



Making Social Care
Better for People

inspection report

Care Home For Older People

The Old Vicarage

Front Street

Churchill

North Somerset

BS25 5NG

Unannounced Inspection

16th March 2005

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

The Old Vicarage

Tel No:

01934 853211

Address

Front Street, Churchill, North Somerset, BS25 5NG

Fax No:

01934 853451

Email address

None

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

Mr William Dunnnett Jackson

Name of registered manager (if applicable)

Mr William Dunnnett Jackson

Type of registration**No. of places registered (if applicable)**

Care Home

19

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

Old age, not falling within any other category (19)

Registration number

D050000525

Date first registered

1st August 2002

Date of latest registration certificate

1st August 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		16th March 2005	ID Code
Time of inspection visit		09:50 am	
Name of inspector	1	Catherine Hill	072871
Name of inspector	2		
Name of inspector	3		
Name of inspector	4		
Name of specialist (e.g. Interpreter/Signer) (if applicable)			
Name of establishment representative at the time of inspection		Bill Jackson, owner-manager, and Louise Jackson, deputy manager	

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 The Old Vicarage.

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

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 Old Vicarage is just off the A38, in the village of Churchill. It is registered to provide personal care to up to 19 elderly people, many being from the local area. There are 17 single bedrooms and 1 double. All have en-suite facilities and all have a pleasant outlook. The house is decorated and furnished to a high standard and has exceptionally pretty gardens with a variety of points of interest. Staff are able to spend a good deal of time with residents one-to-one or in social activities. Frequent entertainments and local outings are offered free of charge to residents. There is an excellent range of choice available regarding menus and mealtimes.

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.)

Brief Introduction

The Old Vicarage is a well-run home whose residents enjoy good quality of life and high standards of care in a particularly pleasant environment. The registered manager is Mr Bill Jackson. He employs a deputy to whom he delegates much of the day-to-day running of the home but is in the home himself on a daily basis. For the past six months, Mr Jackson's daughter Louise has been deputy manager.

Since taking on this role, Ms Jackson has made some significant improvements to the home's administrative and recording systems, and the quality of records was noticeably better. Ms Jackson has also taken action to ensure that all of the requirements and recommendations from earlier inspections have been met, and is keen to provide more team-building activities.

One requirement was carried forward from the last inspection as it is not yet being fully met: this concerned staff fire training. While the fire precautions log book showed that regular training is being held, not every member of staff is getting this as often as they should. Louise Jackson said that she will give a brief fire training refresher session at every monthly staff meeting from now on. Fire drills are being held regularly, and these are also used as a form of training.

No requirements were made at today's inspection, but it is recommended that the carpet in the new wing corridor is replaced as it is stained and out of keeping with the high standards in the rest of the home.

The inspector spoke with 12 of the residents, mostly in their private rooms. Each person made very positive comments about living at the home, and several people were able to give examples of the way the staff and the service are flexible to accommodate individual preferences.

Choice of Home (Standards 1-6)

The residents' contract doubles as the home's Service Users' Guide. The written style of this is very clear and welcoming. All residents have a signed contract, a copy of which is kept on their files.

The residents' files sampled showed that pre-admission assessments are being carried out, and that care plans are promptly drawn up following admission. The inspector reminded Mr Jackson of the importance of signing and dating pre-admission assessments. The home gathers information on the person's preferences, not just their physical needs. The care plans checked were concise but informative. Care plans are being reviewed at least once a

month. Each of the residents' files had a recent photograph at the front.

One resident is being helped to identify an alternative placement as her care needs have increased beyond the point where the home is able to safely meet them. This person evidently felt that the process has been handled sensitively and positively. Another person commented that "it's not your own home but they make you very comfy".

Health and Personal Care (Standards 7-11)

At the time of the last inspection, the home was using a system of medication that involved transferring medications from one pot to another. The system has been changed now so that there is less room for error. The inspector recommended at the last inspection that staff do not handle medications with unprotected hands. Discussion and observation during today's inspection showed that this recommendation has been taken up. The system is flexible enough to allow individual residents different degrees of control over their own medications, so that people are given as much or as little support as they need to be independent in this area.

Daily life and Social Activities (Standards 12-15)

A good range of activities is provided, and a record is now kept of these. Staffing levels and the input from the owner allow staff to spend a good amount of time on one-to-one activities with the residents.

Residents all said that the food is cooked very well, and the menu records showed that each person has a good choice of interesting dishes. Staff go round the evening before and discuss the options with each resident individually. Accompaniments to the main meal, such as gravy and onion sauce, are brought around separately once the meal has been served, so that each person can have as much or as little of the extras as they like. Describing the attention to detail and quality, one person said that she is asked every day if she wants fresh cream on her pudding. Residents said that food is always piping hot and served on hot dishes.

A couple of residents commented that the meat is often tough, but felt that this may be due to the quality of the meat itself as the cook is so skilful with all the other dishes. Bill Jackson said that the home has recently changed supplier and that the meat has been good so far, so it may be that the problem is now resolved. Residents thought that the meat served at lunchtime today was tender.

Staff explained to a resident with sight problems what was on her plate and what extras were about to be brought around.

Complaints and Protection (Standards 16 –18)

One complaint was sent to the CSCI since the last inspection. This was followed up with external professionals as well as with several of the residents, and was found to be unsubstantiated.

Environment (Standards 19-26)

The home is decorated and furnished a very high standard in general but the carpet in the new wing corridor is stained and looks out of keeping with the rest of the home. The owner had intended to replace this soon after the last inspection, as part of extension works that were planned to the conservatory. These plans have been shelved for the time being. This carpet is quite serviceable, so a requirement is not being made against it, but the inspector recommended that the owner replace this because it does detract considerably from the

overall impression of high standards around the home.

Plenty of flowers - both dried and fresh - were around the home, including small vases of daffodils on each dining table. Coasters for the dining tables have been made with photos of the residents and staff. Most staff work in or around the dining area while meals are being served. Other staff discreetly plumped up cushions and tidied communal areas while the residents were at lunch.

About a third of the bedrooms are on the ground floor and have French windows onto the garden. There is a very pleasant lounge opposite the dining room that also has French windows onto the garden. Another seating area is in the corridor outside the conservatory and in the conservatory itself.

Each bedroom has an en-suite toilet and 3 have en-suite baths. There is a communal toilet on the ground floor, close to the lounge and dining room. There are 3 communal bathrooms around the home, one of which has a walk-in bath with overhead shower and another of which has a whirlpool bath. Electric bath seats are installed.

Bedrooms are all at least 10 metres squared, and many are much larger. Each is equipped with a digital keypad safe.

All areas seen were cleaned to an exceptional standard. One of the residents told the inspector that the home is always "fabulously clean".

Staffing (Standards 27-30)

The home follows a thorough recruitment procedure, and keeps detailed records on all staff. Most of the staff files sampled included two written references, but a couple of files only had one. The inspector suggested that the home keeps their own written record on the person's file of all reference requests and of any verbal references received.

It was a requirement of the last inspection that each staff member has at least three paid days training per year. The files sampled showed that the home is on target to meet this requirement. Six of the staff are on NVQ 2 and over the next month or so are doing Basic Food Hygiene, Health and Safety, First Aid, and Safer People Handling as part of this. Other staff did Manual Handling training in April and June last year. Three staff have done First Aid training this week.

It was also a requirement that each member of care staff has formal supervision at least six times a year. A very effective supervision format is in use, and most staff have now had a one-to-one session with Louise Jackson.

Management and Administration (Standards 31-38)

One of the staff on duty has recently returned to working in the home. Residents said how pleasant the staff all are, and staff described a friendly and relaxed working atmosphere. Staff meetings are held monthly, and Louise Jackson is looking at ways of encouraging staff to attend these and be more involved in the running of the home. Residents felt that they are given support in the way they choose and when they need it. Many people commented on the kindness and pleasant attitude of staff, and one person described the overall service as "excellent".

The records kept of any residents' cash handled by the home are clear and detailed.

Fire precautions testing records showed that equipment is being checked with at least the minimum frequency recommended by the Fire Officer.

Requirements from last Inspection visit fully actioned?

NO

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

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 time scale 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	

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	19	The carpet in the new wing corridor should be replaced as it is stained and looks out of keeping with the rest of the home.

* Note: You may refer to the relevant standard in the remainder of the report by omitting the 2-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	NO
Relatives/significant others survey/feedback	NO
Visiting professionals survey / feedback	NO
Tour of premises	NO
Formal interviews	NO
Document reading	YES
Additional inspection information:	
Number of service users spoken to at time of inspection	12
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	NA
CRB check for the manager seen	NA
Certificate of registration was displayed at the time of the inspection	NA
Certificate of registration accurately reflected the situation in the service at the time of inspection	NA
Total number of care staff employed (excluding managers)	X
Total number of staff with nursing qualifications employed	0
Date of inspection	16/3/05
Time of inspection	9.50
Duration of inspection (hrs)	5.25

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:

Key findings/Evidence	Standard met?	0
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See summary.

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?**

0

See summary.

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?**

0

See summary.

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?**

0

See summary.

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?**

0

See summary.

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?**

0

See summary.

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?	0
See summary.		

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)	0

Key findings/Evidence	Standard met?	0
See summary.		

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?**

0

See summary.

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?**

0

See summary.

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?**

0

See summary.

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
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See summary.

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?	0
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See summary.

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?	0
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See summary.

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?**

0

See summary.

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 time-scales 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="X"/>
No. of these complaints fully substantiated	<input type="text" value="X"/>
No. of these complaints partly substantiated	<input type="text" value="X"/>
No. of these complaints not substantiated	<input type="text" value="X"/>
No. of these complaints not yet resolved	<input type="text" value="X"/>
No. of complaints sent direct to CSCI	<input type="text" value="1"/>
Percentage of complaints responded to within 28 days	<input type="text" value="X"/> %

Key findings/Evidence	Standard met?	0
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One complaint was received by CSCI over the past year. This was not substantiated, and the residents on whose behalf the complaint was made did not uphold it.

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
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See summary.

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*

YES

No. of staff referred for inclusion on POVA lists

0

Key findings/Evidence

Standard met?

0

See summary.

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
See summary.		

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
See summary.		

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
See summary.		

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

See summary.

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	<input type="text" value="17"/>
Pre-existing homes only (1 April 2003) - single bedrooms below 10 sq.m usable space or additional compensatory space	<input type="text" value="0"/>
Total number of wheelchair users accommodated for in rooms at least 12sq.m	<input type="text" value="0"/>
Total number of wheelchair users accommodated for in rooms at less than 12sq.m	<input type="text" value="0"/>
Total number of shared rooms at least 16 sq.m	<input type="text" value="1"/>
Total number shared rooms less than 16 sq.m	<input type="text" value="0"/>
Percentage of places within single rooms:	
100%	<input type="text" value="YES"/>
80% - 99%	<input type="text" value="NO"/>
Less than 80%	<input type="text" value="NO"/>
Total number of single bedrooms	<input type="text" value="17"/>
Total number of single rooms with en suite	<input type="text" value="17"/>
Total number of double rooms	<input type="text" value="1"/>
Total number of double rooms with en suite	<input type="text" value="1"/>

Key findings/Evidence**Standard met?**

0

Currently all the rooms at the home are used as singles, and meet or exceed the minimum spatial standard.

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

See summary.

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

See summary.

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

See summary.

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 type="text" value="0"/>
No. service users <i>Medium</i> needs	<input checked="" type="checkbox"/>	No. staff hours allocated	<input checked="" type="checkbox"/> <input type="text" value="0"/>
No. service users <i>Low</i> needs	<input checked="" type="checkbox"/>	No. staff hours allocated	<input checked="" type="checkbox"/> <input type="text" value="0"/>
No. of staff hours required	<input checked="" type="checkbox"/>	No. of staff hours provided	<input checked="" type="checkbox"/> <input type="text" value="0"/>
No. of full time equivalent first level registered nurses	<input type="text" value="0"/>		
No. of care staff	<input checked="" type="checkbox"/>		
No. of ancillary staff	<input checked="" type="checkbox"/>		

Key findings/Evidence

Standard met?

0

See summary.

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

X

% of care staff with NVQ level 2

X

%

Key findings/Evidence

Standard met?

0

See summary.

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?

0

See summary.

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?

0

See summary.

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?	0
See summary.		

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?	0
See summary.		

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?	0
See summary.		

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?	0
See summary.		

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		<input type="checkbox"/> X
Number of service users subject to Enduring Power of Attorney processes		<input type="checkbox"/> X
Number of service users subject to Guardianship Orders		<input type="checkbox"/> X
Key findings/Evidence	Standard met?	0
See summary.		

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?	0
See summary.		

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?**

0

See summary.

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?**

0

See summary.

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

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Lead Inspector**Catherine Hill****Signature****Second Inspector**

Signature

Regulation Manager**David Francis****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 16 March 2005 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"/>
Comments were received from the provider	<input type="checkbox"/>
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 20 May 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	<input type="checkbox"/>
Action plan was received at the point of publication	<input type="checkbox"/>
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 Old Vicarage, Churchill 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 Old Vicarage, Churchill 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
SW1P 2QF

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