



Making Social Care
Better for People

inspection report

Care Homes For Adults (18 – 65)

St Denys

16 Newport Terrace

Newport

Barnstaple

Devon

EX32 9BB

Unannounced Inspection

4th October 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
St Denys

Tel No:
01271 343295

Address
16 Newport Terrace, Newport, Barnstaple, Devon, EX32 9BB

Fax No:

Email address

Name of registered provider(s)/company (if applicable)
Mr Stephen Winch-Furness
Mr Malcolm John Winch-Furness

Name of registered manager (if applicable)
Mrs Barbara Randall

Type of registration	No. of places registered (if applicable)
Care Home	13

Category(ies) of registration, with (number of places)
Learning disability (13), Mental disorder, excluding learning disability or dementia (13)

Registration number
D060000380

Date first registered	Date of latest registration certificate
30th July 2002	30th July 2002

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

YES

NO

If Yes refer to Part C

Date of last inspection

Date of inspection visit		4th October 2004	ID Code
Time of inspection visit		10:00 am	
Name of inspector	1	Andy Towse	092769
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		Barbara Randal: Registered Manager Stephen Winch-Furness: proprietor	

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 Care Homes for Adults (18 – 65)
1. Choice of Home
2. Individual Needs and Choices
3. Lifestyle
4. Personal and Healthcare support
5. Concerns, Complaints and Protection
6. Environment
7. Staffing
8. Conduct and Management of the Home

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 as amended.

This document summarises the inspection findings of the CSCI in respect of St Denys.

The inspection findings relate to the National Minimum Standards (NMS) for Care Homes for Adults (18-65) 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
- Providers 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 following inspection methods have been used in the production of this report. The report is based on the findings of the specified inspection dates.

BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

St. Denys comprises a single property made from two adjoining terraced houses. It is registered to accommodate 13 people with a mental disorder, excluding dementia, or who have a learning disability. The property is situated within easy access of the facilities of Barnstaple. All service users are accommodated in single occupancy bedrooms.

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.)

This is the second inspection conducted at this home by the C.S.C.I. It was an unannounced inspection. It is required that over a period of one year every home has a minimum of two inspections and that every Standard is inspected at least once over the two inspections. As most of the Standards were inspected at the announced inspection of 21st. June 2004, to gain an overview of the home, both the announced inspection report and this report should be read.

On arriving at the home the inspector found service users engaged in domestic tasks around the home assisted by a member of staff. One service user was out with a relative and the registered manager was about to accompany another service user on a trip into the community. Service users were seen to be at ease with staff and with the inspecting officer. Both the management of the home and staff, in discussion, displayed a good depth of knowledge regarding individual service users. The home runs an effective key worker system and both service users and staff are encouraged to participate in the running of the home.

Choice of Home (Standards 1-5)

The home has a written policy regarding the admission of service users to the home. This involves several visits to the home allowing the prospective service user to meet other service users, see the accommodation, meet the staff and thereby assist him/her in making the decision about whether or not to choose to move to the home.

Individual Needs and Choices (Standards 6-10)

All service users have care plans which they assist in compiling. The home has an effective key worker system. The home uses Community Meetings and an annual service user questionnaire to enable service users to have a say in the running of the home and to assist managers in providing a service which meets the needs of service users. Care plans were seen to be reviewed. The home has a pro active approach to encouraging the involvement of service users' families and relatives in the running of the home.

Lifestyle (Standards 11-17)

Service users are encouraged to be as independent as they are able. They are encouraged to pursue their own interests and hobbies and to access facilities within the community. Within the home certain service users undertake domestic tasks around the home. Visitors are welcome to the home. All service users have their own bedrooms, which are personalised and to which they have a key. Mealtimes are flexible with service users assisting in food preparation.

Personal and Healthcare Support (Standards 18-21)

Records demonstrated that the home regularly monitors service users' medication. Wherever possible service users manage their own out patients appointments however staff are available to accompany them if they require this. The home also uses the expertise of health professionals. The administration of medication was seen to be recorded appropriately and is audited by Boots pharmacy.

Concerns, Complaints and Protection (Standards 22-23)

The home has a written complaints system and an Adult Protection policy. The complaints procedure is on display in the home and there is a book in the lounge in which service users can write down any complaints they have.

Environment (Standards 24-30)

This inspection did not concentrate on the environment. The home is indistinguishable from others in the area. It is domestic in style. All service users have single occupancy bedrooms which are personalised.

Staffing (Standards 31-36)

Staff have job descriptions which relate to their role as key workers. All staff receive an induction which the proprietor has formatted in accordance with TOPSS guidelines. The home operates an appropriate recruitment procedure. Staff receive regular supervision.

Conduct and Management of the Home (Standards 37-43)

The proprietor and registered manager are completing their NVQ 4 training. The management operate in a transparent manner involving both staff and service users in planning regarding the running of the home.

Additional Visits made

No Additional visits have been made to this home since the last inspection.

Requirements from last Inspection visit fully actioned?

YES

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	
1	13 (4)(a)	YA42	The registered person shall ensure that all parts of the home to which service users have access are so far as reasonably practicable free from hazards to their safety. <i>(this relates to the need for the home to carry out a testing of all portable electrical appliances)</i>	8/11/04

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	YA20	That the home supplies a separate fridge for the storage of medication.

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* Note: You may refer to the relevant standard in the remainder of the report by omitting the 2-letter prefix e.g. YA10 refers to Standard 10.

PART B	INSPECTION METHODS & FINDINGS
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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	NO
• Activities	NO
• Other <enter details here>	NO
'Tracking' care and support	YES
Group discussion with service users	NO
Individual discussion with service users	YES
Group discussion with staff	NO
Individual discussion with staff	YES
Discussion with management	YES
Service user survey	YES
Relatives/significant others survey/feedback	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	4
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	NO
CRB check for the manager seen	NO
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 No. of care staff employed (excluding managers)	8
Total No. of staff with nursing qualifications employed	1
Date of inspection	04/10/04
Time of inspection	11.00

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 Adults (18-65) 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.
- Prospective service users' individual aspirations and needs are assessed.
- Prospective service users know that the home they choose will meet their needs and aspirations.
- Prospective service users have an opportunity to visit and to 'test drive' the home.
- Each service user has an individual written contract or statement of terms and conditions with the home.

Standard 1 (1.1 – 1.4)

The registered person produces an up to date statement of purpose setting out the aims, objectives and philosophy of the home, its services and facilities and terms and conditions; and provides each service user with a service users guide to the home. The statement of purpose should clearly set out the physical environmental standards met by the home in relation to standards 24.2, 24.9, 25.3, 25.5, 27.2, 27.4 and 28.2; and a summary of this information should appear in the service users' guide.

Range of fees charged From £ To £
(per week)

Any charges for extras

If yes, please state what the extras are

Key findings/Evidence	Standard met?	0
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This Standard was inspected as part of the announced inspection of 21st.June 2004. At this time the Statement of Purpose and the service User guide were assessed as meeting the requirements of the National Minimum Standards.

Standard 2 (2.1 – 2.8)
New service users are admitted only on the basis of a full assessment undertaken by people competent to do so, involving the prospective service user, using an appropriate communication method and with an independent advocate as appropriate.

Key findings/Evidence	Standard met?	3
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There has been one service user admitted to St. Denys since the last inspection. Examination of this person's file showed that prior to admission assessments had been carried out in the service user's place of residence by a care manager and key worker. The file was also seen to contain an assessment carried out by staff of St. Denys. This assessment contained details of the service user's psychiatric health, social skills, family contact and behavioural problems. In addition the file was seen to contain a care plan, which had been compiled in consultation with the service user.

Evidence: Discussion with registered manager. Inspection of service user's file including care plan and assessments.

Standard 3 (3.1 - 3.10)
The registered person can 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
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Examination of files showed that the home uses input from specialists such as psychiatric nurses, rehabilitation nurses, psychologists and psychiatrists to enable the needs of service users to be met. The proprietor is a mental health nurse and offers in-house training to his staff on mental health issues. Staff were seen to communicate well with service users. The home has been pro-active in trying to arrange for service users with limited family support, to obtain the services of advocates. However, none of the two advocacy agencies contacted has been able to offer any assistance.

Evidence: Observation. Discussion with registered manager and proprietor. Service user files.

Standard 4 (4.1 - 4.5)
The registered manager invites prospective service users to visit the home on an introductory basis before making a decision to move there, and unplanned admissions are avoided wherever possible.

Key findings/Evidence	Standard met?	3
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The home has a written admission procedure. It also has a recently compiled pre-admission record sheet. This served as a record of the admission of the most recent service user and demonstrated that as part of his admission he had visited the home twice, one visit accompanied the second unaccompanied. It was recorded that he 'liked his room' and had chosen the colour he wanted it painting. He had stayed at the home for half a day and had had a meal there. The record showed that his potential admission had been discussed with current service users who had been positive about the new admission. More detailed information regarding the potential service user's introductory visits to the home had been made on a daily record sheet.

Evidence: Service Users' Files. Discussion with registered manager.

Standard 5 (5.1 - 5.5)

The registered manager develops and agrees with each prospective service user a written and costed contract/statement of terms and conditions between the home and the service user.

Key findings/Evidence**Standard met?**

0

This Standard was inspected during the announced inspection of 21st. June 2004. At that time the files of three service users were examined and found to contain contracts which had been signed by the provider and service users. This Standard was not re-inspected during the course of this inspection.

Individual Needs and Choices

The intended outcomes for the following set of standards are:

- Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
- Service users make decisions about their lives with assistance as needed.
- Service users are consulted on, and participate in, all aspects of life in the home.
- Service users are supported to take risks as part of an independent lifestyle.
- Service users know that information about them is handled appropriately, and that their confidences are kept.

Standard 6 (6.1 – 6.10)

The registered manager develops and agrees with each service user an individual Plan which may include treatment and rehabilitation, describing the services and facilities to be provided by the home, and how these services will meet current and changing needs and aspirations and achieve goals.

Key findings/Evidence	Standard met?	3
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This standard was more fully inspected during the announced inspection of 21st.June 2004. At that time it was assessed as meeting the requirements of the National Minimum Standards. During this inspection the Standard was not so fully inspected, however, the inspector saw that care plans were available on all the service users files he inspected. The most recently admitted service user had a care plan which he and his key worker had compiled. A recently appointed member of staff was familiar with the role of key worker and demonstrated, in discussion, a good knowledge of the service user to whom she was designated key worker. In discussing the compilation of the care plan, it was evident that the service user had been involved and that members of this person's family had also assisted the key worker.

Evidence: Care Plans. Discussion with support worker.

Standard 7 (7.1 – 7.7)

Staff respect service users' right to make decisions, and that right is limited only through the assessment process, involving the service user, and as recorded in the individual Service User Plan.

Key findings/Evidence	Standard met?	0
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This standard was inspected during the announced inspection of 21st. June 2004. At that time it was assessed as meeting the requirements as stated in the National Minimum Standards.

Standard 8 (8.1 – 8.5)

The registered manager ensures that service users are offered opportunities to participate in the day to day running of the home and to contribute to the development and review of policies, procedures and services.

Key findings/Evidence**Standard met?**

0

This standard was inspected as part of the announced inspection of 21st. June 2004. At that time it was assessed as meeting the requirements of the National Minimum Standards.

Standard 9 (9.1 – 9.4)

Staff enable service users to take responsible risks, ensuring they have good information on which to base decisions, within the context of the service user's individual Plan and of the home's risk assessment and risk management strategies.

Key findings/Evidence**Standard met?**

0

This standard was inspected as part of the announced inspection of 21st. June 2004. At that time it was assessed as meeting the requirements of the National Minimum Standards

Standard 10 (10.1 – 10.6).

Staff respect information given by service users in confidence, and handle information about service users in accordance with the home's written policies and procedures and the Data Protection Act 1998, and in the best interests of the service user.

Key findings/Evidence**Standard met?**

0

This standard was inspected as part of the announced inspection of 21st. June 2004. At that time it was assessed as meeting the requirements of the National Minimum Standards

Lifestyle

The intended outcomes for the following set of standards are:

- Service users have opportunities for personal development.
- Service users are able to take part in age, peer and culturally appropriate activities.
- Service users are part of the local community.
- Service users engage in appropriate leisure activities.
- Service users have appropriate, personal, family and sexual relationships.
- Service users' rights are respected and responsibilities recognised in their daily lives.
- Service users are offered a healthy diet and enjoy their meals and mealtimes.

Standard 11 (11.1 – 11.4)

Staff enable service users to have opportunities to maintain and develop social, emotional, communication and independent living skills.

Key findings/Evidence	Standard met?	0
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This standard was inspected as part of the announced inspection of 21st. June 2004. At that time it was assessed as meeting the requirements of the National Minimum Standards

Standard 12 (12.1 – 12.6)

Staff help service users to find and keep appropriate jobs, continue their education or training, and / or take part in valued and fulfilling activities.

Key findings/Evidence	Standard met?	0
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This standard was inspected as part of the announced inspection of 21st. June 2004. At that time it was assessed as meeting the requirements of the National Minimum Standards

Standard 13 (13.1 – 13.5)
Staff support service users to become part of, and participate in, the local community in accordance with assessed needs and the individual Plans.

Key findings/Evidence	Standard met?	0
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This standard was inspected as part of the announced inspection of 21st. June 2004. At that time it was assessed as meeting the requirements of the National Minimum Standards

Standard 14 (14.1 – 14.6)
Staff ensure that service users have access to, and choose from a range of, appropriate leisure activities.

Key findings/Evidence	Standard met?	3
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Service users at St. Denys are encouraged to continue with hobbies and interests. A previous service user was seen to have a large collection of books and was encouraged to pursue her interest in travel. Another service user collected models. With regard to holidays, whilst this home does not offer a full week's annual holiday, shorter trips out are arranged. The management of the home has questioned service users about holidays and it appears that the current arrangements for holidays are reflecting the preferences of service users, some of whom do not wish for a holiday and others who would not want a complete week away. Within the home service users have barbecues and buffets.

Evidence: discussion with owner. Questionnaire for service users.

Standard 15 (15.1 – 15.5)
Staff support service users to maintain family links and friendships inside and outside the home, subject to restrictions agreed in the individual Plan and Contract (subject to standards 2 and 6 if necessary).

Key findings/Evidence	Standard met?	0
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This standard was inspected as part of the announced inspection of 21st. June 2004. At that time it was assessed as meeting the requirements of the National Minimum Standards.

Standard 16 (16.1 – 16.11)

The daily routines and house rules promote independence, individual choice and freedom of movement, subject to restrictions agreed in the individual Plan and Contract (subject to Standards 2 and 6 if necessary).

Key findings/Evidence**Standard met?**

0

This standard was inspected as part of the announced inspection of 21st. June 2004. At that time it was assessed as meeting the requirements of the National Minimum Standards

Standard 17 (17.1 – 17.9)

The registered person promotes service users' health and wellbeing by ensuring the supply of nutritious, varied, balanced and attractively presented meals in a congenial setting and at flexible times.

Key findings/Evidence**Standard met?**

0

This standard was inspected as part of the announced inspection of 21st. June 2004. At that time it was assessed as meeting the requirements of the National Minimum Standards

Personal and Healthcare Support

The intended outcomes for the following set of standards are:

- Service users receive personal support in the way they prefer and require.
- Service users' physical and emotional health needs are met.
- Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
- The ageing, illness and death of a service user are handled with respect and as the individual would wish.

Standard 18 (18.1 – 18.11)

Staff provide sensitive and flexible personal support and nursing care to maximise service users' privacy, dignity, independence and control over their lives.

Key findings/Evidence

Standard met?

0

This standard was inspected as part of the announced inspection of 21st. June 2004. At that time it was assessed as meeting the requirements of the National Minimum Standards

Standard 19 (19.1 – 19.5)

The registered person ensures that the healthcare needs of service users are assessed and recognised and that procedures are in place to address them.

No. of incidents where service users have been taken to Accident & Emergency during last 12 months

0

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

0

Key findings/Evidence

Standard met?

3

Service users at St. Denys have an annual medication review which is arranged by the general practitioner's surgery. One file inspected was that of a service user who had diabetes. The file contained a considerable amount of information regarding diabetes. This had been provided by the specialist diabetes nurse and written up by the registered manager in a format, more easily understood by the service user. Records showed that certain service users regularly attended specialist clinics relevant to their medication. It is usual for service users to attend outpatients appointments unaccompanied, however, when assessed as being appropriate, service users are accompanied by a member of staff. Entries on file showed that staff discussed medical conditions/needs with service users.

Evidence: Service users' files. Discussion with registered manager.

Standard 20 (20.1 – 20.14)

The registered manager and staff encourage and support service users to retain, administer and control their own medication, within a risk management framework, and comply with the home's policy and procedure for the receipt, recording, storage, handling, administration and disposal of medicines.

Key findings/Evidence**Standard met?**

2

At the time of the inspection no service users at St. Denys have been assessed as being able to self medicate. Previously service users have been assessed as being capable of self-medicating. Medication was seen to be kept in a locked cabinet. The medication administration record sheet was inspected and seen to be appropriately maintained including the recording of medication arriving at the home. At the time of the inspection the book recording the return of unused medication to the pharmacy was unavailable, being still with the pharmacist. The home currently has no service users who are prescribed controlled medication. The home has a separate cabinet, which is within the main medication cabinet and fastened to the wall in which controlled medication can be stored. A record book showed that when the home had a service user who was prescribed controlled medication this was appropriately recorded with double signatures and a record of remaining stock being made each time the medication was administered. Records on service users' files showed that service users' conditions are monitored and appropriate professionals are consulted about any changes in service users' conditions that might relate to medication. Medication is supplied by Boots who also conduct a regular audit of the medication administration, storage and recording within the home. It was seen that the insulin was kept in a separate container within one of the home's fridges. A separate fridge should be supplied for the storage of medication.

Evidence: Medication administration records. Service users' files. Discussion with registered manager.

Standard 21 (21.1 – 21.8)

The registered manager and staff deal with the ageing, illness and death of a service user with sensitivity and respect.

Key findings/Evidence**Standard met?**

3

The home's Statement of Purpose refers to the home offering service users a home for life as long as the home is still able to meet their needs. Service users had been consulted about their wishes concerning funeral arrangements and these were seen to be recorded on their files. The home has a procedure which is to be put into practice in the event of a service user's death. The proprietor has given a talk to the staff group on the subject of 'Death, Dying and Bereavement'.

Evidence: Service users' files. Discussion with registered manager. Statement of Purpose. Policy Document.

Concerns, Complaints and Protection

The intended outcomes for the following set of standards are:

- Service users feel their views are listened to and acted on.
- Service users are protected from abuse, neglect and self-harm.

Standard 22 (22.1 – 22.7)

The registered person ensures that there is a clear and effective complaints procedure, which includes the stages of, and timescales for, the process and that service users know how and to whom to complain.

No. of complaints made to the home during last 12 months	0
No. of these complaints fully substantiated	0
No. of these complaints partly substantiated	0
No. of these complaints not substantiated	0
No. of these complaints not yet resolved	0
No. of complaints sent direct to CSCI	0
Percentage of complaints responded to within 28 days	0 %

Key findings/Evidence	Standard met?	0
<p>This standard was inspected as part of the announced inspection of 21st. June 2004. At that time it was assessed as meeting the requirements of the National Minimum Standards. There have been no complaints made since the last inspection.</p>		

Standard 23 (23.1 – 23. 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, or inhuman or degrading treatment, through deliberate intent, negligence or ignorance, in accordance with written policy.

The home has an Adult Protection procedure (including Whistle Blowing) which complies with the Public Disclosure Act 1998 and the DOH Guidance No Secrets

YES

No of staff referred for inclusion on POCA/POVA lists

0

Key findings/Evidence

Standard met?

0

This standard was inspected as part of the announced inspection of 21st. June 2004. At that time it was assessed as meeting the requirements of the National Minimum Standards

Environment

The intended outcomes for the following set of standards are:

- Service users live in a homely, comfortable and safe environment.
- Service users' bedrooms suit their needs and lifestyles.
- Service users' bedrooms promote their independence.
- Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
- Shared spaces complement and supplement service users' individual rooms.
- Service users have the specialist equipment they require to maximise their independence.
- The home is clean and hygienic.

Standard 24 (24.1 – 24.13)

The home's premises are suitable for its stated purpose; accessible, safe and well maintained; meet service users' individual and collective needs in a comfortable and homely way; and have been designed with reference to relevant guidance.

Key findings/Evidence	Standard met?	0
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This standard was inspected as part of the announced inspection of 21st June 2004. At that time it was assessed as meeting the requirements of the National Minimum Standards. During this inspection the inspector did not tour the whole premises, but did see the communal areas, kitchen and courtyard/garden. The communal areas were seen to be furnished in domestic style.

Standard 25 (25.1 – 25. 11)

The registered person provides each service user with a bedroom, which has useable floor space sufficient to meet individual needs and lifestyles.

Total no. of single bedrooms with at least 10 sq.m usable space or additional compensatory space	12
Pre-existing homes only (1st April 2003) – single bedrooms below 10 sq.m usable space or additional compensatory space	8
Total no. of wheelchair users accommodated for in rooms at least 12 sq.m	0
Total no. of wheelchair users accommodated for in rooms less than 12 sq.m	0
Total no. of shared rooms at least 16 sq.m	1
Total no. of shared rooms below 16 sq.m	0
Percentage of places within single rooms:	
100%	YES
80% - 99%	NO
Less than 80%	NO
Total no. of single bedrooms	11
Number of single bedrooms with en suite	4
Total no. of double bedrooms	1
Number of double rooms with en suite	0

Key findings/Evidence**Standard met?**

0

This standard was inspected as part of the announced inspection of 21st. June 2004. At that time it was assessed as meeting the requirements of the National Minimum Standards

Standard 26 (26.1 – 26.4)

The registered person provides each service user with a bedroom that has furniture and fittings sufficient and suitable to meet individual needs and lifestyles.

Key findings/Evidence**Standard met?**

0

This standard was inspected as part of the announced inspection of 21st. June 2004. At that time it was assessed as meeting the requirements of the National Minimum Standards

Standard 27 (27.1 – 27.6)

The registered person provides service users with toilet and bathroom facilities which meet their assessed needs and offer sufficient personal privacy.

Key findings/Evidence**Standard met?**

0

This standard was inspected as part of the announced inspection of 21st. June 2004. At that time it was assessed as meeting the requirements of the National Minimum Standards

Standard 28 (28.1 – 28.3)

A range of comfortable, safe and fully accessible shared spaces is provided both for shared activities and for private use.

Key findings/Evidence**Standard met?**

0

This standard was inspected as part of the announced inspection of 21st. June 2004. At that time it was assessed as meeting the requirements of the National Minimum Standards

Standard 29 (29.1 – 29.8)

The registered person ensures the provision of environmental adaptations and disability equipment necessary to meet the home’s stated purpose and the individually assessed needs of all service users.

Key findings/Evidence**Standard met?**

3

St. Denys is not registered to accommodate people who have physical disabilities, however certain service users have a level of disability which requires them to use walking sticks and hearing aids. From observation the physical environment appeared appropriate to the need of current service users.

Evidence: Observation.

Standard 30 (30.1 – 30.9)

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, published professional guidance and the purpose of the home.

Key findings/Evidence**Standard met?**

3

The laundry area of St. Denys is situated in a separate room across a small courtyard. It contains recently purchased washing and drying machines. Its walls are whitewashed and easily cleanable and it has a tiled floor. The home has an infection control policy.

Evidence: Observation. Discussion with registered manager

Staffing

The intended outcomes for the following set of standards are:

- Service users benefit from clarity of staff roles and responsibilities.
- Service users are supported by competent and qualified staff.
- Service users are supported by an effective staff team.
- Service users are supported and protected by the home's recruitment policy and practices.
- Service users individual and joint needs are met by appropriately trained staff.
- Service users benefit from well supported and supervised staff.

Standard 31 (31.1 – 31.7)

The registered manager ensures that staff have clearly defined job descriptions and understand their own and other's roles and responsibilities.

Key findings/Evidence	Standard met?	3
<p>All staff have job descriptions. These refer to staff assisting service users in developing social and life skills which is in accordance with the role of key worker. The job descriptions also refer to staff undertaking the role of key worker to a designated service user. There is also reference in the job description to staff supporting service users in such tasks as cooking and doing laundry which was observed at the previous inspection. There is a copy of the General Social Care Council's (GSCC) standards of conduct and practice in the office and staff were said to have each received a copy. The home does not use volunteers.</p>		
<p>Evidence: Observation. Job descriptions. Discussion with registered manager.</p>		

Standard 32 (32.1 – 32.6)

Staff have the competencies and qualities required to meet service users' needs and achieve Sector Skills Council workforce strategy targets within the required time-scales.

Key findings/Evidence	Standard met?	0
<p>This standard was inspected as part of the announced inspection of 21st. June 2004. At that time it was assessed as meeting the requirements of the National Minimum Standards</p>		

Standard 33 (33.1 – 33.11)

The home has an effective staff team with sufficient numbers and complementary skills to support service users' assessed needs at all times.

Staff numbers/hours relating to the needs of service users are based on guidance recommended by the Department of Health.

		Personal Care	Nursing
No. service users <i>High</i> needs	<input type="text" value="0"/>	No. staff hours allocated	<input type="text" value="X"/>
No. service users <i>Medium</i> needs	<input type="text" value="0"/>	No. staff hours allocated	<input type="text" value="X"/>
No. service users <i>Low</i> needs	<input type="text" value="12"/>	No. staff hours allocated	<input type="text" value="X"/>
Total no. of hours needed	<input type="text" value="X"/>	Total Hours Provided	<input type="text" value="X"/>
No. of staff with NVQ level 2 or above	<input type="text" value="1"/>		
No. of Trainees registered on Sector Skills Council training programme	<input type="text" value="0"/>	No. of full time equivalent Staff with nursing qualification (where applicable)	<input type="text" value="0"/>

Key findings/Evidence	Standard met?	0
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This standard was inspected as part of the announced inspection of 21st. June 2004. At that time it was assessed as meeting the requirements of the National Minimum Standards

Standard 34 (34.1 - 34. 8)

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

Key findings/Evidence	Standard met?	3
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The inspector examined the files of the two most recently employed members of staff. Both were seen to contain two written references and evidence of CRB checks having been completed. Since the last inspection the registered manager has compiled a form on which verbal references can be recorded prior to receipt of written references. The files also contained photocopies of passports, driving licences and birth certificates to authenticate the identity of the staff members. The registered manager is aware of the Protection of Vulnerable Adults register.

Evidence: Inspection of staff files. Discussion with registered manager.

Standard 35 (35.1 - 35.8)

The registered person ensures that there is a staff training and development programme which meets the Sector Skills Council 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

This standard was more fully inspected as part of the announced inspection of 21st. June 2004. At that time it was assessed as meeting the requirements of the National Minimum Standards. During this inspection the files of the two most recently recruited staff were inspected. It was seen that both files contained a 'New Employee Induction Record' which showed that the staff had undergone an induction programme. This had been formatted by the proprietor who explained that he had based it on TOPSS requirements. One of the staff discussed the induction programme with the inspector and how it related to the needs of service users.

Evidence: Staff Files. Induction Programme. Discussion with staff member.

Standard 36 (36.1 - 36.8)

Staff receive the support and supervision they need to carry out their jobs.

Key findings/Evidence**Standard met?**

3

St. Denys has a written supervision policy. This states that staff should be supervised every two months. Inspection of staff files demonstrated that there is regular supervision. Supervision is carried out by the registered manager, one of the proprietors and a senior social care worker. Supervision sessions are recorded and records retained on the individual staff files.

Evidence: Staff Files. Discussion with registered manager.

Conduct and Management of the Home

The intended outcomes for the following set of standards are:

- Service users benefit from a well run home.
- Service users benefit from the ethos, leadership and management approach of the home.
- Service users are confident their views underpin all self- monitoring, review and development by the home.
- Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 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 are promoted and protected.
- Service users benefit from competent and accountable management of the service.

Standard 37 (37.1 – 37.4)

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

Registered manager qualified to level 4 NVQ in Management and care [by 2005].

NO

Key findings/Evidence	Standard met?	3
<p>The registered manager has worked at St. Denys since 1993 and since 1997 has managed the home. Both she and the proprietor have just completed their NVQ 4 training and are awaiting confirmation of the results. The registered manager has obtained her certificate of care.</p> <p>Evidence: Discussion with proprietor and registered manager.</p>		

Standard 38 (38.1 – 38.6) The management approach of the home creates an open, positive and inclusive atmosphere.		
Key findings/Evidence	Standard met?	3
<p>The home has regular Community Meetings which are minuted. The agenda for such meetings is placed on the notice board and service users can add to it any issues they would like discussed. The minutes of these meetings showed that the management of the home encourages open discussion about issues concerned with the running of the home, including refurbishment, responsibility for general cleanliness, acceptable behaviour. The management also include staff involvement by delegating responsibilities to different members of staff. The proprietor is currently amending the home's Equal Opportunity policy to include disability rights. Service users were seen to be relaxed in the company of both the proprietor and the registered manager.</p> <p>Evidence: Discussion with proprietor and registered manager. Minutes of Community Meetings. Observation.</p>		

Standard 39 (39.1 – 39.10) Effective quality assurance and quality monitoring systems, based on seeking the views of service users, are in place to measure success in achieving the aims, objectives and statement of purpose of the home.		
Key findings/Evidence	Standard met?	0
<p>This standard was inspected as part of the announced inspection of 21st. June 2004. At that time it was assessed as meeting the requirements of the National Minimum Standards</p>		

Standards 40 (40.1 – 40.6) The home's written policies and procedures comply with current legislation and recognised professional standards, covering the topics set out in Appendix 2 of the National Minimum Standards for Adults (18-65).		
Key findings/Evidence	Standard met?	3
<p>The home has policies in accordance with those required and set out in Appendix 3. Staff have access to these policies. It was seen that the policies are reviewed in line with changing legislation. An example of this was the proprietor preparing to review the home's grievance and disciplinary legislation in reaction to new legislation for resolving disputes.</p> <p>Evidence: Home's Policies. Discussion with registered manager.</p>		

Standard 41 (41.1 – 41.3)

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**

Inspection of service users' files showed that service users do have some access to the records kept on them. The access to records is in accordance with risk assessments. Records seen were up to date and are kept securely.

Evidence: Service users' files. Discussion with proprietor.

Standard 42 (42.1 – 42.9)

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?****1**

The inspector was shown records that demonstrated that the fire panel had undergone an NICEIC testing in November 2003. There has been in-house fire safety training and a record is kept of the testing of fire safety equipment and of fire drills held. The fire alarm system is maintained on contract. A fire test was seen to be part of the induction training of new staff. The home has an NICEIC test certificate dated 23/7/01 and valid for five years. A Gas Safety test was carried out on 21/1/04. The testing of portable electrical appliances was scheduled for June 2004 but has yet to be carried out. The home carries out risk assessments for fitting window restraints in service users' bedrooms. In accordance with the risk assessments one window restraint has been fitted. Accidents and injuries were seen to be recorded.

Evidence: Records.

Standard 43 (43.1 – 43.7)

The overall management of the service (within or external to the home) ensures the effectiveness, financial viability and accountability of the home.

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

This standard was inspected as part of the announced inspection of 21st. June 2004. At that time it was assessed as meeting the requirements of the National Minimum Standards

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

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Lead Inspector

Signature

Second Inspector

Signature

Locality Manager

Signature

Date

Public reports

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

PART D

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

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

We would welcome comments on the content of this report relating to the Inspection conducted on 4th October 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	YES
Comments were received from the provider	YES
Provider comments/factual amendments were incorporated into the final inspection report	YES
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	YES

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 5th November 2004, which indicates how requirements are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.

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

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

Action plan was required	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	NO
Provider has declined to provide an action plan	NO
Other: <enter details here>	NO

D.3 PROVIDER'S AGREEMENT

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

D.3.1 I _____ of St Denys 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 St Denys 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
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