

INSPECTION REPORT

Care Homes For Adults (18 – 65)

St Denys
16 Newport Terrace
Newport
Barnstaple
Devon
EX32 9BB

12th January 2004



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

30th July 2002

Date of latest registration certificate

30th July 2002

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

No

**Do additional conditions of registration
apply ?**

NO

If Yes Refer to Part C

Date of last inspection

5/6/03

Date of Inspection Visit		12th January 2004	ID Code
Time of Inspection Visit		10:00 am	
Name of Inspector	1	Andy Towse	092769
Name of Inspector	2	N/a	
Name of Inspector	3	N/a	
Name of Inspector	4	N/a	
Name of Lay Assessor (if applicable) Lay assessors are members of the public independent of the NCSC. They accompany inspectors on some inspections and bring a different perspective to the inspection process		N/a	
Name of Specialist (e.g. Interpreter/Signer) (if applicable)		N/a	
Name of Establishment Representative at the time of inspection		Stephen Winch-Furness, Proprietor Barbara Randall, Manager	

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INTRODUCTION TO REPORT AND INSPECTION

Every establishment that falls within the jurisdiction of the National Care Standards Commission (NCSC) 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 NCSC in respect of St Denys.

The inspection findings relate to the National Minimum Standards (NMS) for Care Home 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 NCSC 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
- Report of the Lay Assessor (where relevant)
- 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 and the Children Act 1989 as amended. 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 two adjoining terraced houses converted into one property. It is situated in a residential area within easy access of the community resources of Barnstaple. It is registered to accommodate thirteen people who have either mental health or learning disabilities. The home's ethos is to encourage those resident there to lead more independent lifestyles. Service users are encouraged to play an active role in the running of the home and the day-to-day activities of the establishment. Service users also use local resources. The home operates an effective key worker system with service users having care plans which are regularly reviewed. All service users have the option of 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.)

Not all Standards were inspected as part of this inspection. The summary is therefore derived from information obtain both in this inspection and the one undertaken on 5th.June 2003.

Choice of Home (Standards 1-5)

Service users are invited to visit the home and stay overnight if they wish as part of the admissions procedure. All service users have care plans and service users are involved in the compilation of these plans in accordance with their needs and abilities.

Individual Needs and Choices (Standards 6-10)

St.Denys operates an effective key worker system. Service users were aware of who their key worker was and what that role entailed. Service users were seen to participate in the day-to-day running of the home, doing such things as preparing food, deciding on menus and doing domestic tasks around the home. Service users views are actively sought, through discussion and use of questionnaires, and such information gained is used to influence the development of the home. The proprietor and Manager are proactive in seeking the involvement of service users' family and relatives in the running of the home.

Lifestyle (Standards 11-17)

Through examination of files, observation and discussion with both staff and service users it was ascertained that service users could access facilities within the community and were encouraged to integrate into the local community. Currently no service users are in employment, however some do attend courses at local colleges. Service users have unrestricted access to all parts of the home and the home has a positive attitude towards pets which encourages service users to take some joint responsibility for the resident cats. Family and friends are welcome to visit the home.

Personal and Healthcare Support (Standards 18-21)

Whilst no service users are in need of intimate care, the home places an emphasis on the maintenance of service users' privacy and dignity. The home has a good working relationship with the psychiatric nurse responsible for some service users. The key worker system is effective and the proprietor and Manager have in place a system to facilitate communication with relatives and families of service users. Entries on files demonstrated that service users' health is monitored.

Concerns, Complaints and Protection (Standards 22-23)

The home has a complaints procedure of which service users are aware. The home has a vulnerable adults protection policy and also a copy of the 'No Secrets' training video.

Environment (Standards 24-30)

This section of the report was primarily assessed in the inspection of 5th.June 2003. Although there was seen to be an issue with a room which was less than 9 square meters in size the standards in respect of room sizes have now been amended. The service user who occupies that room is adamant that he/she likes that room and prefers it to remain as it is, although the proprietor has drawn up possible strategies to enlarge the room. The home has an ongoing refurbishment policy. All bedrooms are personalised by their occupants. The home does not admit people who have physical disabilities. Externally there is an enclosed courtyard/garden.

Staffing (Standards 31-36)

All staff receive an induction and staff files contain training profiles. The proprietor carries out some of the home's in house training. The home has a low staff turnover. Staff on duty were seen to be able to communicate well with service users. Examination of staff files showed that the home operates an appropriate recruitment policy. Records showed that staff were supervised regularly.

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

The home operates an open management policy with the proprietor taking on some supervisory roles and being involved with the management of the home and policy development. There are in place strategies for enabling staff, service users and their families the facility of voicing their views service within the home is delivered. The proprietor demonstrated that he and the Manager regularly review policies and procedures relating to the home.

Requirements from last Inspection visit fully actioned?

NA

If No please list below

STATUTORY REQUIREMENTS

Identified below are areas not addressed from the last inspection report which indicate a non-compliance with the Care Standards Act 2000 and accompanying Regulations.

No.	Regulation	Standard	Required actions

Action is being taken by the National Care Standards Commission 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 and recommendations 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, the National Minimum Standards and the relevant sections of the Children's Act. The Registered Provider(s) is/are required to comply within the given time scales.

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)

No.	Refer to Standard *	Good Practice Recommendations

* 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

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

Direct Observation	YES
Indirect Observation	YES
Sampling	YES
• Pre-inspection Questionnaire	YES
• Records	YES
• Care Plans / Care Pathways	YES
• Meals	YES
• Activities	YES
• 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	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	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)	9
Total No. of staff with nursing qualifications employed	1
Date of Inspection	12/1/04
Time of Inspection	10.30
Duration Of Inspection (hrs)	6.5

The following pages summarise the key findings and evidence from this inspection, together with the NCSC assessment of the extent to which the National Minimum Standards 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:
St Denys

- | | |
|-------------------------|--------------------|
| 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, 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?	N/A

This standard was inspected as part of the inspection of 5th June 2003. At that time it was 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?	N/A
This Standard was inspected as part of the inspection of 5 th June 2003 at which time it was assessed as meeting the requirements of the National Minimum Standards.		

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?	N/A
This Standard was inspected as part of the inspection which took place on 5 th June 2003. At that time it was assessed as meeting the requirements of the National Minimum Standards.		

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
St. Denys has a written admissions policy. The inspector examined this policy and compared it to the process of admission of recent service users. The admissions policy offers prospective service users the opportunity of seeing the premises and having a weekend stay at the home prior to deciding upon whether or not to become a permanent resident. The Service User Guide states that prospective service users can visit the home as often as they wish, including staying for a meal and a night as part of the pre-admission process. From discussion it was ascertained that new service users had visited the home as part of the process and that they had been given the opportunity of staying for a night at the home prior to admission. The manager is to prepare a format which will record the admissions process of those admitted to the home.		

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?	3
The inspector examined the files of three service users. It was seen that all files contained contracts which were signed by both the provider and the service user and contained details of the room to be occupied and the fees to be levied.		

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
<p>The three service user files seen by the inspector all contained service user plans. The home operates a key worker system. The inspector discussed this system with both service users and care workers. Service users knew who their key workers were and what the role of key worker entailed. Staff spoken to demonstrated an understanding and commitment to their role as a key worker. Care plans were seen to be reviewed regularly. Records demonstrated that service users were involved in the compilation of their care plans, with the level of involvement calculated with reference to the assessed psychological ability of each individual service user.</p>		

Standard 7 (7.1 – 7.7)

Staff respect service user's 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?	3
<p>Service users' files were seen to contain risk assessments. The inspector saw an instance where a service user had his/her rights restricted. This restriction was seen to have been taken in the interests of that service user and was taken with his/her consent. The inspector spoke with the service user concerned and was informed that he/she was in full agreement with the restriction, gave reasons why it was beneficial and stated that he/she had been fully involved in the decision to take this action.</p>		

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?**

3

The proprietor and manager of the home are committed to involving both service users and the relatives of service users in the day-to-day running of the home. There is mention made of the service users' involvement in decision making within the home. House Meetings are held and the minutes of these meetings are made available to service users. The minutes of these meetings show service users are consulted about issues relating to the running of the home. The proprietor also arranges to see the relatives of service users at least annually. He has done this through a group meeting in the past but this has been changed to individual meetings as the proprietor, from experience, considers these to be a more effective means of communication. The home also conducts regular service user satisfaction surveys and takes action relating to these. On the day of the inspection the inspection officer saw service users actively involved in meal preparation. Another service user informed the inspector that he/she had chosen that specific menu.

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?**

3

The inspector examined the files of three service users. The inspector saw on one file risk assessments carried out by a community nurses prior to an admission. All files were seen to contain risk assessments carried out by the home. Risk assessments were carried out for all service users regarding window restraints. The home has a missing persons procedure.

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?**

N/A

This Standard was inspected as part of the inspection of 5th June 2003. 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 user's 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?	3
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As stated in the previous inspection report, the layout of this home affords service users a separate rehabilitation kitchen. The inspector was informed that this was often used by service users when making refreshments. During the course of the inspection the inspector saw two staff working together with two service users in the preparation of a meal, the menu of which had been chosen by another service user. The group was animated, good humoured and, judging by the meal produced, very productive. Entries on files demonstrated that service users were encouraged to take responsibility for their actions. One service user has recently returned from a holiday to the Far East. Service users also use local community resources and were seen to be encouraged to live as independently as they are able.

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?	N/A
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This Standard was inspected as part of the inspection of 5th June 2003. 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?	N/A
This Standard was inspected as part of the inspection of 5 th June 2003. At that time it was assessed as meeting the requirements as stated in 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?	N/A
This Standard was inspected as part of the inspection of 5 th June 2003. At that time it was assessed as meeting the requirements of the National Minimum Standards.		

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?	N/A
This Standard was inspected as part of the inspection of 5 th June 2003. 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?**

3

All service users have keys to their bedrooms. Bedrooms seen on this and previous inspections, showed that service users personalised their bedrooms to their individual preferences. Service users' preferred forms of address are stated on files. The inspector saw that there was interaction between staff and service users which was inclusive and good humoured. The inspector noted a restriction imposed on a service user. In discussion with this service user the inspector ascertained that the restriction had been imposed with the total agreement of the service user and with the involvement of a psychiatric nurse who was working with that service user. The service user considered that the restriction had been, and was still, beneficial to him/her. The home has two pet cats and service users have been encouraged to assist with its care. Service users were seen to assist around the home and are encouraged to become involved in activities such as gardening, helping with the planning and preparation of meals, and doing general tasks around the home.

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?**

3

St Denys operates a menu which was seen to be flexible and reflecting the choices suggested by service users. The dining arrangements of this home allow for service users to dine in either of two rooms. Examination of service users' files demonstrated that key workers discussed nutrition with service users in relation to their health and wellbeing. Mealtimes are flexible and from discussion it was apparent that service users with diabetes had their diets amended to meet their needs.

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 procedure 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?	3
<p>The induction received by staff at St.Denys includes a talk on respect and dignity given by the proprietor. Service users were seen to choose their own clothes, style of dressing and hairstyles. The home does encourage service users to go to bed and rise at certain times, but this is in the respective interests of service users and is flexible. The home operates an effective key worker system and service users were aware of who their key worker was and what the role of key worker entailed. The home's written guidelines on the role of key worker places emphasis upon good communication between the key worker and service user. On one file inspected by the inspector there was reference to a service user needing prompting in respect of personal hygiene. The instructions on this file referred to the service user being prompted in a manner which maintained his/her dignity and gave instruction as to how this should be done.</p>		

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?	N/A
<p>This Standard was inspected as part of the inspection of 5th.June 2003. At that time it was assessed as meeting the requirements of the National Minimum Standards.</p>		

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?	N/A
This Standard was inspected as part of the inspection of 5 th June 2003. At that time it was assessed as meeting the requirements of the National Minimum Standards.		

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 has a policy relating to the procedure which should be carried out at the time of the death of a service user. This procedure includes reference to service users being supported, discussion relating to feelings and staff supporting each other and the calling of a community meeting to tell the service users 'carefully' what has happened. Since the current proprietor took over the home there has been no death at St.Denys. Some service users' files did contain details on their wishes at time of death and other service users' wishes would be discussed and entered on file when it was opportune for key workers to discuss such matters with the service users for whom they had a primary duty of care. The proprietor himself informed the inspector that he had previously taught on courses relating to the subject of death and dying and that he intended to offer such training to his staff within the year.		

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 times-scales 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 NCSC	0
Percentage of complaints responded to within 28 days	100 %

Key findings/Evidence	Standard met?	N/A
This Standard was inspected as part of the inspection of 5 th June 2003. At that time it was assessed as meeting the requirements of the National Minimum Standards.		

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?

N/A

This Standard was assessed as part of the inspection of 5th June 2003. 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?	N/A
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This Standard was inspected as part of the inspection of 5th June 2003. At that time it was assessed as meeting the requirements of the National Minimum Standards.

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?****3**

In the previous inspection this standard was inspected. At that time it was found that one bedroom, which has an ensuite facility was below 9 square metres in size. At the time of that inspection the service user was asked about whether he/she was content with the room, to which he/she stated he/she was. The proprietor has since considered extending the room, which would however present difficulties as this part of the building is listed. The inspector discussed the size of room with the service user. He/she is very content with the room and stated a preference for a small room. The proprietor considered that the service user would find the disruption caused by the possible extension of the room, distressing. The inspector's discussion with the service user would confirm the proprietor's considerations. With the amendment of the National Minimum Standards, there is now no reference to 9.3 square meters of floor space, and the home has adequate communal space. Whilst this room may be small it reflects the choice of its occupant. Although the home has one bedroom registered as a double room, this room is currently, like all other rooms, in single occupancy. The proprietor has no intention of the room being used for double occupancy unless this is the stated wish of service users. There are no service users who use wheelchairs. The proprietor will amend the home's statement of purpose to include reference to room sizes.

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?

N/A

This Standard was inspected as part of the inspection of 5th June 2003. At this 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?

N/A

This Standard was inspected as part of the inspection of 5th June 2003. 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?	N/A
This Standard was inspected as part of the inspection of 5 th June 2003. 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?	9
St.Denys does not accommodate people who have physical disabilities. This is stated in the home’s Service User Guide.		

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 inspection, in accordance with relevant legislation, published professional guidance and the purpose of the home.		
Key findings/Evidence	Standard met?	N/A
This Standard was inspected as part of the inspection of 5 th June 2003. At that time it was assessed as meeting the requirements of the National Minimum Standards.		

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?	N/A
This Standard was inspected as part of the inspection which took place on 5 th June 2003. At that time it was assessed as meeting the requirements of the National Minimum Standards.		

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.

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="0"/>	<input type="text" value="0"/>
No. service users <i>Medium</i> needs	<input type="text" value="0"/>	No. staff hours allocated	<input type="text" value="0"/>	<input type="text" value="0"/>
No. service users <i>Low</i> needs	<input type="text" value="12"/>	No. staff hours allocated	<input type="text" value="0"/>	<input type="text" value="0"/>
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="2"/>			
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?	N/A
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This Standard was inspected as part of the inspection which took place on 5th June 2003. At that time it was assessed as meeting the requirements of the National Minimum Standards.

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.

Key findings/Evidence	Standard met?	N/A
This Standard was inspected as part of the inspection which took place on 5 th June 2003. 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?**

N/A

This Standard was inspected as part of the inspection of 5th June 2003. At that time it was assessed as meeting the requirements as stated in the National Minimum Standards.

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

The inspector discussed staff training with the proprietor and the manager. All staff had training profiles. Every staff member's training profile is assessed annually. The files of two most recently recruited staff were examined and it was seen that they had undergone an induction programme within weeks of being employed. From discussion it was ascertained that staff received five days pro rata training per year. Whilst the proprietor carries out some of the training relating to mental health, other inhouse training is available, including that relating to epilepsy which will be lead by a trainer who has epilepsy. Staff evaluation of each training session is sought by the proprietor.

Standard 36 (36.1 - 36.8)**Staff receive the support and supervision they need to carry out their jobs.****Key findings/Evidence****Standard met?**

N/A

This Standard was inspected as part of the inspection of 5th June 2003. At this time it was assessed as meeting the requirements of the National Minimum Standards.

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 or equivalent.

NO

Key findings/Evidence	Standard met?	N/A
This Standard was inspected as part of the inspection of 5 th June 2003. At this time it was assessed as meeting the requirements of the National Minimum Standards.		

Standard 38 (38.1 – 38.6)

The management approach of the home creates an open, positive and inclusive atmosphere.

Key findings/Evidence	Standard met?	N/A
This Standard was inspected as part of the inspection of 5 th June 2003. At this time it was assessed as meeting the requirements of the National Minimum Standards.		

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?	N/A
This Standard was inspected as part of the inspection of 5 th June 2003. At that time it was assessed as meeting the requirements of the National Minimum Standards.		

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 Younger Adults.		
Key findings/Evidence	Standard met?	N/A
This Standard was inspected as part of the inspection of 5 th June 2003. At this time it was assessed as meeting the requirements of the National Minimum Standards.		

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 ?	N/A
This Standard was inspected as part of the inspection of 5 th June 2003. At that time it was assessed as meeting the requirements of the National Minimum Standards.		

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?	N/A
This Standard was inspected as part of the inspection of 5 th June 2003. At this time it was assessed as meeting the requirements of the National Minimum Standards.		

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 ?****3**

The home has a development plan for 2004. This covers such issues as projected refurbishment both internally and externally. Some of the planned refurbishment is in direct response to responses from service users to a questionnaire when they were asked about what improvements they would like to around the home. The Development Plan has been discussed with service users and is on the notice board. The proprietor informed the inspector that the home was financially viable and that a letter would be submitted from the joint owner, who is also the home's accountant, to confirm this.

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

PART D

LAY ASSESSOR'S SUMMARY

(where applicable)

Lay Assessor _____ **Signature** _____

Date _____

Public reports

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

PART E

PROVIDER'S RESPONSE TO IDENTIFIED STATUTORY REQUIREMENTS

E.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 12 January 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

This report is very fair. The inspection was conducted in a relaxed and respectful manner. All suggestions were reasonable and constructive. We felt that the inspector understood what we are aiming to achieve.

Action taken by the NCSC 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.

E.2 Please provide the Commission with a written Action Plan by 16th February 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	NO
Action plan was received at the point of publication	NO
Action plan covers all the statutory requirements in a timely fashion	NO
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

E.3 PROVIDER'S AGREEMENT

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

E.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

E.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.