



Making Social Care
Better for People

inspection report

Care Home For Older People

Mellor Nook

133/135 Moorend Road

Mellor

Stockport

Cheshire

SK6 5NQ.

Announced Inspection

24th November 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

AddressMellor Nook, 133/135 Moorend 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 registered7th March 1988**Date of latest registration certificate**

10th July 2002

**Was the home registered under the
Registered Homes Act 1984?****Do additional conditions of registration
apply ?**

If Yes refer to Part C

Date of last inspection

Date of inspection visit		24th November 2004	ID Code
Time of inspection visit		08:00 am	
Name of inspector	1	Sylvia Brown	074691
Name of inspector	2	NA	
Name of inspector	3	NA	
Name of inspector	4	NA	
Name of specialist (e.g. Interpreter/Signer) (if applicable)		NA	
Name of establishment representative at the time of inspection			

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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 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. 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 announced and took place over one day, commencing at 8:00am. Mellor Nook has at each inspection evidenced its development and continued efforts to meet the National Minimum Standards. The home is small and friendly, with the majority of service users being accommodated at the home for some considerable time.

Prior to the inspection questionnaires were sent to service users, relatives and professional visitors. The comments received are incorporated into the summary of this report.

There were no outstanding requirements to evaluate at this inspection. The inspector found that the home had again attempted to develop its systems to improve the services offered. As a consequence, there were minimal requirements and recommendations made at this inspection.

Choice of Home (Standards 1-6)

Mellor Nook is a small home situated in pleasant surroundings. Service users are provided with a Statement of Purpose and service user guide which details the home's aims and objectives and facilities on offer.

Service users are provided with a contract and terms and conditions of residency. Contracts contained signatures of agreement by either the service user or their representative.

Service users are able to visit the home prior to being accommodated to meet with others within the home, look at the accommodation and evaluate the services available.

During the inspection, service users informed the inspector that they enjoyed their surroundings and found the home to be a comfortable and pleasant place to live.

Health and Personal Care (Standards 7-11)

The home is supported by healthcare professionals who provide treatments and advice to both the service users and the home. Service users receive regular health checks and dental screening and eyesight tests are carried out as required and annually. Chiropody services are provided approximately six weekly and hearing tests are provided as the service users require it.

One service user informed the inspector of their personal care routines and how they were supported to maintain their independence.

All returned comment cards stated that service users felt well cared for by staff and that they were treated with dignity and respect.

Daily Life and Social Activities (Standards 12-15)

Mellor Nook is situated on the outskirts of Mellor village, with extensive views of the surrounding Cheshire and Derbyshire countryside. As a consequence, service users cannot easily access the local community. Fundamentally, the service users who chose to live at Mellor Nook prefer to be away from the hustle and bustle of town life.

Visitors are able to visit at anytime, snacks and drinks are freely provided and, with advance notice, visitors are able to dine with the service users.

Whilst all service users have private rooms, the majority prefer to spend most of their day in communal areas. The home has one large lounge which is equipped with television and music centre and a smaller lounge which is used for quiet reflection and reading. Since the last inspection, the home has sought service users' views regarding activities and consequently improved the services on offer. The home now has some form of activity each afternoon and all service users are invited to join in. One comment card confirmed that a service user would like to have more daytime occupation and stimulation.

Complaints and Protection (Standards 16-18)

Mellor Nook has a written complaints procedure in place. Service users and their families are made aware of how to access the procedure within the service user guide. The inspector was informed that all service users have the opportunity to vote and partake in civic processes. Since the last inspection, the registered owner/manager has introduced procedures which aim to protect the vulnerable adults in their care, from abuse. Service users are informed of their right to protection through the inclusion of the whistle blowing policy within the service user guide.

All returned comment cards stated that service users felt safe at the home and this was again confirmed during the inspection.

Environment (Standards 19-26)

Environmental standards were not assessed.

Staffing (Standards 27-30)

Two of the registered persons live on the premises and take an active and personal role in the running of the home and supporting staff in their care duties. One of the registered persons is also the registered manager.

The current staffing levels appear to exceed the needs of the service users. The home complies with the staffing levels stipulated by Stockport Local Authority.

At the time of the inspection staff were continuing with their NVQ training. Two members of staff and one of the registered persons will be commencing NVQ training at level 4 in January 2004.

Induction training is in place and staff receive formal supervision.

Management and Administration (Standards 31-38)

Mellor Nook continued to be a well managed home. The registered persons take an active role in the day-to-day management of the home and ensure that standards are, as far as possible, maintained.

The home had effective quality assurance procedures in place which exceed the standard required.

Inspection of records identified that the home takes its responsibility to maintain appropriate health and safety systems seriously. Each room has been assessed and health and safety notices are posted where risks are evident. Up-to-date servicing records were in place for hoisting equipment and stair lift. Furthermore, servicing of gas and electrical items had been undertaken.

Fire safety records were maintained correctly, in that, fire safety checks are undertaken at the correct frequency. However, a requirement has been issued regarding up-to-date practical fire drill training.

Requirements from last Inspection visit fully actioned?

YES

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

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		OP38	The registered manager must ensure that all staff have received up to date practical fire drill training prior to commencing their next duty.	Commencing 24/11/04

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	YA18	The registered person should ensure that all levels of staff receive up-to-date adult protection training.
2	OP38	The registered manager should have the home's water system tested for legionella.

* Note:

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

PART B**INSPECTION METHODS & FINDINGS**

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

Direct observation	YES
Indirect observation	YES
Sampling	YES
• Pre-inspection questionnaire	YES
• Records	YES
• Care plans / Care pathways	YES
• Meals	YES
• Activities	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	NO
Discussion with management	YES
Service user survey	YES
Relatives/significant others survey/feedback	YES
Visiting professionals survey / feedback	YES
Tour of premises	NO
Formal interviews	NO
Document reading	YES
Additional inspection information:	
Number of service users spoken to at time of inspection	5
Number of relatives/significant others the inspectors had contact with	2
Number of letters received in respect of the service	8
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)	10
Total number of staff with nursing qualifications employed	0
Date of inspection	24/11/04
Time of inspection	08:00
Duration of inspection (hrs)	9

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 has an up-to-date Statement of Purpose which is routinely reviewed to ensure all information is current and applicable. Each service user retains a copy of the home's Statement of Purpose and service user guide within their room.

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

Inspection of service users' individual files identified that they had received a contract and terms and conditions of residency at the time of admission. Contracts were signed by the service users and/or their representative.

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 home demonstrated improved assessment procedures. Each service user had a pre-assessment document in place, which was reviewed within six weeks of being accommodated. Records identified the needs of service users were kept under review and that assessment processes were ongoing.

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?**

3

Since the last inspection, the home has considered varying its registration categories to include Dementia. The decision has been made by the registered persons to not admit people with dementia, however, the home remains committed to providing care to those service users who are already accommodated. Should their primary needs alter to such an extent that they are outside of the home's registration category, the manager will apply for a reassessment of the individual's needs.

At the time of the current inspection all service users were within the home's registration categories and their needs were met.

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 are able to visit Mellor Nook prior to their admission; visits can be arranged for part of or all day. Such visits enable the service user to become familiar with the home's routines and speak with other service users prior to making any decisions about their future.

Standard 6 (6.1 - 6.5)

Where service users are admitted only for intermediate care, dedicated accommodation is provided together with specialised facilities, equipment and staff, to deliver short term intensive rehabilitation and enable service users to return home.

Key findings/Evidence

Standard met?

9

This standard does not apply to 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
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The home has introduced new care plans. Whilst the system was still in its infancy, it was evident that thought and consideration had been given to developing effective care plans. Advice was given on ways that information could be expanded as the home and staff become familiar and confident with the new procedures.

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

7

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

0

Key findings/Evidence	Standard met?	3
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Care staff support service users to receive personal and health care services. Due to the position of the home, the choice of general practitioners' surgeries is restricted to one general practice. The practice which serves the home undertakes to visit when required and monitors service users' health as a matter of routine. The home also has access to GP support services which respond to out of hours calls.

Service users receive routine chiropody treatments and eyesight, hearing and dental treatment as they require and annually.

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
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There were no issues arising in respect the management of medication. The home's pharmacist had inspected the home in August 2004. The findings were positive with minor recommendations made. It was evident that once additional medication administration training has been completed, all the recommendations will be met.

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
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Service users stated they were treated 'nicely' and had no cause for complaint. One service user explained that although she shared a room, she did not feel her privacy was compromised. All double rooms have screening in place to promote privacy.

Service users' files identified the service user's preferred name and throughout the inspection the preferred name was used. Staff were polite and courteous. Toileting assistance was provided discreetly as was assistance at meal times.

Visitors are able to meet with service users in private and medical treatments are carried out within the service user's own room. Service users were treated with dignity and respect.

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
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Policies and procedures were in place for caring for service users who were sick or nearing the end of their lives. Families were able to spend as much time as they wished with the service user and, where possible, arrangements are 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?	3
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Service users are able to choose where they spend their days. The registered owner/manager encourages service users to spend at least part of the day in the communal areas, in order to promote socialisation and integration.

The improved recording systems enabled the inspector to identify the service users' individual participation in the home's daily activities programme. In addition to staff providing activities, the home continues to provide an external person to occupy and provide social stimulation to service users.

The home was also able to evidence that after completing a survey of the service users' satisfaction with activities, they identified where improvements were required and took appropriate action.

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
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Mellor Nook is situated on the outskirts of Mellor village, with extensive views of the surrounding Cheshire and Derbyshire countryside. Consequently, service users cannot easily access the local community and those who chose to live at Mellor Nook prefer to be away from the hustle and bustle of town life.

The registered person can and does arrange to transport service users to the local community when required. In addition, some families support the service users to take part in community activities as they arise.

Standard 14 (14.1 – 14.5)

The registered person conducts the home so as to maximise service users' capacity to exercise personal autonomy and choice.

Key findings/Evidence**Standard met?**

3

The home does not take responsibility for managing service users' finances. Each service user had a facility within their room which enabled them to store money and valuables privately and safely. Care staff did not have access to this facility unless with the express permission of the service user.

Information is available for service users and their respective families regarding relevant external agencies that will give advice and act in the best interest of the resident.

Service users are able to bring personal items into the home. The inspection of service users' files identified that all possessions are listed and retained on the file for monitoring purposes.

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

The home has a menu in place, enabling service users to make informed choices regarding their meals.

During the inspection two meal times were observed. Both appeared relaxed and enjoyable. Service users requiring assistance were provided with discreet and sensitive one to one support.

Since the last inspection, the home has secured the services of a new cook. Service users spoke well of her cooking and stated that they enjoyed the food served. The cook has undertaken food hygiene training at basic and intermediate levels. It was also evident that the cook is pursuing training in nutrition, in order to accurately assess service users' dietary intake.

The home has deliveries of fresh fruit and vegetables throughout the week and dry goods were branded goods.

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="1"/>
Percentage of complaints responded to within 28 days	<input type="text" value="1"/> %

Key findings/Evidence	Standard met?	3
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Mellor Nook has a written complaints procedure in place. Service users and their families are made aware of how to access the procedure within the service user guide.

Inspection of the complaints record confirmed the registered manager's comments that the home has not received any complaints since the previous inspection.

Standard 17 (17.1 – 17.3)

Service users have their legal rights protected, are enabled to exercise their legal rights directly and participate in the civic process if they wish.

Key findings/Evidence**Standard met?**

3

Where service users lack capacity, families are informed of advocacy services who can independently support them with legal issues.

Arrangements are in place to support service users to vote at election times.

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 *No Secrets*

No. of staff referred for inclusion on POVA lists

Key findings/Evidence**Standard met?**

2

The home had policies and procedures in place which aim to protect service users from abuse. Service users and their families were made aware of how to access the procedure within the service user guide.

Inspection of training records identified that staff had not received up-to-date adult protection training. The registered person should ensure that all levels of staff receive up-to-date adult protection training.

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?	0
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Environmental standards were not assessed. The previous inspection identified that standards had been met.

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?	0
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This standard was not assessed.

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
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This standard was not assessed.

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.

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	0
Total number shared rooms less than 16 sq.m	2
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?	0
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This standard was not assessed at this inspection.

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?**

0

This standard was not assessed at this inspection.

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?**

0

This standard was not assessed at this inspection.

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?**

0

This standard was not assessed at this inspection.

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"/>	<input checked="" type="checkbox"/>
No. service users <i>Medium</i> needs	<input checked="" type="checkbox"/>	No. staff hours allocated	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
No. service users <i>Low</i> needs	<input checked="" type="checkbox"/>	No. staff hours allocated	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
No. of staff hours required	<input checked="" type="checkbox"/>	No. of staff hours provided	<input checked="" type="checkbox"/>	<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?

3

The home exceeds the staffing levels currently set by the local authority.

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

3

% of care staff with NVQ level 2

30 %

Key findings/Evidence

Standard met?

2

The home is continuing with NVQ training and envisions that it will be able to meet the standard required if staff remain in post and complete the planned training programme.

Two of the staff will be commencing NVQ 4 training in January 2005.

Standard 29 (29.1 – 29.6)

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

Key findings/Evidence

Standard met?

2

Inspection of staff files identified that the home ensures staff complete an application for, provides two references and forms of identity, including a current photograph.

Whilst some CRB's had been secured and POVA first checks made, a number of CRB checks had been obtained during previous employment. CRB ceased to be portable in July 2004. The registered manager had realised the error prior to the inspection and was in the process of obtaining new CRB checks.

The registered manager was advised to routinely check updates produced by the DOH regarding CRB and related employment matters.

Standard 30 (30.1 – 30.4)

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

Key findings/Evidence

Standard met?

3

The registered person has confirmed that the home's induction meets that stipulated by the NTO. Inspection of new staff files evidenced that appropriate inductions had commenced. The registered person is aware that foundation training should also be completed within six months of employment.

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
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The current registered manager, who is also one of the owners of Mellor Nook, was registered with the previous registration authority. The registered manager does not hold formal qualifications, however she does have extensive experience regarding the care of the elderly in a residential setting.

The registered manager informed the inspector that it is not her intention to undertake NVQ training and is planning to submit an application for registered manager to the CSCI in March 2005 to meet with the training deadline which states that the registered manager must have NVQ training and the registered manager's award by April 2005.

Two members of staff are to commence training at NVQ level 4 and Mr J Critchlow, who is also an owner of the home, will be undertaking the aforementioned training.

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
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Mellor Nook does not have a continuous change of service users, therefore the home successfully manages to have a relaxed friendly style.

The registered manager had a clear management style. Previous inspections have identified that the registered manager keeps staff and service users informed of any issues arising in the home and of any changes to be implemented.

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?	4
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Mellor Nook undertakes quality assurance procedures. Last year the home published their findings and provided the CSCI with a copy of the report.

During the course of the inspection evaluation was undertaken of the home's progress to date of this year's quality assurance. Questionnaires have been provided to service users and visitors regarding the service, the inspector could ascertain how the feedback had been received and of action already taken to address matters that had arisen. The home was in the process of developing questionnaires to stakeholders such as professional visitors and staff. Upon return of those questionnaires the home will conclude the quality assurance procedure and again publish the information.

In addition, the home implements its own evaluation system. The registered person evaluates the home's progress towards meeting the National Minimum standards by similar methods undertaken by the Commission for Social Care Inspection. The inspector was able to see in part the home's record of outcomes against the standards and found that the home was open and honest about areas for development, whilst at the same time recognising what it did well. The home's methods for evaluating quality assurance exceed the standard required.

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
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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 has minimal responsibility for handling service users' finances. Systems are in place which ensure that all service users receive advice and support, either from family members or advocacy services. Arrangements are also in place which provide service users with lockable facilities within which they can privately and independently keep their income safely. Each service user has a key to the facility. Staff do not have direct access to service users' finances or security boxes.

Each service user is also provided with an account book which is 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?

3

Inspection of staff files evidenced that the home conducts formal supervision with all levels of staff. The inspector was informed by the registered manager that it is the home's intention to develop supervision as the home has a better understanding of supervision processes and how it can be of benefit to both the staff and the management of the home.

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

The home has implemented work place risk assessments. In addition, each room contains a fire risk assessment which details what action should be taken in the event of fire and the specifics to exiting from the specific room. The information also includes photographs of the exit route which may enable those who are unable to read for any reason to exit safely.

Inspection of fire safety records identified that whilst fire checks were routinely undertaken and practical fire tests completed, not all staff had up-to-date training in place.

The registered manager must ensure all staff have received up-to-date practical fire drill training prior to commencing their next duty.

All accidents are recorded. Advice was provided regarding the filing of information on the individual service users' files. The home provides the CSCI with appropriate information regarding all accidents occurring at the home. Systems are in place for monitoring the water temperatures at the home, however it could not be confirmed that the home's water system had been screened for legionella.

The registered manager should have the home's water system tested for legionella.

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	S Woods	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 24th November 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

NO

Comments were received from the provider

NO

Provider comments/factual amendments were incorporated into the final inspection report

NO

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

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 14th January 2005, 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

YES

Action plan was received at the point of publication

YES

Action plan covers all the statutory requirements in a timely fashion

YES

Action plan did not cover all the statutory requirements and required further discussion

Provider has declined to provide an action plan

Other: <enter details here>

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.

Commission for Social Care Inspection
33 Greycoat Street
London
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Fax: 020 7979 2111

National Enquiry Line: 0845 015 0120
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