



Making Social Care
Better for People

inspection report

Care Homes For Adults (18 – 65)

St Denys

16 Newport Terrace

Newport

Barnstaple

Devon

EX32 9BB

Announced Inspection

21st June 2004

Commission for Social Care Inspection

Launched in April 2004, the Commission for Social Care Inspection (CSCI) is the single inspectorate for social care in England.

The Commission combines the work formerly done by the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission.

The role of CSCI is to:

- Promote improvement in social care
- Inspect all social care - for adults and children - in the public, private and voluntary sectors
- Publish annual reports to Parliament on the performance of social care and on the state of the social care market
- Inspect and assess 'Value for Money' of council social services
- Hold performance statistics on social care
- Publish the 'star ratings' for council social services
- Register and inspect services against national standards
- Host the Children's Rights Director role.

Inspection Methods & Findings

SECTION B of this report summarises key findings and evidence from this inspection. The following 4-point scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The 4-point scale ranges from:

- 4 - Standard Exceeded (Commendable)
- 3 - Standard Met (No Shortfalls)
- 2 - Standard Almost Met (Minor Shortfalls)
- 1 - Standard Not Met (Major Shortfalls)

'O' or blank in the 'Standard met?' box denotes standard not assessed on this occasion.

'9' in the 'Standard met?' box denotes standard not applicable.

'X' is used where a percentage value or numerical value is not applicable.

ESTABLISHMENT INFORMATION

Name of establishment
St Denys

Tel No:
01271 343295

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

Fax No:

Email address

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

Mr Stephen Winch-Furness
Mr Malcolm John Winch-Furness

Name of registered manager (if applicable)

Mrs Barbara Randall

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

Care Home 13

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

Learning disability (13), Mental disorder, excluding learning disability or dementia (13)

Registration number

D060000380

Date first registered

30th July 2002

Date of latest registration certificate

30th July 2002

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

**Do additional conditions of registration
apply ?**

If Yes refer to Part C

Date of last inspection

Date of inspection visit		21st June 2004	ID Code
Time of inspection visit		10:00 am	
Name of inspector	1	Andy Towse	092769
Name of inspector	2		
Name of inspector	3		
Name of inspector	4		
Name of specialist (e.g. Interpreter/Signer) (if applicable)			
Name of establishment representative at the time of inspection			

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INTRODUCTION TO REPORT AND INSPECTION

Every establishment that falls within the jurisdiction of the Commission for Social Care Inspection (CSCI) is subject to inspection, to establish if the establishment is meeting the National Minimum Standards relevant to that setting and the requirements of the Care Standards Act 2000 as amended.

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

The inspection findings relate to the National Minimum Standards (NMS) for Care Homes for Adults (18-65) published by the Secretary of State under the Care Standards Act 2000.

The Regulations applicable to the inspected service are secondary legislation, with which a service provider must comply. Service providers are expected to comply fully with the National Minimum Standards. The National Minimum Standards will form the basis for judgements by the CSCI regarding registration, the imposition and variation of registration conditions and any enforcement action.

The report follows the format of the NMS and the numbering shown in the report corresponds to that of the Standards.

The report will show the following:

- Inspection methods used
- Key findings and evidence
- Overall ratings in relation to the standards
- Compliance with the Regulations
- Required actions on the part of the provider
- Recommended good practice
- Summary of the findings
- Providers response and proposed action plan to address findings

This report is a public document.

INSPECTION VISITS

Inspections are undertaken in line with the agreed regulatory framework with additional visits as required. This is in accordance with the provisions of the Care Standards Act 2000. The following inspection methods have been used in the production of this report. The report is based on the findings of the specified inspection dates.

BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

St. Denys comprises 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)

As part of the admissions process, prospective Service users are invited to visit the home and stay overnight . All service users have care plans and wherever possible and in accordance with their risk assessments, they are involved in their compilation.

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 is proactive in seeking the involvement of service users' family and relatives in the running of the home.

Lifestyle (Standards 11-17)

Service users can access community facilities and are encouraged to integrate into the local community. Currently no service users are in employment, but some do attend courses at local colleges. Service users have unrestricted access to all parts of the home. The home has a positive attitude towards pets which encourages service users to take some joint responsibility for the resident cat. 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 has 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. There is also a complaints book which is left in the lounge and in which service users are free to write down any concerns they may have. The home has a vulnerable adults protection policy and also a copy of the 'No Secrets' training video.

Environment (Standards 24-30)

The home is domestic in size and furnishings. All service users have the option of a single occupancy bedroom. One bedroom is below 9 square meters . 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. Bedrooms were seen to have been personalised. The home does not admit people who have physical disabilities. Externally there is an enclosed courtyard which provides a quiet recreational area for service users.

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 communicate well with service users. 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. The home has strategies to encourage staff, service users and their families to voice their views about the running of the home. The proprietor regularly reviews policies and procedures relating to the home.

Requirements from last Inspection visit fully actioned?

YES

If No please list below

STATUTORY REQUIREMENTS				
Identified below are areas not addressed from the last inspection report which indicate a non-compliance with the Care Standards Act 2000 and accompanying Regulations. The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".				
No.	Regulation	Standard	Required actions	

Action is being taken by the Commission for Social Care Inspection to ensure compliance in regard to the above requirements.

RECOMMENDATIONS		
Identified below are recommendations from the last inspection that have not been implemented		
No.	Refer to Standard	Good Practice Recommendations

CONDITIONS OF REGISTRATION THAT APPLY (OTHER THAN NUMBERS AND CATEGORY OF SERVICE USERS).	MET (YES/NO)

STATUTORY REQUIREMENTS IDENTIFIED DURING THE INSPECTION

Action Plan: The Registered Person is requested to provide the Commission with an Action Plan, which indicates how requirements are to be addressed with the time scale within which such actions will be taken. This action plan will be made available on request to the Area Office.

STATUTORY REQUIREMENTS

Identified below are areas addressed in the main body of the report which indicate non-compliance with the Care Standards Act 2000, and accompanying Regulations 2001, and the National Minimum Standards. The Registered Provider(s) is/are required to comply within the given time scales. The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".

No.	Regulation	Standard *	Requirement	
1	17	YA34	A record of all persons employed in the care home should include a copy of each reference obtained in respect of him/her.	31.7.04

RECOMMENDATIONS

Identified below are areas addressed in the main body of the report which relate to National Minimum Standards and are seen as good practice issues which should be considered for implementation by the registered Provider(s). The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".

No.	Refer to Standard *	Good Practice Recommendations
1	YA14	Service users in long term placements have as part of the basic contract price the option of a minimum seven-day annual holiday outside the home, which they help choose and plan

* 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
St Denys

Direct observation	YES
Indirect observation	YES
Sampling	YES
• Pre-inspection questionnaire	YES
• Records	YES
• Care plans / Care pathways	YES
• Meals	YES
• Activities	NO
• Other <enter details here>	NO
'Tracking' care and support	YES
Group discussion with service users	NO
Individual discussion with service users	YES
Group discussion with staff	NO
Individual discussion with staff	YES
Discussion with management	YES
Service user survey	YES
Relatives/significant others survey/feedback	NO
Visiting professionals survey / feedback	NO
Tour of premises	YES
Formal interviews	NO
Document reading	YES

Additional inspection information:

Number of service users spoken to at time of inspection	2
Number of relatives/significant others the inspectors had contact with	0
Number of letters received in respect of the service	0

CRB check for the responsible individual seen	NO
CRB check for the manager seen	NO
Certificate of registration was displayed at the time of the inspection	YES
Certificate of registration accurately reflected the situation in the service at the time of inspection	YES

Total No. of care staff employed (excluding managers)	8
Total No. of staff with nursing qualifications employed	0

Date of inspection	21/6/04
Time of inspection	10.30
Duration of inspection (hrs)	7.00

The following pages summarise the key findings and evidence from this inspection, together with the CSCI assessment of the extent to which the National Minimum Standards for Adults (18-65) have been met. The following scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The scale ranges from:

4 - Standard Exceeded	(Commendable)
3 - Standard Met	(No Shortfalls)
2 - Standard Almost Met	(Minor Shortfalls)
1 - Standard Not Met	(Major Shortfalls)

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

"9" in the "Standard met?" box denotes standard not applicable.

"X" is used where a percentage value or numerical value is not applicable.

Choice of Home

The intended outcomes for the following set of standards are:

- Prospective service users have the information they need to make an informed choice about where to live.
- Prospective service users' individual aspirations and needs are assessed.
- Prospective service users know that the home they choose will meet their needs and aspirations.
- Prospective service users have an opportunity to visit and to 'test drive' the home.
- Each service user has an individual written contract or statement of terms and conditions with the home.

Standard 1 (1.1 – 1.4)

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

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

Any charges for extras

If yes, please state what the extras are

Key findings/Evidence	Standard met?	3
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St. Denys has produced a Statement of Purpose and a Service Users Guide. The Statement of Purpose was seen to contain information as required by the National Minimum Standards and was in accordance with Regulation 4 (1)(c), containing the information listed in Schedule 1. Likewise, the service users Guide contained information as required by Regulation 5.

Evidence: Service User Guide. Statement of Purpose.

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?	0
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Since the last inspection there have not been any admissions to the home. 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 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?	0
<p>Examination of files showed that the home uses input from specialists such as psychiatric nurses, psychologists and psychiatrists to enable the needs of service users to be met. The proprietor is a mental health nurse and offers in-house training to his staff on mental health issues. Staff were seen to communicate well with service users. The home has been pro-active in trying to arrange for service users with limited family support, to obtain the services of advocates. However, none of the two advocacy agencies contacted has been able to offer any assistance.</p> <p>Evidence: Observation. Discussion with registered manager and proprietor. Service user files.</p>		

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
<p>St. Denys has a written admissions policy. The admissions policy offers prospective service users the opportunity of seeing the premises and having a weekend stay to assist them in deciding whether they wished to become permanently resident at the home. The Service User Guide states that prospective service users can, as part of the admissions process, visit the home as often as they wish, including staying for a meal and a night. From discussion it was ascertained that new service users had visited the home as part of the admissions process and that they had been given the opportunity of staying for a night.</p> <p>Evidence: Policy document. Discussion.</p> <p>Evidence: Policies. Discussion with registered manager and proprietor.</p>		

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
<p>The inspector examined the files of three service users. All files inspected 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. The proprietor is pro-active in seeking to involve the relatives of service users in issues regarding the delivery of care in the home.</p> <p>Evidence: Service Users' files. Discussion with proprietor and registered manager.</p>		

Individual Needs and Choices

The intended outcomes for the following set of standards are:

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

Standard 6 (6.1 – 6.10)

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

Key findings/Evidence	Standard met?	3
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The inspector saw the files of three service users. All contained individual plans. The home operates a key worker system. The inspector discussed this system with both service users and care workers. Service users could name their key workers and were aware of 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 this only being restricted in accordance with the interests of the service user in accordance with a risk assessment which was retained on file.

Evidence: Service users' files, discussion with registered manager and proprietor.
Discussion with service users.

Standard 7 (7.1 – 7.7)

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

Key findings/Evidence**Standard met?**

3

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 has spoken with that service user during the course of previous inspections, when he/she confirmed agreement with the restriction and gave reasons as to why it was beneficial. Entries in files showed that service users are encouraged to make choices regarding their lifestyles, and although staff had contacted local advocacy groups, they have as yet to find anyone to work with them.

Evidence: Service User Files. Discussion with management.

E

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. House Meetings are held. Minutes of the meetings are available to service users. The minutes show service users are consulted about issues concerning the running of the home. The proprietor also contacts the relatives of service users, at least annually, to invite them to meetings regarding their relatives and also to invite them on functions, such as outings. The home also carries out service user satisfaction surveys and takes action in accordance to responses obtained. The inspection officer saw service users actively involved in meal preparation and other service users spoke about various domestic tasks they undertook around the home.

Evidence: Discussion with service user. Minutes of meetings. Discussion with registered manager and proprietor.

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 the service user's admission to the home. All files inspected contained risk assessments carried out by the home. All contained risk assessments relating to window restraints and, in instances where service users were regarded to be able to self medicate there were risk assessments and a signed statement by the service user concerned. The home has a Missing Person Policy.

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

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

Information regarding service users and individual service users' records were seen to be accurate and up to date. This information was seen to be held securely. The home has a policy on confidentiality. The home's induction programme ensures that confidentiality issues are discussed with new staff within three days of their appointment.

Evidence: Induction programme. Service user records. Discussion with registered manager and proprietor.

Lifestyle

The intended outcomes for the following set of standards are:

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

Standard 11 (11.1 – 11.4)

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

Key findings/Evidence	Standard met?	3
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The home has a separate rehabilitation kitchen. The inspector saw that this was used by service users when making refreshments. During the course of the inspection the inspector saw a member of staff and two service users were making cakes. Service users help choose the menu. The service user was particularly proud of the cake he had produced and from discussion it was apparent that this was a regular activity. Service users are encouraged to take responsibility for their actions. Service users access resources in the community and were seen to be encouraged to live as independently as they are able.

Evidence: Observation. Discussion with service user. Discussion with registered manager and proprietor.

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?	3
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At the time of the inspection no service users were participating in outside employment. Previously, service users have had employment within the community. Certain service users carry out designated domestic jobs around the home for which they receive some financial remuneration. One service user is about to commence a literacy course at a college of Further Education and other service users have previously attended various courses at further education colleges.

Evidence: Discussion with service users. Discussion with registered manager and proprietor.

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?	3
<p>Service users access resources in the community. Five service users attend local churches. Others use local public houses, shops and cafes as well as accessing the more specialist facilities such as the Alexandra Road and Riverside Centres where they engage in different activities, ranging from 'drop-in to gardening. Service users are able to vote. The inspector was informed that the home had good relationships with the local community.</p>		
<p>Evidence: Records. Discussion with service user. Discussion with registered manager and proprietor.</p>		

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?	2
<p>Service users are encouraged to follow their own interests. One service user has a large collection of books and has travelled extensively whilst at St Denys. Another does basket work and one currently collects model fire engines. There are regular group trips out. Minutes from service user meetings demonstrated that service users chose the destinations for such trips out. Within the home barbecues are arranged and social activities such as buffets and playing skittles. Service users do not have a minimum seven day annual holiday funded by the home; however, the destinations for day trips are chosen by service users.</p>		
<p>Evidence: Service User Meeting Minutes. Records. Observation. Discussion with service users. Discussion with registered manager and proprietor.</p>		

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?	3
<p>The service users' guide makes it implicit that visitors are welcome. The home also has a policy regarding visitors. This also includes the right of the management of the home to ban visitors should this be in the interest of service users. A copy of the policy regarding service users' right to have visitors is on display. Service users' relatives are invited on the home's trips out and to social activities within the home. Letters to relatives and advocates invite them to talk with key workers. The proprietor said that service users were free to develop and maintain intimate personal relationships of their choice.</p>		
<p>Evidence: Service user guide. Records. Policies. Discussion with registered manager and proprietor.</p>		

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 inspection 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 his agreement and with the involvement of a psychiatric nurse who was working with the service user. The service user considered that the restriction was in his best interests. The home has two pet cats and minutes of service user meetings showed that service users had been encouraged to take some responsibility for its care. Service users are also encouraged to partake of gardening, cooking and other activities around their home.

Evidence: Observation. Tour of premises. Service user meeting minutes. Discussion with service user. Service Users' Individual Plans.

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. Service users were seen to assist with the preparation of meals. Menus are discussed at service user meetings and on the service users' satisfaction survey.

Evidence: Observation. Menus. Discussion with service users.

Personal and Healthcare Support

The intended outcomes for the following set of standards are:

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

Standard 18 (18.1 – 18.11)

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

Key findings/Evidence	Standard met?	0
<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 encourages service users to go to bed and rise at certain times, however this is in the interests of service users and there is some flexibility. The home operates an effective key worker system, with service users being aware of who their key worker was and what the role of key worker entailed. The homes written guidelines on the role of key worker place an emphasis upon the importance of good communication between the key worker and service user. Reference to the importance of dignity was made with regard to how staff approach issues relating to personal hygiene.</p> <p>Evidence: Service user files. Induction programme. Policies.</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	X
No. of service users with pressure sores at the time of inspection (from information taken from care notes)	0

Key findings/Evidence	Standard met?	0
<p>This Standard was not inspected as part of this inspection. This Standard will be inspected as part of the next inspection.</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?**

0

This Standard was not inspected as part of this inspection. This Standard will be inspected as part of the next inspection.

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?**

0

This Standard was inspected as part of the announced inspection of 12th. January 2004. At that time it was assessed as meeting the requirements of the National Minimum Standards. This Standard will be inspected at the next inspection.

Concerns, Complaints and Protection

The intended outcomes for the following set of standards are:

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

Standard 22 (22.1 – 22.7)

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

No. of complaints made to the home during last 12 months	<input type="text" value="0"/>
No. of these complaints fully substantiated	<input type="text" value="0"/>
No. of these complaints partly substantiated	<input type="text" value="0"/>
No. of these complaints not substantiated	<input type="text" value="0"/>
No. of these complaints not yet resolved	<input type="text" value="0"/>
No. of complaints sent direct to CSCI	<input type="text" value="0"/>
Percentage of complaints responded to within 28 days	<input type="text" value="0"/> %

Key findings/Evidence	Standard met?	3
<p>The home has a complaints procedure. A copy is displayed in the lounge of the home. There is also a complaints book in the lounge in which service users can write down any complaints or concerns they have. There were no entries in this book at the time of the inspection.</p> <p>Evidence: Observation. Complaints Procedure Document.</p>		

Standard 23 (23.1 – 23. 6)

The registered person ensures that service users are safeguarded from physical, financial or material, psychological or sexual abuse, neglect, discriminatory abuse or self harm, or inhuman or degrading treatment, through deliberate intent, negligence or ignorance, in accordance with written policy.

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

YES

No of staff referred for inclusion on POCA/POVA lists

0

Key findings/Evidence

Standard met?

3

The home has a policy for the protection of vulnerable adults. The home has a Whistle Blowing policy. The home has a copy of the 'No Secrets' training video. This is also given to staff to allow them to watch it at home. The registered manager is aware of the POVA list and that staff regarded as unsuitable to work with vulnerable adults should have their names put forward for consideration for inclusion on this register.

Evidence: Policy documents. Discussion with registered manager.

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?	3
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The home's situation gives service users easy access to the facilities of Barnstaple. The property is indistinguishable from other residential properties in the area. From observation it was evident that the home has ongoing refurbishment and redecoration in progress. The home does not use CCTV cameras. The home was seen to have an acceptable level of hygiene and cleanliness and was free from odours. All areas of the home are accessible to current service users. Furnishings are domestic in size and style.

Evidence: Tour of premises

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

All service users are offered the option of a single room. All current service users are in single occupancy bedrooms. There is one bedroom, which, whilst having an ensuite facility has below 10 square meters of floor space. The service user who occupies this room has informed the inspector that he prefers small rooms and is very content to continue having this room as his own. This service user does not like change and would find the upheaval of enlarging this room distressing. The home has a room which is registered for double occupancy, however this is only occupied by one service user and there is no intention of it being used for shared occupancy unless this is in accordance with the wishes of service users. The home's Statement of Purpose has been amended to show the size of bedrooms.

Evidence: Tour of premises. Discussion with registered manager.

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?	3
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On this inspection not all bedrooms were inspected. One service user took the inspector around the home and showed the inspector his room. This was personalised to reflect his individual preferences. All bedroom doors were lockable and service users had their own keys. On the day of the inspection, several service users, whether on the premises or not, were seen to have chosen to keep their bedroom doors locked. Service users' files showed that all service users had been risk assessed to see whether they required window restraints being installed to their bedroom windows.

Evidence: Tour of premises. Discussion with service user.

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?	3
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Four of the bedrooms have a wc ensuite facility. Elsewhere in the home there is a shower and wc facility and two bathrooms with wcs. With the current number of service users being 12 and four bedrooms having an ensuite facility, no more than three people are sharing a toilet facility. All bedrooms had a wash hand basin. Bathrooms are shared by four people. Toilets and bathrooms were seen to be lockable.

Evidence: Tour of premises.

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?	3
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To the rear of the property is an enclosed courtyard area. This incorporates a water feature, flowerbeds and a paved area with seating and tables. This is accessible to all service users and is used as a quiet recreational area. The home has two kitchen facilities, both of which are accessible to service users. And were seen to be used by service users, when making beverages or assisting with the preparation of food. The laundry is situated in a separate room, across a smaller courtyard. Both kitchen and laundry facilities were seen to be domestic in scale and style. Smoking is allowed in the conservatory area of the home and service users were seen to use this facility. Internally the home has a separate dining room and a separate lounge. A member of staff who is resident on the premises provides sleep-in cover.

Evidence: Tour of premises. Observation.

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.

Standard 30 (30.1 – 30.9)

The premises are kept clean, hygienic and free from offensive odours throughout and systems are in place to control the spread of infection, in accordance with relevant legislation, published professional guidance and the purpose of the home.

Key findings/Evidence**Standard met?**

0

This Standard was not inspected during this inspection. This Standard will be inspected at the next inspection.

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?	0
This Standard was not inspected as part of this inspection. It will be inspected during the next inspection.		

Standard 32 (32.1 – 32.6)

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

Key findings/Evidence	Standard met?	3
Staff were seen to communicate and interact well with service users. At the time of the inspection one member of staff had an NVQ 2 qualification and three further staff are about to commence NVQ 2 training which they anticipate completing by 2005. This will mean that the home should achieve the level of trained staff required by the National Minimum Standards. Evidence: Discussion with the registered manager Observation.		

Standard 33 (33.1 – 33.11)

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

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

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

Key findings/Evidence

Standard met?

3

The rotas demonstrated that at all times there are at least two staff on duty. There are no staff under 18 years of age. No staff under 21 years of age are left in charge of the home. Minutes of staff meetings demonstrated that these take place approximately every two months. Entries on files showed that specialist advice was sought when service users' needs required it. The home does not employ domestic or catering staff as staff assist and enable service users to accomplish these tasks.

Evidence: Staff rotas. Discussion with registered manager. Records. Staff meeting minutes.

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?**

1

The inspector looked at the files of three staff members. Two files were seen to contain two references and CRB checks and other information as required by regulations. The file of a recently employed member of staff contained one reference and the return of the CRB form was awaited. Whilst it is atypical that two references are not received by this home, such information should be obtained in accordance with Regulation 17 (2) Schedule 4. Staff files contained statements of terms and conditions. The registered manager is aware of POVA checks.

Evidence: Staff Files. Discussion with registered manager and proprietor.

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 the most recently appointed member of staff was inspected. It was seen that she had undergone an induction programme commencing immediately at the start of her employment. 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 was lead by a trainer who has epilepsy. Staff evaluation of each training session is sought by the proprietor. The proprietor explained that the home's induction is based on TOPSS requirements but that he has tailored it to meet the specific needs of staff employed at St. Denys.

Evidence: Staff files. Induction programme. Discussion with registered manager and 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?**

3

The home has a written supervision policy. This states that staff are to be supervised every two months. The proprietor supervises some staff and also runs a mentor system in tandem with this. Supervision topics included, relationship with residents, workload, relationships with staff and educational needs. Supervision sessions are recorded with such records retained on staff files.

Evidence: Staff files. Discussion with registered manager

Conduct and Management of the Home

The intended outcomes for the following set of standards are:

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

Standard 37 (37.1 – 37.4)

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

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

NO

Key findings/Evidence	Standard met?	3
<p>The manager has worked at St. Denys since 1993. Since 1997 she has managed this home with this client group. She is currently on NVQ 4 training and is also doing the Registered Managers Award. She anticipates completion of both qualifications by the end of 2004.</p> <p>Evidence: discussion with registered manager.</p>		

Standard 38 (38.1 – 38.6)

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

Key findings/Evidence	Standard met?	0
<p>This Standard was not inspected during this inspection. It will be inspected as part of the next inspection.</p>		

Standard 39 (39.1 – 39.10) Effective quality assurance and quality monitoring systems, based on seeking the views of service users, are in place to measure success in achieving the aims, objectives and statement of purpose of the home.		
Key findings/Evidence	Standard met?	3
<p>The inspector was shown letters sent by the proprietor to each service user asking them what improvements they would like to see in their bedroom accommodation. The letters were phrased in a user friendly manner and in accordance with responses some rooms were recarpetted, bigger wardrobes obtained and shelves scheduled to be installed. The home also has a format for an internal audit which was last undertaken during February 2003. The proprietor and manager are pro active in trying to obtain the views of service users' relatives and advocates and to involve them in activities and events at the home.</p> <p>Evidence: Records. Service user questionnaire. Discussion with registered manager.</p>		

Standards 40 (40.1 – 40.6) The home's written policies and procedures comply with current legislation and recognised professional standards, covering the topics set out in Appendix 2 of the National Minimum Standards for Adults (18-65).		
Key findings/Evidence	Standard met?	3
<p>The home has policies in accordance with those required and set out in Appendix 3.</p> <p>Evidence: Information supplied by registered manager in pre inspection questionnaire. Inspection of policies</p>		

Standard 41 (41.1 – 41.3) Records required by regulation for the protection of service users and for the effective and efficient running of the business are maintained, up to date and accurate.		
Key findings/Evidence	Standard met ?	0
<p>This Standard was not inspected during this inspection. This Standard will be inspected as part of the next inspection.</p>		

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?**

0

This Standard was not inspected during this inspection. This Standard will be inspected as part of the next inspection.

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 which has been discussed with service users has been placed on the notice board. The proprietor informed the inspector on the last inspection that the home was financially viable and supplied a letter submitted by the joint owner, who is also the home's accountant, to confirm this

Evidence: Responses to questionnaire. Letter from proprietor.

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

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Lead Inspector

Signature

Second Inspector

Signature

Locality Manager

Signature

Date

Public reports

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

PART D

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

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

We would welcome comments on the content of this report relating to the Inspection conducted on 21st June 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

Action taken by the CSCI in response to provider comments:

Amendments to the report were necessary	<input type="checkbox"/> YES
Comments were received from the provider	<input type="checkbox"/> YES
Provider comments/factual amendments were incorporated into the final inspection report	<input type="checkbox"/> NO
Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate	<input type="checkbox"/> YES

Note:

In instances where there is a major difference of view between the Inspector and the Registered Provider both views will be made available on request to the Area Office.

D.2 Please provide the Commission with a written Action Plan by 23rd July 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	<input type="checkbox"/> YES
Action plan was received at the point of publication	<input type="checkbox"/> YES
Action plan covers all the statutory requirements in a timely fashion	<input type="checkbox"/> YES
Action plan did not cover all the statutory requirements and required further discussion	<input type="checkbox"/> NO
Provider has declined to provide an action plan	<input type="checkbox"/> NO
Other: <enter details here>	<input type="checkbox"/> NO

D.3 PROVIDER'S AGREEMENT

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

D.3.1 I _____ of St Denys confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the requirements made and will seek to comply with these.

Print Name _____
Signature _____
Designation _____
Date _____

Or

D.3.2 I _____ of St Denys am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:

Print Name _____
Signature _____
Designation _____
Date _____

Note: In instance where there is a profound difference of view between the Inspector and the Registered Provider both views will be reported. Please attach any extra pages, as applicable.