have not disrupted the continuity of service provision to service users. Service users stated they were aware of the changes in the staff team and that although some staff were new to them, they continued to feel well cared for.

At the time of the inspection the inspector concluded that the home was meeting its stated aims and objectives and that the home could meet the presenting needs of service users.

Standard 5 (5.1 – 5.3)

The registered person ensures that prospective service users are invited to visit the home and to move in on a trial basis, before they and/or their representatives make a decision to stay; unplanned admissions are avoided where possible.

Key findings/Evidence**Standard met?****3**

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

The inspector was informed that although some service users did not wish to be visited in their own home, arrangements are made for staff to visit them at home or in their existing placement prior to any decisions being made 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?

9

This service is not provided by the home.

Health and Personal Care

The intended outcomes for the following set of standards are:

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

Standard 7 (7.1 – 7.6)

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

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

The registered manager ensured that each service users had an up-to-date care plan in place. There was evidence that service users had been consulted about their individual care needs and that relatives had been informed of the plans in place. Risk assessments were also in place.

At the time of the inspection the two deputy managers were evaluating the care plans and were considering ways in which they could be further developed to make them more explicit and reflective of current and best practice.

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

X

No. of service users with pressure sores at time of inspection (from information taken from care notes)

X

Key findings/Evidence

Standard met?

3

During the inspection service users were able to inform the inspector how their care needs were met. The home continued to provide routine treatments for chiropody and optical testing. Doctors and district nurse services provided treatments and advice as required.

During the course of the inspection the inspector was able to observe the support given to a service user who required bed rest.

Service users' weights were monitored and the inspector was informed that advice would be sought from nutritionists and dieticians if concerns arose regarding a service user's weight or eating abilities.

Standard 9 (9.1 – 9.11)

The registered person ensures that there is a policy and staff adhere to the procedures for the receipt, recording, storage, handling, administration and disposal of medicines, and service users are able to take responsibility for their own medication if they wish, within a risk management framework.

Key findings/Evidence

Standard Met?

3

Inspection of medication administration records identified that they were maintained in accordance with the standard required by regulations and the Royal Pharmaceutical Society.

The inspector was informed that the home had commenced distance-learning training for Medication Management and Administration and that all staff with the responsibility for medication received training and attended refresher courses. The home kept abreast of medicines information and had the current publication regarding changes in medication names.

Standard 10 (10.1 – 10.7)

The arrangements for health and personal care ensure that service users' privacy and dignity are respected at all times, and with particular regard to: personal care giving, including nursing, bathing, washing, using the toilet or commode, consultation with, and examination by, health and social care professionals, consultation with legal and financial advisors, maintaining social contacts with relatives and friends, entering bedrooms, toilets and bathrooms, and following death.

Key findings/Evidence**Standard met?**

3

The inspector observed that service users were treated in a dignified and respectful manner throughout the inspection. Service users spoken to stated that they were treated in a kind manner and that they were able to summon and receive assistance when required.

Visiting professionals were assisted to meet with service users in private, as were visitors.

Clothing appeared clean and presentable and the inspector was not made aware of any complaints regarding laundry services.

The inspector observed that bedroom doors were routinely left unlocked. Service users spoken to stated they did not mind their rooms unlocked, however they could not remember receiving a key. The registered manager stated that the home recognised they could improve the manner in which keys were provided and that the details of offers made should be recorded. This issue will be looked at again at the next inspection.

Standard 11 (11.1 – 11.12).

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

Key findings/Evidence**Standard met?**

3

Policies and procedures were in place for the caring of service users who were sick or nearing the end of their lives. Mellor Nook is a small family run home, the registered manager stated that she undertook the after death care of service users and instructed care staff in the care required. Staff were given the option of not undertaking after death care, however the registered manager stated that after forming friendships, staff usually preferred to undertake the last caring tasks for service users.

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

Daily Life and Social Activities

The intended outcomes for the following set of standards are:

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

Standard 12 (12.1 – 12.4)

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

Key findings/Evidence	Standard met?	0
-----------------------	---------------	---

This standard was not assessed at this inspection.

Standard 13 (13.1 – 13.6)

Service users are able to have visitors at any reasonable time and links with the local community are developed and/or maintained in accordance with service users' preferences.

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

During the course of the inspection the inspector was able to observe visitors arriving at the home. Service users informed the inspector that they were able to receive visitors at any time and that they were able to take them to their room for private conversation.

The home had limited communal space, however the dining area was also made available to service users when they had guests visiting.

Service users and guests were made to feel welcome and drinks and light snacks were provided free of charge at visiting time.

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

When spoken to, service users stated that they were consulted and, within reason, were enabled to make individual choices regarding when they rise and retire and where they sit during the day.

The home did not take responsibility for managing service users' finances. Arrangements were in place which ensured that support was provided by either the service user's family, social worker or advocate.

Each service user had a facility within their rooms which enabled them to store money and valuables privately and safely. Care staff did not have access to this facility unless with the expressed permission of the service user.

Service users were able to bring in small items of furniture and fittings from their own home as they desired.

Standard 15 (15.1 – 15.9)
The registered person ensures that service users receive a varied, appealing, wholesome and nutritious diet, which is suited to individual, assessed and recorded requirements, and that meals are taken in a congenial setting and at flexible times.

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

On the day of the inspection the inspector had the opportunity of joining service users at their mid day meal. They stated that the food served was always enjoyable and that they received sufficient quantities of food. The inspector observed that soft diets were prepared appropriately and that consideration was being given to individual service users needs.

The inspector and managers discussed the future developments of the homes training and process for consultation with dieticians and nutritionists. This issue will be further monitored at the next announced inspection.

Inspection of the food served and available identified that service users received good quality food items.

Complaints and Protection

The intended outcomes for the following set of standards are:

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

Standard 16 (16.1 – 16.4)

The registered person ensures that there is a simple, clear and accessible complaints procedure which includes the stages and timescales for the process, and that complaints are dealt with promptly and effectively.

No. of complaints made to the home during last 12 months	<input type="text" value="0"/>
No. of these complaints fully substantiated	<input type="text" value="0"/>
No. of these complaints partly substantiated	<input type="text" value="0"/>
No. of these complaints not substantiated	<input type="text" value="0"/>
No. of these complaints not yet resolved	<input type="text" value="0"/>
No. of complaints sent direct to CSCI	<input type="text" value="0"/>
Percentage of complaints responded to within 28 days	<input type="text" value="0"/> %

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

The home had a complaints procedure in place. Service users were given information concerning how to raise any issues of concern or complaint with the home. Information also detailed the contact address of the CSCI should the complainant wish to raise a complaint directly with the inspector.

The inspector was informed that there have been no concerns or complaints raised since the last inspection. The inspector can confirm that there have been no complaints made to the CSCI regarding the home.

When spoken to service users praised the home for the care and attention provided.

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?	0
This standard was not assessed at this inspection. The previous inspection identified that the home had met this standard.		

Standard 18 (18.1 – 18.6)		
The registered person ensures that service users are safeguarded from physical, financial or material, psychological or sexual abuse, neglect, discriminatory abuse or self harm, inhuman or degrading treatment, through deliberate intent, negligence or ignorance, in accordance with written policies.		
The home has an Adult Protection procedure (including Whistle Blowing) which complies with the Public Disclosure Act 1998 and the Department of Health Guidance <i>No Secrets</i>	<input type="text" value="YES"/>	
No. of staff referred for inclusion on POVA lists	<input type="text" value="0"/>	
Key findings/Evidence	Standard met?	3
The home had policies and procedures in place which aim to protect service users from abuse. The inspector was informed that staff continued to receive training in adult protection procedures and were aware of their responsibility to report any suspicions of abuse.		
Service users and their families were made aware of how to access the procedure within the service user guide.		

Environment

The intended outcomes for the following set of standards are:

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

Standard 19 (19.1 – 19.6)

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

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

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

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

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

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

Standard 20 (20.1 – 20.7)
In all newly built homes and first time registrations the home provides sitting, recreational and dining space (referred to collectively as communal space) apart from service users' private accommodation and excluding corridors and entrance hall amounting to at least 4.1 sq. metres for each service user.

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

As stated above Mellor Nook is not a spacious home, however it appeared adequate to meet the needs of its current service users. The above standards were only applicable to new registrations.

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

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

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

Standard 21 (21.1 – 21.8)
Toilet, washing and bathing facilities are provided to meet the needs of service users.

Key findings/Evidence	Standard met?	0
-----------------------	---------------	---

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

Standard 22 (22.1 – 22.8)
The registered person demonstrates that an assessment of the premises and facilities has been made by suitably qualified persons, including a qualified occupational therapist, with specialist knowledge of the client groups catered for, and provides evidence that the recommended disability equipment has been secured or provided and environmental adaptations made to meet the needs of service users.

Key findings/Evidence	Standard met?	0
-----------------------	---------------	---

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

Standard 23 (23.1 – 23.11)

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

Total number of single bedrooms with at least 10 sq.m usable space or additional compensatory space	11
Pre-existing homes only (1 April 2003) - single bedrooms below 10 sq.m usable space or additional compensatory space	0
Total number of wheelchair users accommodated for in rooms at least 12sq.m	0
Total number of wheelchair users accommodated for in rooms at less than 12sq.m	0
Total number of shared rooms at least 16 sq.m	2
Total number shared rooms less than 16 sq.m	0
Percentage of places within single rooms:	
100%	NO
80% - 99%	YES
Less than 80%	NO
Total number of single bedrooms	11
Total number of single rooms with en suite	9
Total number of double rooms	2
Total number of double rooms with en suite	1

Key findings/Evidence**Standard met?**

3

There were 11 single and two double bedrooms at Mellor Nook.

Shared bedrooms did not accommodate more than two service users. Systems were in place which ensured that service users in double rooms were given the opportunity to move when a single room became vacant.

The registered owners had, on occasions, enabled service users to have a double room for themselves until such times a single room was available.

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

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

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

Each room was maintained to a good standard with quality fixtures and fittings available.

Although not all rooms were inspected, those that were, were free from odours and clean. A number of bedrooms had received new double-glazing which was in keeping with the age and style of the home.

Without exception, when spoken to, service users spoke positively of their rooms, stating that they periodically throughout the day go to their room to watch or listen to their televisions or radios privately.

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 were able to control the temperature of their room according to their own need and preferences.

Standard 26 (26.1 – 26.9)
The premises are kept clean, hygienic and free from offensive odours throughout and systems are in place to control the spread of infection, in accordance with relevant legislation and published professional guidance.

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

As at other inspections the home was clean and well presented. Observations of cleaning routines identified that staff were aware of infection control procedures and health and safety matters. The home was free from offensive odours.

Staffing

The intended outcomes for the following set of standards are:

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

Standard 27 (27.1 – 27.7)

Staffing numbers and skill mix of qualified/unqualified staff are appropriate to the assessed need of the service users, the size, the layout and purpose of the home, at all times.

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

		Personal Care	Nursing
No. service users <i>High</i> needs	<input checked="" type="checkbox"/>	No. staff hours allocated	<input checked="" type="checkbox"/>
No. service users <i>Medium</i> needs	<input checked="" type="checkbox"/>	No. staff hours allocated	<input checked="" type="checkbox"/>
No. service users <i>Low</i> needs	<input checked="" type="checkbox"/>	No. staff hours allocated	<input checked="" type="checkbox"/>
No. of staff hours required	<input checked="" type="checkbox"/>	No. of staff hours provided	<input checked="" type="checkbox"/>
No. of full time equivalent first level registered nurses	<input checked="" type="checkbox"/>		
No. of care staff	<input checked="" type="checkbox"/>		
No. of ancillary staff	<input checked="" type="checkbox"/>		

Key findings/Evidence

Standard met?

0

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

Standard 28 (28.1 – 28.3)

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

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

5

% of care staff with NVQ level 2

35 %

Key findings/Evidence

Standard met?

3

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

Standard 29 (29.1 – 29.6)

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

Key findings/Evidence

Standard met?

1

Inspection of staff files identified that the home, whilst having a recruitment and selection procedure in place, did not retain all the correct details on file. Application forms were evident, as were interviewing processes. In addition, letters of appointment were on file as were, in some cases, letters of acceptance. However, files failed to contain a current photograph and, in most cases, proof of identity. Whilst the inspector appreciated that the home had received such information and then used it within the CRB process, such information must be retained on file. The inspector advised the registered persons to ensure that they were familiar with Regulations 18 and 19 and Schedule 2 which details the information required during and after recruitment and selection procedures have been undertaken.

The registered person must ensure that all information required within Schedule 2 is retained on file and available for inspection.

On the first day of employment, staff receive a handbook which details the home's aims and objectives, staffing structure routines within the home and a layout of the building which includes the names of service users and their bedroom location.

Standard 30 (30.1 – 30.4)

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

Key findings/Evidence

Standard met?

2

The home had worked hard at producing its own induction programme, and although it was a thorough procedure, it did not conform to the National Training Organisation's standard, in that, initial induction should be completed within six weeks and foundation training within six months. Advice was given regarding familiarisation with the NTO training standards before amending the home's induction programmes.

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

Management and Administration

The intended outcomes for the following set of standards are:

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

Standard 31 (31.1 – 31.8)

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

Key findings/Evidence	Standard met?	3
<p>The owner/manager was registered with the previous registration authority. The owner/manager did not hold formal qualifications, however she did have extensive experience regarding the care of the elderly in a residential setting.</p> <p>The owner/manager was aware of the requirement to achieve NVQ training at level 4 by 2005. However, due consideration was rightly being given, by the registered manager/owner, regarding the registered manager position, in that, she may make the decision to employ the services of a manager who has the qualifications and then propose them for registration with the CSCI.</p>		

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
<p>In the main, Mellor Nook does not have a continuous change over of service users, therefore the home was run in a relaxed friendly style.</p> <p>The registered manager had a clear management style. Previous inspections have identified that the registered manager kept the staff and service users informed of any issues arising in the home and of any changes.</p>		

Standard 33 (33.1 – 33.10)
Effective quality assurance and quality monitoring systems, based on seeking the views of service users, are in place to measure success in meeting the aims, objectives and the statement of purpose of the home.

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

Mellor Nook had a quality assurance procedure, which was carried out annually. The home seeks the views from all stakeholders and produces a report, which is made available to the service users and CSCI.

Standard 34 (34.1 – 34.5)
Suitable accounting and financial procedures are adopted to demonstrate current financial viability and to ensure there is effective and efficient management of the business.

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

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

Standard 35 (35.1 – 35.6)
The registered manager ensures that service users control their own money except where they state that they do not wish to or they lack capacity and that safeguards are in place to protect the interests of the service user.

Number of service users subject to Power of Attorney processes	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?	3
------------------------------	----------------------	---

The home had minimal responsibility for handling service users' finances. Systems were in place which ensured that all service users received advice and support, either from family members or advocacy services. Arrangements were also in place which provided service users with lockable facilities within which they could privately and independently keep their income safely. Each service user had a key to the facility. Staff do not have direct access to service users' finances or security boxes.

Each service user was also provided with an account book which was independently used by them to maintain accurate accounts.

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

Since the last inspection, Mellor Nook has had a change in its management team. The previous deputy manager was responsible for conducting formal supervision sessions, however as a consequence of her absence, formal supervision had not been continued.

The home had employed two new deputy managers who planned to take up that responsibility as soon as they were familiar with the routines of the home and had settled into their own roles.

Notwithstanding that information, the registered person should ensure that all staff receive formal supervision.

Standard 37 (37.1 – 37.3)

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

Key findings/Evidence**Standard met?**

3

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

The service user guide detailed what records regarding service users were retained by the home and the process for accessing information. Confidential information was defined and restrictions were imposed where information was gained through third parties.

Standard 38 (38.1 – 38.9)

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

Key findings/Evidence**Standard met?**

2

Inspection of records identified that Mellor Nook takes its responsibility to maintain fire safety seriously. The most recent report from the home's fire safety servicing contractor stated that the home had good routines and maintained equipment to a good standard.

Mr K Critchlow had commenced assessing the home in respect of the Fire Safety Workplace Regulations.

All accidents were recorded in sufficient detail to inform the reader of the person, time, date and place of accident. The records also stated if any injuries had been sustained and any action taken. The accident records had been superseded with documents which conform to the Data Protection Act. The registered person should ensure that the accident recording system complies with the Data Protection Act 1998.

Staff continued to receive training in moving and handling and basic food hygiene.

The home had completed a health and safety risk assessment for each room and notices were discreetly displayed. Mr John Critchlow has commenced updating his training on health and safety matters and will, in due course, complete his distance learning training and receive a certificate of verification.

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

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

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

Public reports

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

PART D

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

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

We would welcome comments on the content of this report relating to the Inspection conducted on 11th May 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

Action taken by the CSCI in response to provider comments:

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

Note:

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

D.2 Please provide the Commission with a written Action Plan by 10th August 2004 , which indicates how requirements are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.

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

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

Action plan was required	<input type="checkbox"/> YES
Action plan was received at the point of publication	<input type="checkbox"/> NO
Action plan covers all the statutory requirements in a timely fashion	<input type="checkbox"/>
Action plan did not cover all the statutory requirements and required further discussion	<input type="checkbox"/>
Provider has declined to provide an action plan	<input type="checkbox"/>
Other: <enter details here>	<input type="checkbox"/>

D.3 PROVIDER'S AGREEMENT

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

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

Print Name _____
Signature _____
Designation _____
Date _____

Or

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

Print Name _____
Signature _____
Designation _____
Date _____

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