

# INSPECTION REPORT

Care Home For Younger Adults

**St Denys**  
16 Newport Terrace  
Newport  
Barnstaple  
Devon  
EX32 9BB

12th and 13th December 2002



## ESTABLISHMENT/AGENCY INFORMATION

**Name of establishment/agency**

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, Malcolm 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**

22nd July 1997

**Date latest registration certificate**

30th July 2002

Conditions Apply ?

NO

If Yes Refer to Part C

Annex for 16 and 17 year olds plus Part VI  
Care Home Regulations – Children, apply?

NO

Date of last inspection

<b>Date and Time of Inspection Visit</b>	12 <sup>th</sup> December 2002 10:00am	<b>ID Code</b>
<b>Name of Inspector(s)</b>	Andy Towse	092769
<b>Name of Lay Assessors (if applicable)</b>	N/a	
<b>Name of Interpreter/Signer (if applicable)</b>	N/a	

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## INTRODUCTION TO REPORT AND INSPECTION

Every establishment/agency which falls within the jurisdiction of the National Care Standards Commission (NCSC) is subject to inspection, to establish if the establishment/Agency is meeting the National Minimum Standards relevant to that setting and the requirements of the Care Standards Act 2000 and / or the Children Act 1989 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 will be 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 terraced properties made into one dwelling. It is situated in a residential area with in easy access of Barnstaple. It is registered for 13 people with mental health or learning disabilities within the 20 to 70 year age range. The home has a rehabilitation kitchen and there is encouragement of residents to play an integral part in the running of the home by both assisting in domestic tasks and taking part in discussion regarding developing the service offered. A key worker system is in operation and all residents have care plans which are regularly reviewed. The home has as one of its aims the rehabilitation of service users back into the community and over the past year five people have returned to the community. The current proprietor has owned the home for one year during which time he has undertaken much upgrading of the physical standards of the home and further work is scheduled. The emphasis of the home is on service user involvement in both their own care plans and the running of the home.

## **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 service has been inspected for the first time against National Minimum Standards introduced from 1<sup>st</sup> April 2002. As a result, this report may contain a substantial number of recommendations and requirements. Is so, the number of these should fall significantly at the next inspection when the provider will have had time to take account of the new legislation and standards and to take action to meet them. Any breaches in standards which pose a more immediate risk to customers of services have been highlighted for urgent action.

The proprietor has only owned this home for a year. He has undertaken some upgrading of the physical premises and has further work scheduled. Decoratively the home's décor has a tired feel and redecoration is planned. The stair carpet is in need of replacement and the proprietor is aware of this. All service users have well formatted and reviewed individual plans, an effective key worker system is in operation and residents' files were well maintained. The proprietor has updated policies and procedures in accordance with changing legislation. Staff receive appropriate supervision and appraisal. The running of the home is open and the views of residents are actively sought through meetings, customer surveys and general discussion. I considered that there was good interaction between staff and residents and the staff team appeared enthusiastic and motivated.

Requirements from last Inspection fully actioned?

YES

**If No please list below**

<b>STATUTORY REQUIREMENTS</b>				
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	

No.	Refer to Standard	Good Practice Recommendations	Actioned Yes/No

**Action is being taken by the National Care Standards Commission to ensure compliance in regard to the above requirements.**

<b>CONDITIONS OF REGISTRATION</b>	<b>MET (YES/NO)</b>

## 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 is shown in Part E of this report.

### 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 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	
1	23	YA25	That the provider continues exploring ways of increasing the floor space of the bedroom mentioned in the main body of this report in order that it complies with the spatial requirements of the Standards.	31/3/03
2	13	YA20	That a record is kept of the administration of all medications within the home. This includes thorough recording of the administration of medication and if in future, service users are prescribed controlled drugs, these are recorded in a controlled drugs register.	31/12/02
3	13(3)	YA30	In accordance with Regulation 13, the registered person must make suitable arrangements to prevent infection and toxic conditions. The proprietor or registered manager must provide the NCSC with evidence that the facilities in the laundry are compatible with the Water Supply (Water Fittings) Regulations 1999.	31/1/03
4	13(3)	YA30	The registered person shall make suitable arrangements to prevent infection, toxic conditions and the spread of infection at the care home. In doing so the registered person must ensure that the wall to the laundry area has a readily cleanable surface	31/3/03

5	13 (3)	YA42	That the proprietor or registered manager consult with the Environmental Health Officer or supply other such information to the NCSC to confirm the safety of the design system in eliminating the risk of Legionella in accordance with the requirement on the registered person to make suitable arrangements to prevent infection, toxic conditions or the spread of infection at the care home.	31/1/03
6	13	YA42	The registered person must ensure that all parts of the home to which service users have access are free from hazards to their safety. In accordance with this it is required that the registered manager supply the NCSC with confirmation of the safety of gas appliances within the home.	31/1/03

## RECOMMENDATIONS

Identified below are areas addressed in the main body of the report which relate to National Standards and are seen as good practice issues which should be considered for implementation by the registered Provider(s)

No.	Refer to Standard *	Recommendation Action	
1	4	That the home's admissions policy is amended to include a three-month 'settling in' period.	
2	22	That the existing complaints system is amended to include timescales	
3	14	That in accordance with Standard 14 the manager includes in the basic contract fee for the home a minimum annual seven-day holiday.	
4	1	That the information contained on the existing Service User Guide and Statement of Purpose is upgraded.	
5	27	That the registered manager submits details of how the home intends to meet the ratio of one bathroom to three people by 2004	

\* 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	NO
• Other (Specify)	NO
'Tracking' care and support	YES
Group discussion with service users	YES
Individual discussion with service users	YES
Group discussion with staff	NO
Individual discussion with staff	YES
Discussion with management	YES
Service user survey	YES
Visiting Professionals survey / feedback	NO
Tour of Premises	YES
Formal Interviews	NO
Document reading	YES
Date of Inspection	12/12/02
Time of Inspection	10:00
Duration Of Inspection (hrs)	15

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 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)

Zero "0" in the "Standard met?" box denotes standard not assessed on this occasion.

## 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 guide to the home.

Range of fees charged      From      £            To      £     

Any charges for extras     

### Key findings/Evidence

### Standard met?

2

I examined the home's Statement of Purpose and assessed the information it contained against that listed in Schedule 1. Whilst the majority of the information listed in Schedule 1 was contained in the Statement of Purpose, some minor adaptation of this document was required to ensure that it fully encompassed all the information required. The home also had available most of the information required under Regulation 5, relevant to the Service User Guide. In total the home has the information required under regulations 4 and 5 but requires some adjustments in respect of format which was discussed with the registered manager and proprietor during the course of the inspection.

### Standard 2 (2.1 – 2.8)

New service users are admitted only on the basis of a full assessment undertaken by people trained to do so, involving the prospective service user using an appropriate communication method.

### Key findings/Evidence

### Standard met?

3

I examined the files of four service users. Two contained assessments and reviews carried out under the auspices of the Care Programme Approach (C.P.A.). All files contained assessments and evidence of regular reviews. All files contained well-written care plans with evidence of a continuing monitoring and evaluation. One file showed a variation in contract which demonstrated that this service user's rights to certain freedoms had been restricted. This restriction was demonstrated to have been carried out in the interest of the service user and this person had been involved in the decision making process and had signed to acknowledge agreement to the actions taken.

**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

The home accommodates people who have predominantly mental health problems with some who have learning disabilities. Staff receive in-house training relating to skills concerning working with this client category. During discussion the proprietor gave details of refusing to admit service users whom he considered had needs which could not be met within his establishment. Information in respect of advocacy was seen to be available throughout the home.

**Standard 4 (4.1 - 4.5)****The registered manager invites prospective service users to visit and to live in the home on a trial basis, before making a decision to move there, and unplanned admissions are avoided wherever possible.****Key findings/Evidence****Standard met?**

2

The home has an admissions policy. This includes prospective service users being given a tour of the premises, a copy of the Service User Guide and a weekend stay at the home prior to admission. The admissions policy does not contain details of a three-month 'settling in' period. Wherever possible emergency admissions would be avoided. The Service User Guide contains the information that St. Denys' likes 'new clients to visit as often as possible before they decide to move in, including staying for a meal and a night so that both parties can assess whether it is the right placement.'

**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

I saw a contract between the provider and a service user. This contained a statement regarding the fees payable, room to be occupied. This form is signed by both the service user and the provider. The contract does not contain a copy of the Service User Plan, although, as stated previously, these are available and will be added to the contract forthwith.

## 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 their 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 and 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 the current and changing needs and aspirations and achieve goals.

**Key findings/Evidence**

**Standard met?**

3

I saw four service user plans. They contained information collated from Care Programme Approach assessments and assessments carried out at the home. Restrictions of choice and freedom were clearly stated on documentation signed by the respective service user to demonstrate that discussion had taken place and that the action had been agreed by the service user. All files contained written evidence of service user involvement in the drawing up of individual plans. The home operates a key worker system Key workers assist service users in drawing up their care plans. I spoke to four service users. All spoke positively of their key workers and understood the key worker role.

### Standard 7 (7.1 – 7.7)

Staff respect service user's rights 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

The home disseminates relevant information to service users through individual work with key workers, residents' meetings. Details regarding advocacy groups were seen on the service users' notice board. One service user has total control over his/her benefits book. In order to promote advocacy the provider had held a meeting for relatives and those interested in advocacy involvement with the home.

**Standard 8 (8.1 – 8.5)**

**The registered person 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 home has a monthly residents' meeting. Events of importance concerning the home are discussed with service users. Service users do not attend staff meetings. The service users have an informal involvement in the staff selection process, being introduced to prospective new staff and their opinions of them sought informally. The home operates a user satisfaction survey which comprises a questionnaire the results of which the provider intends to use annually in the development of the home. The Service Users Guide states that service users should be involved in decision making processes within the home.

**Standard 9 (9.1 – 9.4)**

**Staff enable service users to take responsible risks, ensuring that 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

I examined four service user files. All were seen to contain risk assessments. Risk management strategies were agreed with respective service users. Records demonstrated that service users were involved in the compilation of their care plans. I noted that action outlined in care plans was there to minimise risk to service users and when such action limited the choice of specific service users that action was undertaken with his/her consent and following discussion.

**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?**

3

The home has a policy on confidentiality. This makes explicit the importance of keeping confidential information regarding service users and not discussing this either outside the home or with other service users. Failure to observe the requirements outlined in the Confidentiality Policy is regarded as a disciplinary matter. Service users' files were seen to be up to date and were kept securely.

## 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 give service users opportunities to maintain and develop social, emotional, communication and independent living skills.**

**Key findings/Evidence**

**Standard met?**

3

Service users can access resources in the community which enhance their life skills. One service user attends college and is undertaking NVQ cookery courses. This service user was seen to be very proud to bring into the home food prepared on the course. This service user also carries out food preparation work within the home, assisted, where appropriate by members of staff. Some service users have attended local churches. The proprietor is actively engaged in presenting training for the staff at the home. It was noted that service users can also participate in this training and that one had attended training on Body Language. Service users were seen to make their own beverages during the day and reference on one service user's file related to assisting this person to interact in a more appropriate manner. Service users use drop in centre for people with mental health problems and are encouraged to lead as independent a lifestyle as they are able.

### Standard 12 (12.1 – 12.6)

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

**Key findings/Evidence**

**Standard met?**

3

Currently no service users have jobs external to the home. Some have their own specific domestic tasks within the home for which they receive some remuneration. A previous service user, I was informed, did have a job at a local supermarket. Two service users have shown an interest in the garden area of the home and it is planned to develop this interest further next year. One service user attends a cookery course and with other service users helps in food preparation within the home. The home has a 'rehabilitation' kitchen which is separate from the home's main kitchen, and can be used to develop service users domestic skills.

<b>Standard 13 (13.1 – 13.5)</b> <b>Staff provide opportunities for service users to become part of and participate in the local community in accordance with assessed needs and the individual Plans.</b>		
<b>Key findings/Evidence</b>	<b>Standard met?</b>	<b>3</b>
Residents use local facilities such as cinemas, cafes and churches as well as facilities run by the social services and health authorities specifically for people with mental health problems. I was informed that relations with neighbours were cordial. The home does not have its own transport, although it does have occasional access to unmarked transport from another home. Service users use public transport. Service users can choose whether to vote in local and general elections.		

<b>Standard 14 (14.1 – 14.6)</b> <b>Staff ensure that service users have access to and choose from a range of leisure activities.</b>		
<b>Key findings/Evidence</b>	<b>Standard met?</b>	<b>2</b>
All four care files examined had sections relating to hobbies and interests. There is no specific in-house entertainment but service users' bedrooms were seen to contain books, videos and evidence of other hobbies and interests being pursued. Whilst the home, as suggested in Standard 14.4 does not include as part of the basic contract price the option of a minimum seven-day holiday, the proprietor is currently discussing the possibility of some of his residents going on holiday abroad with residents from another home. The proprietor is also considering the possibility of some residents going on a camping holiday. One resident is arranging a holiday to the Far East. Residents help decide the destinations for trips out with notices on display giving different options.		

<b>Standard 15 (15.1 – 15.5)</b> <b>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).</b>		
<b>Key findings/Evidence</b>	<b>Standard met?</b>	<b>3</b>
Family and friends of residents are made welcome at St. Denys. I saw the minutes of a meeting held in May 2002 which was held for friends and relatives of service users and served to keep them informed of issues such as the upgrading of the building, what the aims of the home were, key worker systems, NVQ training and trips out. I saw that residents were able to organise their own lives and free to see who they wanted to see and go out when ever they wished. The Service User Guide states that 'visitors are welcome at any time' and that they can be 'entertained in any part of the house and if requested a private room can be made available.' The home reserves the right to bar any visitor who behaves in a way that causes distress or annoyance to other residents.		

**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

Staff only enter residents bedrooms with their consent. All bedroom doors are lockable and most service users kept their rooms locked when unoccupied. I heard staff knocking on bedroom doors prior to being given permission to enter. All residents' mail is put on a table in the hallway for them to collect. Reference was made on residents' files to their preferred term of address. Staff were seen to interact in a leisurely and relaxed manner with service users. Residents have unrestricted access to all communal areas of the home. There is a relaxed attitude to pets and currently three cats live in the home. Smoking is allowed but restricted to the conservatory area of 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 four-week menu with the main meal being available in the evening. The mid day meal comprises a light snack. I spoke to three service users about the food available at the home and all expressed positive opinions. The evening menu contained some choices, however I was informed that alternative meals would always be provided if requested. The dining area is basic with food partaken on two tables which the proprietor intends to replace. Examination of two specific files demonstrated the pro-active work is undertaken to assist residents who have eating problems. Some residents assist in the preparation of food. On one evening of the inspection a member of staff was preparing to assist some residents making Christmas puddings.

## 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 own lives.**

**Key findings/Evidence**

**Standard met?**

3

Due to the absence of male care staff it is not possible for intimate care to be carried out by same gender staff should a male resident require this. Currently this is not an issue within the existing resident group. In order to have a routine beneficial to residents, the home tries to ensure that everyone is up by 9.30am. Examination of care plans demonstrated that where appropriate guidance regarding personal hygiene is provided. Service users were seen to have clothing and hairstyles reflecting their own choice and personality.

### 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 service users admitted to A & E since last inspection**

1

**No of service users with pressure sores  
(from information taken from care notes)**

0

**Key findings/Evidence**

**Standard met?**

3

Records demonstrated that some service users had organised some specific medical checkups. In other instances it was seen that general practitioners had been consulted in regarding advice about individual service users' specific needs. Staff do support service users in attending outpatients appointments. Records on one file provided staff with information about diabetes and staff assist in the preparation of insulin for one service user. Service users on Lithium treatment programmes were seen to have regular blood tests. All service users have annual appointments with their general practitioners. Service users are seen in the privacy of their rooms by medical/healthcare practitioners.

**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?	1
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I saw that on the files of service users who had been assessed as able to self medicate were statements signed by the service user to accept responsibility for this action. The two statements signed by the service user also stated that they did not want to have an item of lockable furniture in their rooms. The home uses a monitored dosage system of medication administration. Examination of Medication Administration Record Sheets (MARS) showed that there was inconsistency in the recording of the administration of medication. At the time of the inspection no service users were prescribed controlled medication, however the home did have lockable storage for these. When controlled medication was administered this was recorded on MARS sheets and not in separate record book.

**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 and as the individual would wish.**

Key findings/Evidence	Standard met?	3
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Although the home is registered for people up to 70 years of age, mention is made in the Service Users’ Guide that should the service user wish to stay in the home after reaching this age and should the home be able to meet his/her needs, the person may stay as long as they wish. Whilst under the present ownership no deaths of service users have occurred however I did note examples on care plans where service users’ wishes in respect of burial or cremation had been recorded. I was informed that if possible, service users, if it was compatible with their wishes and needs would be able to choose to spend their last days in their own rooms. I noted that details regarding the bereavement support group Cruise were on the premises. The registered manager has previously worked with older adults and has experience of supporting people who are dying and their relatives and friends.

## 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 whom to complain.

No. of complaints from last inspection	<input type="text" value="0"/>
No. of complaints fully substantiated	<input type="text" value="0"/>
No. of complaints partly substantiated	<input type="text" value="0"/>
No. of complaints not substantiated	<input type="text" value="0"/>
No. of complaints not yet resolved	<input type="text" value="0"/>
Percentage of complaints responded to within 28 days	<input type="text" value="0"/> %

**Key findings/Evidence**

**Standard met?**

2

A complaints book is left in the lounge area of the home in which service users can make comments. I was shown this book and saw that there were no entries in it. I noted that this book is regularly checked for entries by the manager who then signs it. Service user meetings are held regularly. Minutes are kept of them which demonstrated that they served as a forum for discussion. In addition to these the service user questionnaire would also enable the home to address any issues of concern before they developed into complaints. A copy of the complaints procedure was seen to be displayed on the notice board as was information regarding the NCSC inspection. Although the home has a complaints procedure and also systems in place to resolve issues before they become complaints, in order to comply with regulations the procedure needs amending to include timescales.

**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?**

3

The home has a Harassment and Abuse Policy and also a separate Whistleblowing Policy. The home also has a copy of the 'No Secrets' video which the manager intends to incorporate into staff training on the subject of abuse of vulnerable adults. The registered manager was aware of the requirement to report staff unsuitable to work with vulnerable adults for possible inclusion on the Protection of Vulnerable Adults Register. The home's policy on the acceptance of gifts and financial affairs precludes staff from accepting gifts from service users unless authorised by the manager or from being involved in drawing up wills for service users.

## 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; meets service users' needs in a comfortable and homely way; and have been designed with reference to relevant guidance.

Key findings/Evidence	Standard met?	2
<p>With the exception of one bedroom which falls below 9.3 square metres, all service users have bedroom and communal space which equates to 14.1 square metres. The home does not accommodate people who use wheelchairs. The home is situated within easy access to local community facilities and the home itself is indistinguishable from other properties within the area. The new owner has only been in charge of the home for a year. He has undertaken repair work within that time, but in discussion was aware that redecoration was required in areas such as the hallways, some bedrooms and the lounge areas as the home has a tired look. The stair carpet has become worn, and whilst currently not a safety hazard it will shortly require replacing. The Development Plan for 2003 addresses issues such as the redecoration of bedrooms and communal areas and addressing the residual consequences of the damp problem inherited when the home was purchased.</p>		

**Standard 25 (25.1 – 25. 13)**

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

No. of service users with single rooms	12
No. of single rooms with at least 10 sq.m usable floor space	8
No. of single rooms with at least 9.3 sq.m & compensatory space	2
No. single rooms less than 9.3 sq. m with no compensatory space	1
No. of rooms accommodating wheelchair users with 12 sq.m space	0
No. of rooms accommodating wheelchair users with less than 12. sq.m space	0
No. of shared rooms	1
No. of shared rooms with at least 16 sq.m space	1
No. of single rooms with en suite	2
No. of single rooms without en suite	9
No. of double rooms with en suite	0
No. of double rooms without en suite	1

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

2

Currently all those who reside at St. Denys occupy single bedrooms. Of these rooms, eight have a minimum floor space of at least 10 square metres, two have in excess of 9.3 square metres whilst one is below 9 square metres. The provider has already entered into discussion with a builder regarding how to bring this room to the required spatial standard. The room, which could accommodate two people has a floor space slightly in excess of the required 16 square metres. The home has lounge, dining and other recreational areas, including a rehabilitation kitchen which allow a combined space of 5 square metres per service user. Service users occupying the rooms with less than 10 square metres of floor space were satisfied with their rooms. The smallest of these rooms has an ensuite facility which whilst being useful does reduce the available floor space.

**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.**

<b>Key findings/Evidence</b>	<b>Standard met?</b>	3
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I went around all service users' bedrooms. Whilst the bedrooms did not have all the items of furniture listed under Standard 26, the provider was able to provide evidence that service users had been asked about what furniture they required and as such all rooms were furnished in accordance with service users' wishes. All bedrooms had wash hand basins. All had windows providing service users a view when seated. Bedrooms were seen to have been personalised in a manner reflecting the individual choice of their respective occupants. All bedrooms had lockable doors and many service users chose to keep their bedrooms locked. Bedrooms did not have lockable space. I was shown records that showed that service users had been offered lockable storage in their rooms but had not wanted this facility.

**Standard 27 (27.1 – 27.6)**  
**The registered person provides service users with toilet and bathroom facilities that meet their assessed needs and offer sufficient personal privacy.**

<b>Key findings/Evidence</b>	<b>Standard met?</b>	2
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Four bedrooms have a wc ensuite facility. Within the home itself are two bathrooms with a wc and a shower with a wc facility. The home therefore has wc facilities compatible with this Standard. With regard to bath/shower facilities, the current facilities do not equate with one bath/shower for every three residents stated in Standard 27 and expected to be in place by April 2004. All bathrooms were seen to have lockable doors.

**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.**

<b>Key findings/Evidence</b>	<b>Standard met?</b>	3
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The home has an enclosed rear courtyard area. This has a small and attractive water feature. The main area is paved, providing an area of recreation where in the summer a barbeque is available. There is a small planted area which, next year, it is hoped will be used by service users to grow vegetables. The laundry area is situated across the courtyard. It is domestic in size. There are two kitchens, one specifically for rehabilitation work, the other the kitchen serving the home. Both are domestic in size and layout. With regard to recreational areas, if the rehabilitation kitchen is taken into consideration, each service user has a communal area of approximately 5 square metres. The home's smoking policy designates the conservatory as a smoking area. There are appropriate facilities for staff on sleep in duties.

**Standard 29 ( 29.1 – 29.8)**

The registered person ensures the provision of the 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?**

N/A

The home does not accommodate people with physical disabilities. This is clearly stated in the home's Service User Guide.

**Standard 30 (30.1 – 30.9)**

The home is clean and hygienic.

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

2

Laundry facilities are situated across the courtyard which ensures that any items to be washed do not have to be brought through areas of food preparation. The laundry floor is impermeable, however the walls to the laundry have suffered some ingress of water and cannot be considered as comprising a washable surface. The provider is aware of this and discussions are underway regarding resolving the problem. The home has an infection control policy. At the time of the inspection the provider could not confirm that the laundry facilities complied with the Water Supply (Water Fittings) Regulations 1999.

## 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
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Job descriptions for care staff refer to assisting residents in activities such as cooking, serving meals and washing up. They also include reference to promoting independence and maintaining residents' dignity, choice and self respect. Staff as part of their duties are expected to participate in regular staff supervision, be aware of the needs of residents and assist in developing their social and life skills, comply with the home's procedures and undertake the role of key worker. The registered manager had a copy of the GSCC Codes of Practice and has ordered copies for discussion and distribution amongst the staff group.

**Standard 32 (32.1 – 32.6)**

**Staff have competencies and qualities required to meet service user’s needs and achieve Sector Skills Council workforce strategy targets within the required time-scales.**

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

		Personal Care	Nursing
<b>No. service users <i>High</i> needs</b>	0	<b>No. staff hours allocated</b>	0
<b>No. service users <i>Medium</i> needs</b>	12	<b>No. staff hours allocated</b>	0
<b>No. service users <i>Low</i> needs</b>	0	<b>No. staff hours allocated</b>	0
<b>Total no. of hours needed</b>	153	<b>Total Hours</b>	271
<b>No. of staff with NVQ level 2 or above</b>	1		
<b>No. of Trainees registered on Sector Skills Council training programme</b>	0	<b>No. of Staff with nursing qualification (where applicable)</b>	0

<b>Key findings/Evidence</b>	<b>Standard met?</b>	<b>3</b>
<p>Currently the NCSC is accepting that staffing levels which were regarded as appropriate on 31<sup>st</sup>.March 2002 by the then registering authorities will be regarded as sufficient as long as the client needs and categories remain constant. In this instance. In taking this into consideration this home is appropriately staffed, with two staff on at all times during the day and two staff, including one who resides on the premises, on sleep in duty every night. In addition to this, using calculations compiled by the Residential Forum in accordance with Department of Health guidelines I have completed the above matrix.</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.**

<b>Key findings/Evidence</b>	<b>Standard met?</b>	<b>3</b>
<p>The home has a low turnover of staff. Agency staff are not used and Bank staff used are familiar with the home and its residents. Minutes taken of staff meetings showed that they took place every two months. There are no staff under 21 years of age. Staff spoken to demonstrated a variety of experience relevant to the post and were enthusiastic about their work.</p>		

**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

No new staff have been appointed since the NCSC commenced on 1<sup>st</sup>.April 2002. Examination of files of existing staff members demonstrated that the home had always operated a policy of seeking two references from each staff member and requiring a statement regarding police convictions. Although service users did not take part in the formal interview they did meet potential new staff and their thoughts regarding them were sought. Staff are issued with contracts within two weeks of being appointed. The manager had a copy of the GSCC Code of Conduct and had ordered copies to circulate amongst the staff. I was informed that CRB checks would be undertaken for all existing staff. The manager was aware that new staff required CRB checks and could not work unsupervised until these had been received.

**Standard 35 (35.1 - 35.8)****The registered person ensures that there is a staff training and development programme which meets the Sector Skills 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

I examined staff files. They were seen to contain individual training programmes. No new staff have been recruited since the inception of the NCSC however examination of files showed that staff underwent an induction process. From discussion I ascertained that staff received both in-house and NVQ training, with the proprietor playing a proactive role in much of the in house training, covering areas relating to psychiatric illness in which he has teaching and practical experience. This training I was informed would be equivalent to five days pro rata per staff member per annum. Training topics were relevant to the needs of service users and were also selected in accordance with staff training needs identified on their files.

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

3

The home operates a good inter staff communication system with staff meetings being held every two months and supervision taking place every two months. Staff also have a six monthly appraisal. The proprietor has had specialist training regarding carrying out supervision.

## 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?**

3

The registered manager has more than two years management experience of running residential care homes. She is currently on an NVQ level 4 course and envisages attaining this qualification by 2005 in accordance with the National Minimum Requirements. Whilst the registered manager had obvious overall responsibility for the running of the home, which was evidenced by her knowledge of policies, input into the administrative processes and her involvement with the general running of the home, she does not have a written job description formally outlining her responsibilities.

### 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

The manager has considerable experience of running residential care homes. The system of resident, advocacy and staff meetings coupled with the complaints procedure allows for service users, staff and other stakeholders to voice any issues of concern. Interaction between staff, staff and service users, and between service users themselves was relaxed and supportive. Staff meeting and service user meeting minutes showed these to be forums where issues relating to the running of the home were openly discussed.

**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?**

3

This is the home's first year under its present ownership. The proprietor has submitted a Development Plan for 2003 which addresses the ongoing process of upgrading the physical standards of the home and also states the home's intention of 'providing a more objective assessment of residents' needs and to develop a 'creative group' which would utilise staff skills and result in more activities being available to residents. There will also be an emphasis upon training staff in therapeutic techniques and issues relating to increasing their understanding of psychiatry. The home conducted a service user survey in February and has acted upon information it contained. Use of this or similar surveys will continue and be used to guide changes in the service offered. Service users were aware of the NCSC inspection. Policies and procedures are currently being compiled incorporating the new legislation.

**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 3 of the National Minimum Standards for Younger Adults and Adult Placements.**

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

3

The proprietor has recently completed updating the policies for St. Denys in accordance with those required under Appendix 3. Staff have access to these policies. Service users can access these policies and ones of particular relevance such as that relating to confidentiality and the complaints procedure are openly displayed on the home's notice board. From discussion I ascertained that the policies will be reviewed in accordance with changing legislation and passage of time and will be signed and dated to record this.

**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

Records signed by service users demonstrated that they played an active role in assisting in the drawing up of their individual programmes. Whilst the manager and proprietor agree in principle with the right of access to files of service users, such access may be limited if it is their consideration that full access to records might be detrimental to the service user concerned. In these instance the level of service user is maintaining such records is appropriately recorded. Records were seen to be stored securely and were up to date. I was given evidence of one service user requesting access to his/her to his/her file and this having been given

<b>Standard 42 (42.1 – 42.9)</b> <b>The registered manager ensures so far as is reasonably practicable the health, safety and welfare of service users and staff.</b>		
<b>Key findings/Evidence</b>	<b>Standard met?</b>	1
<p>Fire safety instruction is incorporated into staff induction. All staff have basic food hygiene certification. I was informed that all staff have first aid training and that two have undergone the four day training course. Documentation made available confirmed, via NICEIC certification, the safety of the electrical plant within the home. The two baths and shower have temperature regulated by thermostatically controlled valves. Window restraints were not evidenced in all rooms and this will need to be addressed through risk assessment.. I was unable to ascertain what design solutions the home had in respect of controlling the risk of Legionella, neither could I obtain confirmation that gas appliances within the home had been serviced. The home has appropriate policies in relation to Health and Safety and COSHH. Risk assessments have been carried out for the safe operation of the home.</p>		

<b>Standard 43 (43.1 – 43.7 )</b> <b>The overall management of the service (within or external to the home) ensures the effectiveness, financial viability and accountability of the home.</b>		
<b>Key findings/Evidence</b>	<b>Standard met ?</b>	N/A
<p>The proprietor is just completing his first year of ownership of this home. He and his brother, who is an accountant are currently preparing a financial plan for the home which they intend to have available by April 2003. Appropriate insurance cover is available for the home. Annual accounts have yet to be prepared as the home has not been under the current ownership for a full year.</p>		

**PART C****COMPLIANCE WITH CONDITIONS**

(where applicable)

Condition	Compliance	
<b>Comments</b>		

Condition	Compliance	
<b>Comments</b>		

Condition	Compliance	
<b>Comments</b>		

Condition	Compliance	
<b>Comments</b>		

**PART D**

**LAY ASSESSOR'S SUMMARY**

(where applicable)

**Lay Assessor** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Lead Inspector** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Public reports**

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

**PART E****PROVIDER'S RESPONSE**

E.1 Please provide the Commission with an Action Plan, which indicates how requirements and recommendations are to be addressed and a completion date within the stated timescale.

<b>STATUTORY REQUIREMENTS</b>				
No.	Regulation	Standard	Action being taken to address Requirements	Completion date
			Action Plan available on request	

<b>RECOMMENDATIONS</b>			
No	Refer to Standard	Action being taken to address Recommendations	Completion date

## E.2 PROVIDER'S AGREEMENT

**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<sup>th</sup> and 13<sup>th</sup> December 2002 and any factual inaccuracies:

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

E.2.1 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.

**Or**

E.2.2 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:

**Signed** \_\_\_\_\_

**Designation** \_\_\_\_\_

**Date** \_\_\_\_\_

Note: In instances 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.