



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Harefield Nursing Centre

Hill End Road
Harefield
Middlesex
UB9 6UX

Lead Inspector
Mrs Rekha Bhardwa

Key Unannounced Inspection
16th February 2009 10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Harefield Nursing Centre
Address	Hill End Road Harefield Middlesex UB9 6UX
Telephone number	01895 825 750
Fax number	01895 825 760
Email address	
Provider Web address	www.bupa.co.uk
Name of registered provider(s)/company (if applicable)	BUPA Care Homes (ANS) Ltd
Name of registered manager (if applicable)	
Type of registration	Care Home
No. of places registered (if applicable)	40
Category(ies) of registration, with number of places	Dementia (13), Old age, not falling within any other category (0)

SERVICE INFORMATION

Conditions of registration:

1. 40 ELDERLY FRAIL NURSING
2. MINIMUM STAFFING NOTICE
3. One service user, date of birth 16th August 1945 can be accommodated at the home, as agreed on 2nd April 2004.

Date of last inspection 25th June 2007

Brief Description of the Service:

The Harefield Nursing Centre is a purpose built home to accommodate 40 residents. It is situated in a semi-rural setting close to Harefield Hospital and Harefield Village and is served by public transport. The home was built in 1995 and all bedrooms are single occupancy with en suite facilities. The home consists of two floors with a lift. The first floor houses the kitchen, laundry and staff facilities and the ground floor is the living area for the residents. The home also has a 13-bedded unit for residents living with the experience of dementia. The 27-bedded unit provides general nursing care. The gardens are well maintained. Public transport in the form of bus services is available in Harefield village and there are shops available in the village also. The fees charged range from £603 to £950.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is 2 star. This means the people who use this service experience good quality outcomes.

This was an unannounced inspection carried out as part of the regulatory process. A total of 18 hours was spent on the inspection process, and was carried out by 2 Inspectors. We carried out a tour of the home, and service user plans, medication records & management, staff rosters, staff records, financial & administration records and maintenance & servicing records were viewed. 12 residents, 10 staff and 4 visitors were spoken with as part of the inspection process. The pre-inspection Annual Quality Assurance Assessment (AQAA) document completed by the home, plus comment cards from residents and staff have also been used to inform this report. It must be noted that it is sometimes difficult to ascertain the views of residents with dementia care needs.

What the service does well:

The home is being effectively managed and the Manager provides clear leadership throughout the home. Information about the home is freely available. Prospective residents are fully assessed prior to admission to ensure the home can meet their needs. Teamwork amongst the staff is good. Staff care for residents in a gentle, courteous and professional manner, respecting their privacy and dignity. There is an excellent activity provision in the home, tailored to meet the needs of all residents. Information about advocacy services is available. The home has an open visiting policy and visiting is encouraged. There is a good quality food provision in the home, with choices available and programmes in place for residents identified with additional nutritional care needs. Complaints are well managed and there are clear systems in place for the management of any adult protection issues. The environment is being well maintained with an ongoing redecoration programme. The home is appropriately staffed to meet the residents needs, and there is evidence of ongoing review to keep staffing in line with residents dependencies. There is a good training provision to include specialist needs. Over 50% of care staff are qualified to NVQ level 2 in care or the equivalent with further training planned.. Staff recruitment practices are robust and adhered to. Systems for quality assurance are good, with auditing processes in place. Residents monies are being well managed.

Comments received from residents and their representatives were very positive and commended the home and staff for the standards of care provision.

What has improved since the last inspection?

Action has been taken to better control the temperature in the clinic room, however the fan system needs to be left running at all times, plus the Manager said that she is looking into the possibility of a more efficient system to address this issue. Bathing provision had been reviewed and bathing facilities had been renewed to meet the needs of the residents.

What they could do better:

Some shortfalls have been identified in the management of medications and these must be addressed promptly. Residents and representatives' wishes in respect of end of life care are not always being fully recorded. Although overall health & safety is being managed at the home, the Manager has identified that some staff are not up to date with aspects of health & safety training. Also, although we have been informed that the fire risk assessment has been updated in the last 12 months, there was no evidence of this available in the home.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

1 & 3. Quality in this outcome area is **good**. The home does not provide intermediate care.

This judgement has been made using available evidence including a visit to this service.

Residents and their representatives are provided with the information they need to make an informed choice about the home.

Residents are fully assessed prior to admission to the home, to ascertain that the home is able to meet their needs.

EVIDENCE:

The home has a Statement of Purpose and Service User Guide. Both documents were in the process of being updated. Copies are available in the main entrance of the home and are given out to anyone interested in an admission to the home.

The home has a pre-admission assessment that is carried out for all routine admissions to the home. These were seen in some of the service user plan documentation viewed and were comprehensive, giving a clear picture of the resident and their needs. Copies of Social Services and Primary Care Trust assessments, plus hospital discharge information were also available. In addition to this the resident is reassessed upon admission to the home to ascertain if any new needs have been identified.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9, 10 & 11. Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The service user plans are well completed and maintained up to date, thus giving a good picture of the residents needs and how these are to be met. Staff care for the residents in a gentle, courteous and professional manner, thus respecting their privacy and dignity. Although medications are generally being well managed, shortfalls in administration and recording place residents at risk. Some shortfalls in identifying end of life care needs place residents at risk of not having their needs fully met.

EVIDENCE:

Since the last inspection the home has introduced BUPA's QUEST care planning documentation. Service user plans were sampled on each unit. Overall these were comprehensive and up to date, giving a clear picture of the residents needs and how these are to be met. Individual likes, dislikes and preferences had been clearly recorded. There was evidence of monthly updates and also of new care plans being formulated for newly identified needs. Risk assessments for falls had been completed. There was some evidence of input from residents

and/or their representatives into the service user plans. It was clear from speaking with relatives and visitors at the home that they are involved in the residents care but this needed to be better recorded. Some care plans had not been signed by the nurse completing the care plan. Daily records were clear and detailed the care being provided. Care staff also record the actual care that they have provided during the course of the day.

Documentation for wound care was comprehensive. Some of the old documentation, which had been superseded, needed to be archived and this was discussed with the registered nurses. We recommended that where wounds had been identified on admission to the home from hospital that this is clearly documented on the wound photographs. Pain assessments were available. Assessments for skin care, continence, nutrition and moving & handling were complete, and care plans had been formulated where needs were identified. Moving and handling assessments and mobility care plans clearly identified all equipment to be used in respect of moving and handling. Nutritional assessments had been carried out. Residents are weighed monthly and more often if a problem is identified. Where a resident refuses to be weighed this is clearly recorded. Risk assessments for the use of bedrails were in place and apart from one instance signed consents were available. The Manager has since confirmed that this has been addressed.

There was evidence of input from healthcare professionals to include GP, physiotherapist, tissue viability nurse, podiatrist, dentist, optician and palliative care nurse.

We viewed medication management at the home. The home uses the NOMAD system for medication management. A list of staff signatures was available. Liquid medications, insulin pens and boxed medication had been dated when opened. Receipts and disposals had been recorded along with any stock balances that had been carried forward. For 1 resident there was a discrepancy in the administration of one medication and the Manager said that this would be appropriately investigated. There was evidence of review of medication by the prescribers and good practices of keeping the original prescription and discharge letters and dosage changes with the Medication Administration Record (MAR) for evidence.

We found that there were inconsistencies in the use of codes for medications that had been refused or omitted. In some instances there was a clear explanation on the reverse of the MAR in other instances there was no explanation as to why medication had been omitted. Medication audits were being undertaken however the audit documentation only recorded if a section had been met or not met, and did not allow for shortfalls to be individually identified. The Manager has since confirmed that BUPA had identified this issue and a more thorough audit tool is now being piloted.

Minimum, maximum and actual fridge temperatures plus clinic room temperatures were being recorded daily. Following the last inspection a water-cooled fan system had been purchased for use in the clinic room. Room temperatures were still sometimes above the safe level of 25° centigrade and the fan unit available did not appear adequate to keep the temperature under control. The Manager is therefore making enquiries as to what systems could be more appropriate for use in the clinic room environment. It is acknowledged that action was taken to address the requirement in the last report, however the system is not currently robust enough.

Entries in the controlled drugs register viewed were completed, however some staff were signing using initials only, and both staff must use a full signature. Controlled drugs were being appropriately stored. For one resident on a medication administered via a patch application, it was found that the patch was at times being changed before the prescribed timescale, which, although not detrimental to health, meant that the medication was not being managed in line with the administration instructions. Stocks were checked for three medications and found to be accurate. Where residents required their medication to be crushed the consent of the GP had been sought and clearly recorded. As good practice the resident and their representatives should be involved in such matters. Correct lancing devices were in use for blood glucose monitoring. For diabetic residents there were care plans in place with evidence of regular blood glucose monitoring.

Staff were seen caring for residents in a gentle, friendly and professional manner, respecting their privacy and dignity. Residents spoken with expressed their satisfaction with the care provided at the home, and praised the staff for their hard work, dedication and very caring attitudes. There was a cheerful and content atmosphere throughout the home. Residents clothing was appropriately and discreetly identified, and residents were dressed to reflect individuality. Bedrooms viewed were personalised and homely, and residents can have their own telephones, either land line or mobile. Residents are encouraged to bring in personal items in accordance with fire safety requirements.

The service user plans viewed did contain some information regarding the wishes of residents and their families in respect of end of life care. Some of this information was quite general, although in some cases it was clear that this subject had been discussed and more personalised information obtained in respect of the individual. The resuscitation status was not always known and the importance of ascertaining and recording the full wishes of each resident and their families in respect of their end of life care, in order that these can be respected, was discussed. Where a resident and their family are not yet ready to discuss this, then this should be recorded. The Manager said that the home has weekly visits from the palliative care nurse and that work is ongoing to improve the standard of documentation in this area. The Area Manager

confirmed that BUPA would be introducing the Liverpool Care Pathway at the home.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14 & 15. Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The activity provision for the home is good and varied, meeting the interests and abilities of the residents, thus ensuring their individual wishes are respected. The home has an open visiting policy, thus encouraging residents to maintain contact with family and friends. Advocacy arrangements are in place, thus ensuring the residents rights, choices and opinions are heard and respected. The food provision in the home is of a high standard, offering variety and choice, to meet the resident's individual needs and preferences. .

EVIDENCE:

The home has a full time activities co-ordinator who is very experienced in the management and provision of activities to meet the interests of each resident. There is also a part-time activities assistant who has arts and crafts skills to provide in-house classes and who also assists the activities co-ordinator. There is a weekly activities programme, plus an annual programme of special events recognising festivals and other significant days. Care plans were in place for social and leisure activities, a 'map of life' recording the life history of each resident and a daily activities diary is kept for each resident. The activities co-ordinator has access to the 'Jumbalance', which provides purpose built transportation to meet the needs of the residents, and enables them to go on

several trips out during the year. The money raised by fund-raising activities undertaken by the home is matched by BUPA, and there was evidence of such activities taking place. The activities-co-ordinator takes part in fund raising events to raise additional funds for activities. A photographic diary is kept of each event that takes place and it was clear that residents enjoy the activities provided, whilst their choice whether or not to join in is respected. It was clear from speaking with residents and their representatives that there is always some form of activity taking place, and staff view activities as part of the daily life of the home. Staff were seen reading with residents and lively discussions about current events and how they related to residents lives were taking place.

The home has an open visiting policy and visiting is encouraged. Visitors spoken with said that they are always made welcome at the home and are offered refreshments. The home has a security code for the front door, and the Manager said that as the home gets to know each visitor, they then provide the individual with the entry code. Residents can receive visitors in one of the communal rooms or in the privacy of their own room, as they so wish.

Information about advocacy services is displayed in the foyer, to include Age Concern and various services offering financial advice in respect of care provision. The administrator confirmed that all residents currently have a representative.

We viewed the kitchen and the area was clean and tidy, and the records were up to date. The home has recently gained 5 Stars from the Food Safety Agency for their 'Scores on Doors' scheme, indicating an excellent standard of kitchen management. The menus viewed offer a choice of meals and additional alternatives are also offered. Residents spoken with confirmed that they are always offered a choice and if they do not want anything that is on the menu the chef is always very happy to provide something different. The kitchen assistant said that the chef encourages him to assist with the catering, and he is able to provide some of the meals to meet residents' cultural needs, for example, curries. Residents expressed their satisfaction with the food provision at the home. The lunchtime meal was observed and there was a good system in place to hand out the meals and staff were available to help residents who needed assistance. We sampled the lunchtime meal and it was well presented and tasty. Due to a delivery problem, there had been a change to the lunchtime main option, however the chef had spoken with each resident to explain the changes and ensured each resident received a meal that they would enjoy.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17. Service users' legal rights are protected.
- 18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

16 & 18. Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

There are robust systems in place for the management of complaints and for adult protection concerns, thus safeguarding residents.

EVIDENCE:

The home has a clear complaints procedure and this is on display throughout the home and copies are also available in the Statement of Purpose and Service User Guide. The home had not received any complaints since the new Manager started in post. The Manager said that two issues had been brought to her attention and she had dealt promptly with these. BUPA have 3 monthly audits for complaints and compliments.

BUPA has safeguarding policies and procedures in place and the home also follows the Hillingdon Safeguarding Adults procedures. There has been one safeguarding adults issue identified and this has been investigated and due process was being followed at the time of the inspection. We discussed the fact that should there be any incidents that occur that could be identified as having a safeguarding adults element, then it is to be discussed with the Safeguarding Adults team for Hillingdon. The Manager was clear on the Hillingdon procedures and said that she would ensure all incidents are reported appropriately. Staff spoken with were clear to report any concerns and understood Whistle Blowing procedures. Several staff had received training in safeguarding adults, with more training to be arranged.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

19 and 26. Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The home is well maintained, thus providing a good quality clean, safe and homely environment for residents to live in. Clear infection control procedures are in place and being adhered to, thus safeguarding residents.

EVIDENCE:

We carried out a tour of the home. The home is being well maintained and there was evidence of bedrooms being redecorated. Some new furnishings had been purchased and overall the home looked welcoming and homely.

We viewed the laundry facilities and these were clean and tidy. There are 2 washing machines with wash programmes for infection control. There are 2 tumble dryers. Infection control and good practice information posters were on display in the laundry. Residents looked well dressed and comment was received that clothing is well cared for and returned within 24 hours in good condition. Infection control procedures are in place and are being followed.

Protective clothing to include gloves and aprons are available in the home and were seen being used appropriately. BUPA has a distance learning training programme for infection control. The home was clean and fresh throughout.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29 & 30. Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The home is appropriately staffed and staffing levels are kept under review, thus ensuring that the needs of the residents can be met at all times. Systems for vetting and recruitment practices are in place, thus safeguarding residents. Training provision in the home is good and shortfalls identified by the Manager are being addressed to ensure that the staff have the skills and knowledge to meet the residents needs.

EVIDENCE:

At the time of inspection the home was appropriately staffed to meet the needs of the residents. Some comments were received regarding the fact that on occasion the home is short staffed. The Manager said that she had identified this and had started a recruitment drive in November 2008 that had led to several full time and bank staff being employed. She said that the only time shortages occur currently is if someone rings in sick at very short notice and it is not possible to get cover. Residents commented that even when the home is sometimes short staffed, they continue to receive a good standard of care, however busy the staff may be. Staff are provided to accompany residents to hospital appointments and the Manager said that she does base staffing levels on residents assessed dependency levels. There were sufficient ancillary staff to meet the needs of the home.

The updated AQAA evidenced that 50% of the care staff are qualified to NVQ in care level 2 or 3 and several more staff are currently undertaking this training.

We viewed 3 sets of staff employment records. With the exception of a photograph the records contained the information required under Schedule 2 of the Care Home Regulations 2001. The administrator has since confirmed that the photograph had been found.

BUPA has an induction training that is undertaken by all new care staff and the deputy manager is the mentor for this training. The Manager said that each new member of staff is supernumerary for a certain number of shifts, and the actual number depends on individual, so that each person is trained appropriately to carry out their job effectively. A training programme had been booked for the registered nurses and senior carers to include tissue viability, male catheterisation and venepuncture. HACCP training had been arranged for the chefs. The Manager said that the registered nurses would be attending Palliative Care Awareness conferences throughout the year. Several areas of training are done via 'distance learning' courses, to include infection control, nutrition and food hygiene. Some staff have received training in dementia care, with the need for further training and updates being planned for.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 33, 35 & 38. Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The management approach of the home creates an open, positive and inclusive atmosphere. Systems for quality assurance are in place, thus providing an effective ongoing process of procedure and practice review. Residents' monies are well managed and securely stored. Systems for the management of health and safety throughout the home are good, thus safeguarding residents, staff and visitors.

EVIDENCE:

The Manager is a first level registered mental health nurse. She has experience in care of the elderly and also in the care of people with a diagnosis of dementia. The Manager was a Team Leader for 5 years in community and hospital patient care. She then spent 2 years managing a mental health unit.

The Manager has a Diploma in Leadership and Management and is due to commence a Diploma in Older Peoples Care in March 2009. She is also intending to do an update in dementia care. The Manager has an open approach to her role and residents, staff and visitors spoken with said that the Manager is approachable and supportive, and deals with any queries promptly.

BUPA has a system in place for quality assurance. This includes several auditing processes for various areas of the home to include medications, care planning, complaints & compliments, fire safety, health & safety and the environment. There was evidence of staff meetings taking place and minutes are taken. The Manager said that she is reviewing the meeting arrangements to ensure all staff have an overall knowledge of what is going on in the home in various departments. The Manager has arranged a 'friends and family' meeting for relatives and residents in the near future and will thereafter arrange these at intervals in accordance with the wishes of attendees. Regulation 26 unannounced inspections on behalf of the Registered Person are carried out monthly and reports are available.

The home has computerised records for the management of residents personal monies. All income and expenditure is recorded plus monthly interest is allocated to each persons account. The administrator said that an invoice of income and expenditure is sent out monthly to each residents appointee and if more money is required then it is requested at this time. Receipts are obtained for all expenditure, and are also given for any monies received on behalf of residents.

We sampled maintenance and servicing records and those viewed were up to date. There was evidence of fire drills being carried out 6 monthly, in accordance with fire safety guidance, and records being kept. We discussed the importance of ensuring that all staff are involved in fire drills a minimum of 6 monthly and the Manager was aware of this. The Manager has done a thorough review of the staff training matrix and had identified several areas where staff training was not up to date. To address this, she is accessing 'trainers' training for some staff, who will then have the skills and knowledge to provide training and updates for all staff. On the day of inspection 2 staff were attending Fire Marshall training in order to then carry out training and updates in the home for all staff. A timescale of April 2009 was agreed for all staff to complete health & safety training and updates. New staff undertake training in health & safety topics. Risk assessments for equipment and safe working practices had been carried out and were in the process of being updated, and copies of those relevant to the kitchen were seen. The housekeeper explained that the laundry risk assessments were some of those in the process of being updated. The fire risk assessment has been completed and a copy is to be forwarded to the home from BUPA head Office. The Manager said that BUPA had carried out a fire safety review in December 2008 and this had led to new smoke detectors, a new fire panel and new door closure devices being fitted. The home had received a recent inspection from the Fire Safety Officer and the Manager

reported that no issues had been identified. Regulation 37 notifications are sent to CSCI in line with the current guidance. No health & safety issues were identified during the tour of the home.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. 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)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	3
2	X
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	2
10	4
11	2

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	4
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	3
36	X
37	X
38	2

Are there any outstanding requirements from the last inspection? NO

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP9	13(2)	Further action must be taken to ensure that the system in place to maintain the temperature in the clinic room at below 25° centigrade is fit for purpose.	01/04/09
2.	OP9	13(2)	Medication must be administered as prescribed to ensure that residents receive their medication at the prescribed times.	20/02/09
3.	OP9	13(2)	Where a medication is omitted for any reason, the correct coding must be used. There must be additional relevant information available where a code requires a written reason to be added to explain the reason for omission.	20/02/09
4.	OP11	12	Full information regarding the wishes of residents and their families in respect of end of life care must be ascertained and recorded, so that these wishes can be respected. Where decisions have not yet been made, this must be clear in the residents care plan so that staff take appropriate action in the event of health deterioration.	01/04/09

5.	OP38	18	All staff must receive training and updates in health & safety topics at the required intervals in line with current health & safety legislation and guidance.	01/04/09
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RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP7	All service user plan documentation should be signed and dated in line with the Nursing & Midwifery Council guidance.
2.	OP9	Staff should ensure they sign the controlled drugs register in full.

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