



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
Mrs Fiona Bryan

Unannounced Inspection
2nd May 2007 09:10

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

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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 Cheshire SK6 5NQ
Telephone number	0161-427 4293
Fax number	0161 427 0843
Email address	
Provider Web address	www.mellornook.co.uk
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	Care Home
No. of places registered (if applicable)	15
Category(ies) of registration, with number of places	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 31st January 2006

Brief Description of the Service:

The home was built in the 18th Century and is laid out in its original cottage style. People living at the home have the use of and share a lounge that has a number of original features, including an inglenook fireplace. There is also a small lounge/ reception area as you walk into the home where some people like to sit 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 people living there are from the local area and prefer a quieter lifestyle.

Fees for accommodation and care at the home vary between £326 and £450 per week. A service user guide is displayed in each room and is also available on the home's website: www.mellornook.co.uk

SUMMARY

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

This key unannounced inspection, which included a site visit, took place on Wednesday, 2nd May 2007. The home was not told beforehand of the inspection visit.

All key inspection standards were assessed at the site visit and information was taken from various sources, which included observing care practices and talking with people who live at the home, visitors to the home, the manager and other members of the staff team.

Two people were looked at in detail, looking at their experience of the home from their admission to the present day.

A partial tour of the building was conducted and a selection of staff and care records was examined, including medication records, employment and training records and staff duty rotas.

What the service does well:

The home makes sure that people who may be interested in coming to live there have all the information they need before they make a decision, by providing a detailed statement of purpose and guide. Both of these documents are also available on the home's website, which also contains lots of information about the standards homes are expected to provide and directs people to other websites so they can read about other homes and compare information.

Mellor Nook provides a small, cosy, very homely environment for people and views each person living there as an individual with different preferences and needs. The owners live next to the home and think of people living there as an extension of their family.

People living at the home appeared well cared for and content. People spoken to said they liked living at the home and got on well with the staff.

Comments included, "We're all looked after very well and have everything we need", "It feels like home – I knew it would be lovely as soon as I walked in" and "I feel I belong, I feel part of it".

People said they enjoyed the food provided by the home and the menus showed that a varied and nutritious diet is offered. Most people enjoyed having a sherry in the early evenings and socialising with other people living there. The home does not provide lots of formally arranged activities and social events, as most people prefer to spend time chatting with each other and staff, reading, watching television and listening to music. The home has lovely grounds with a summerhouse that many people enjoy spending time in.

People said they felt safe living at the home and comfortable in raising any concerns or complaints with the managers, as there is a good relationship between everyone living at the home and the staff. The owners take the views of people living at the home and their representatives, very seriously and undertake their own quality monitoring surveys each year. They use the results of feedback to plan any changes or improvements to the home and are open and direct about the findings.

The home makes sure that staff receive training so they have the skills and knowledge to care for people properly and exceeds the standard for staff having completed NVQ training.

What has improved since the last inspection?

At the last inspection it was recommended that the home looked at how they assessed and managed people who may be losing weight. Since then, the home has started to assess all new people coming to live at the home in relation to their weight and nutrition, to highlight any problems and then continues to monitor people's weight regularly.

What they could do better:

The manager runs the home very well, however, she should consider enrolling with a suitable training body to obtain the Registered Manager's Award. This training will further enhance her existing skills.

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. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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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.

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

1 and 3

Quality in this outcome area is excellent.

Comprehensive information is available to ensure that people coming into the home know the services the home can offer. Detailed assessments are undertaken before people come into to the home and information is provided to people so they can feel confident that their needs can be met.

This judgement has been made using available evidence, including a visit to this service.

EVIDENCE:

The home provides lots of information in the form of a statement of purpose, residents' handbook (or service user guide) and "welcome" brochure for people who have just come to live at the home.

The home also has a designated website, which provides these documents electronically and which also contains copies of previous CSCI inspection reports and links to other websites to ensure that people looking to move into a care home can access as much information as possible so they can make an informed decision about their choice of home.

Several people living at the home said they had been able to come and look round before they made a decision to live there and had found that the information they had been given about the type of care and lifestyle they could expect if they came to live at the home, had been accurate.

The records for two people living at the home were looked at in detail, with parts of other people's files also read to check on particular aspects of their care.

All files contained pre-admission assessments that covered all aspects of people's normal daily activities. The files for a couple of people who were quite new to the home could have been more detailed but the manager said details were added as staff got to know new people. The information for people who had lived at the home longer was more explicit in terms of what each person could do for themselves and what they needed help with.

Staff said that the deputy manager usually went to assess someone coming to live at the home and then wrote the care plan according to the person's assessed needs. Staff said the needs of new people were explained to them before they were admitted and they would then read the care plan and talk with the person and their family or friends to build up their knowledge of what type of daily routine they preferred.

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.

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

7, 8, 9 and 10

Quality in this outcome area is good.

Physical and health care needs were well met, with evidence of good multi-disciplinary working taking place on a regular basis. Personal support in this home is offered in such a way as to promote and protect people's privacy and dignity.

This judgement has been made using available evidence, including a visit to this service.

EVIDENCE:

The care files for two people were looked at in detail, with the files of several others being partially read to check particular aspects of their care.

People living at Mellor Nook are, in the main, reasonably well and do not have complicated medical or health care issues. The assessments for some people indicated that they had no specific care needs other than for help with personal care such as getting washed and dressed. Where people did have additional care needs, care plans had been put in place to address these.

Risk assessments had been undertaken for risk of falling and, since the last inspection, the home had started to carry out a nutritional risk assessment for people coming into the home. People were, in the main, weighed weekly.

Records showed that people living at the home had been helped to access health care services, such as dentists, opticians and chiropodists. The chiropodist was visiting several people and one person attended a hospital appointment on the morning of the site visit. One person who was quite new to the home said, "I've had more treatment here in a week than in four at the hospital". Visitors said that the home contacted the GP promptly if their relative was ill and kept them informed about their condition.

A staff "handover" is held at the start of every new shift to inform staff coming on duty about any changes to people's conditions. The handover was observed and staff used the opportunity to discuss amongst themselves the best way to address a particular care need for one person.

People living at the home looked well cared for and content.

All the people living at the home who were spoken to said that staff did a good job and they were looked after well. Comments included "The staff are very good", "we're all looked after very well and have everything we need", "They (staff) are lovely. They are very kind" and "The staff do anything you want".

Staff were observed working in a professional and friendly manner and clearly knew and understood the people they were caring for well. One member of staff was observed offering mid-morning biscuits to people with their tea and coffee. Offering one person either custard creams or rich tea, she said, "I know you don't like ginger biscuits". The rapport between people living at the home and the staff was relaxed and respectful.

The procedures for managing medicines within the home were satisfactory. The records for several people were examined and had been completed properly. Medicines were stored correctly. Medication administration details had been handwritten for one person. These transcribed details should have been checked and validated by an additional member of staff. The manager agreed to do this from now on.

Staff who were responsible for administering medicines had received appropriate training.

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.

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

12, 13, 14 and 15

Quality in this outcome area is good.

Staff are aware of the need to provide opportunities for social stimulation and interaction for people living at the home and, in the main, meet these needs well. Visitors are encouraged and welcomed into the home and routines are flexible to provide people with some choice about their daily routines.

This judgement has been made using available evidence, including a visit to this service.

EVIDENCE:

People were satisfied with the activities and social events arranged by the home. Many of the people living at the home enjoy having a sherry in the early evening and use this as a time to socialise and chat with each other and the staff.

People's likes and dislikes were recorded in terms of their daily routines, the time they preferred to get up and go to bed, etc., and people said the routines of the home were fairly flexible.

The home has a summerhouse looking out over the fields and staff encourage people to spend time listening to relaxing music and enjoying the views when the weather is suitable.

Most people like to spend time reading, listening to music, watching television and chatting. Staff listen to the people living there and help them to spend the day as they want to and arrange activities according to their preferences.

The daily records showed how people had spent their day and indicated that their social needs were met.

Visitors said they were made welcome at the home and could visit whenever they wished.

People living at the home were complimentary about the food provided by the home, saying there was a choice and they enjoyed the meals. Comments included "I love the food – they bring fruit in the afternoon - I love the orange segments", "The food is very good" and "The food is lovely - very good and plentiful".

Examination of the menus showed that a nutritious and varied diet was provided by the home.

Lunch on the day of the site visit was roast chicken and stuffing with accompanying potatoes and vegetables. The inspector tried some chicken with salad and found it to be tasty and appetising. Dessert was rice pudding. One person was heard to say that they did not like milk puddings but a member of staff was already bringing them some Bakewell tart instead.

The atmosphere during lunch was relaxed and peaceful, with staff on hand to help people where needed.

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.

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

16 and 18

Quality in this outcome area is good.

People feel that their views are listened to and acted upon. The arrangements in place protect people from abuse.

This judgement has been made using available evidence, including a visit to this service.

EVIDENCE:

The home has a complaints procedure which is widely displayed, in the home (in the lounge), in the written information given to people living at the home and on the home's website. A welcome booklet identifies staff by uniform for new people so they know who to speak to if they have any queries or concerns.

The home had received no complaints since the last inspection but people living there said if they had any complaints or concerns they were happy to raise them with the manager and were confident they would be dealt with promptly.

People living at the home said they felt very safe and secure there. Comments included "I feel I belong", "I feel part of it" and "I feel relaxed, at ease".

The manager had attended a manager's course in safeguarding adults and was using this information, together with a DVD on the topic, to educate staff. Some staff had also done extra training through Stockport PCT. Staff spoken to were aware of the procedures.

The manager recently referred to the Stockport Adult Protection Team for advice regarding concerns he had about one person living at the home, and whilst it was decided that no action was necessary, this demonstrates that the manager is pro-active in dealing with any issues where the safety or well being of people living at the home are in question.

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.

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

19, 20 and 26

Quality in this outcome area is good.

The standard of the environment within the home is good, providing people with an attractive and homely place to live in.

This judgement has been made using available evidence, including a visit to this service.

EVIDENCE:

A tour of the home was conducted. The home was immaculate - very clean and tidy, whilst people's individual rooms were homely and personalised with ornaments, furniture and mementos. The lounge was cosy and full of character with a large inglenook fireplace as the focal point of the room.

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.

People all said they liked their rooms and were satisfied with the cleanliness of the home. One person said, "The home is very comfortable, very homely".

The owner keeps a maintenance record for all rooms within the home, detailing when and where the furniture and fixtures were bought and when they are due for replacement. Since the last inspection a new kitchen has been installed and several rooms have been redecorated or had new furniture.

The external grounds of the home are stunning, with well kept grounds and lovely views over the surrounding area. The summerhouse in the grounds was furnished with rocking chairs and people living there said music was playing softly all day. At 9am classical music was wafting over the gardens, creating an air of peace and tranquillity.

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.

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

27, 28, 29 and 30

Quality in this outcome area is good.

Staffing levels meet the needs of people living at the home. The home exceeds the standard for the percentage of care staff who have completed NVQ training and an ongoing training programme is in place, which ensures staff have the skills and knowledge to provide people with a good standard of care.

Recruitment procedures ensure that only staff who are suitable to work with older people are employed.

This judgement has been made using available evidence, including a visit to this service.

EVIDENCE:

Examination of the duty rota showed the home always provided enough staff to meet the needs of people living there.

Information provided by the home showed that 72% of the carers had NVQ's.

Three staff personnel files were examined. All generally contained all the information and documents needed to ensure that the necessary checks had been made before staff started work at the home. One reference that had been requested had been returned but contained no information. In this instance, another reference should have been requested. The manager acknowledged this and said in future if there was insufficient information in a reference, the employee would be asked to supply an alternative referee.

Staff said that they had undertaken training in a range of topics, including food hygiene, managing challenging behaviour, infection control and moving and handling, and other health and safety topics. Certificates of training attended were available in individual staff files. Much of the training delivered consisted of DVD's followed by written questions to test staff's understanding and knowledge. The DVD's meet Skills For Care specifications and staff also attend some external courses, for example, some staff completed external training about osteoporosis.

The home has devised it's own six-week induction programme which incorporates the Skills For Care Common Induction Standards but also gives staff specific scenarios they may come across to discuss and consider against the standards in learning the best ways to meet care needs.

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.

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

31, 33, 35, 36, 37 and 38

Quality in this outcome area is excellent.

The manager has the skills and knowledge to properly manage the home and systems in place create an open and consultative atmosphere, promoting active involvement from staff and people living at the home to build a positive home for people to live in.

This judgement has been made using available evidence, including a visit to this service.

EVIDENCE:

The home is a family run business and between the owners there is a wealth of experience and knowledge in the care sector. However, the manager has yet to start the Registered Manager's Award and needs to do this at the earliest opportunity.

Staff and people living at the home said that the owners were constantly on hand and were approachable and supportive.

The home undertakes its own quality assurance survey annually and supplies the feedback to the CSCI. In 2006 survey forms were given to all the people living at the home, ten relatives and ten staff. Of these, six people living at the home, six relatives and nine staff responded. Feedback had been analysed and summarised in a report. Overall, the feedback was very positive. In addition, comments had been added from the managers and deputy managers in response to the feedback, stating their intentions in respect of the comments and feedback and ways in which they could take suggestions forward.

Staff receive "handover" reports at the start of each shift and use these as a means of discussing any changes that are needed to people's or the home's routines. In addition, occasional staff meetings are held when issues for discussion are flagged up at staff supervision.

People have their own safe deposit box, kept in their own room, to which they have their own key. If people don't want their own key, they are kept in safekeeping by the home and only the managers and deputy managers have access to them. A cashbook is kept in each box and a record maintained of all transactions together with receipts.

Staff said that they received regular supervision with their line manager and this was confirmed by the records in the staff personnel files.

The home is well organised in respect of its record keeping, policies and procedures and ensuring that staff adhere to them.

The care files for people living at the home were kept in the dining room, so that carers could regularly update them. However, to comply with the Data Protection Act 1998, they need to be kept securely. The manager said a lockable cupboard would be provided for them.

Staff receive regular training and updates in health and safety topics and weekly checks had been made of the building and equipment in respect of fire prevention and health and safety.

Each room had a detailed fire risk assessment which was annually reviewed.

Areas designated for staff to wash their hands should be provided with liquid soap and paper towels to prevent the spread of infection. The manager said this would be attended to.

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	4
2	X
3	3
4	X
5	X
6	N/A

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

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

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	4
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	4
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	4
34	X
35	3
36	3
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

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	OP31	The registered person should ensure that the manager commences the Registered Manager’s Award.

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