



Making Social Care
Better for People

inspection report

Care Home For Older People

Forest Place Nursing Home

Roebuck Lane

Buckhurst Hill

Essex

IG9 5QN

Unannounced Inspection

Wednesday 9th March 2005

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

Forest Place Nursing Home

Tel No:

0208 5052063

Address

Roebuck Lane, Buckhurst Hill, Essex, IG9 5QN

Fax No:

0208 559 0193

Email address

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

Martlane Limited

Name of registered manager (if applicable)

Mrs Kanagathevi Obeyesekere

Type of registration

No. of places registered (if applicable)

Care Home

72

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

Dementia - over 65 years of age (30), Learning disability (1), Physical disability over 65 years of age (41)

Registration number

I050000753

Date first registered

30th July 2002

Date of latest registration certificate

4th November 2004

Was the home registered under the Registered Homes Act 1984?

YES

Do additional conditions of registration apply ?

YES

If Yes refer to Part C

Date of last inspection

21/10/04

Date of inspection visit		9th March 2005	ID Code
Time of inspection visit		09:00 am	
Name of inspector	1	Lysette Butler	090991
Name of inspector	2		
Name of specialist (e.g. Interpreter/Signer) (if applicable)		NA	
Name of establishment representative at the time of inspection		Mrs Kanagathevi Obeyesekere, Registered Manager	

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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.

This document summarises the inspection findings of the CSCI in respect of Forest Place Nursing Home.

The inspection findings relate to the National Minimum Standards (NMS) for Care Homes for Older People 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
- Provider's 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 report is based on the findings of the specified inspection dates.

BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

Forest Place is a two-storey building with attractive grounds to the side and rear. There is an extension to the rear of the home. All rooms were a good size and are of various shapes/layout's. The home is divided into three distinct units, Kingfisher, Maple and Beech. Kingfisher is the dementia unit.

It is located within 1 mile of the local shopping centre, railway and underground. There is a bus route that goes past the home and Buckhurst Hill is close to main roads and motorways. Forest Place provides nursing care to older persons with physical illness/disability, older persons with dementia and one person with a learning disability.

PART A SUMMARY OF INSPECTION FINDINGS

INSPECTOR'S SUMMARY

(This is an overview of the inspector's findings, which includes good practice, quality issues, areas to be addressed or developed and any other concerns.)

This inspection took place on one day in March 2005. Twenty-two of the thirty-eight National Minimum Standards were inspected during this visit. All the National Minimum Standards were assessed at the two statutory inspections for the year 2004/5. Information on any standards not assessed at this unannounced inspection can be found in the report dated 20th October 2004. *It was found that many of the standards had been met or partially met.* During this visit the inspector undertook a complaint investigation, which took a considerable amount of the inspection time reducing the number of standards inspected during this inspection. To protect the anonymity of the service user concerned in this complaint, the issues arising from it, that were upheld, have been included in the requirements and recommendations section of this report.

The overall care and well being of the service users was good in the home; service users, visitors and staff were welcoming and happy to speak to the inspector.

During this visit the inspector spoke to nine service users; three relatives/significant others; eleven staff members including the registered manager and floor manager; one of the part-time cooks and one of the kitchen assistants; one of the activities coordinators; the administrator; one of the financial staff; and one of the home's directors. Eleven service user and two relatives survey forms, which had been given out at the time of this inspection, were returned to the inspector. All service users spoken to expressed satisfaction with the care they received and with the quality of the food offered.

Choice of Home (Standards 1-6)

4 of these 6 standards were inspected and all were met.

The service user contract was clear and contained all the elements required by the standards. The needs assessment form used by the staff to assess service users for admission was very detailed and easy to use. It contained an overall summary assessment and comments regarding each section of the assessment. The registered manager or one of the floor managers, who then discussed the needs of the service users and whether the home could care for those needs, carried out all assessments. The manager and floor managers were all Registered Nurses.

The home offered a wide range of placements for service users and staff were trained in relation to the needs of the different service users. A significant proportion of the staff had attended dementia courses.

All service users were offered trial visits however the take up of this offer was quiet low. The trial visits varied between one half day and stays of up to three days. A number of service users remain resident at the home after they have had a respite stay, as long as the home can offer the care they need. This home does not accept emergency admissions.

Health and Personal Care (Standards 7-11)

2 of these 5 standards were inspected and were both met.

All indicators examined during this inspection suggested that the service users health and personal care needs were well catered for. Only one care plan was reviewed during this inspection as part of the complaint investigation.

Service users spoken to all stated that the staff were approachable, helpful and they respected service user privacy in all aspects of care. Staff were observed during this inspection to treat the service users with dignity whilst maintaining their privacy. All service users were dressed in well laundered, age appropriate clothing. The preferred name of the service user, their wishes concerning personal mail and telephone procedures are documented within the care plans.

Policies & procedures regarding care of the dying were good. Staff spoken to were clear about the needs of service users who required palliative care. The manager and one of the Registered Nurses have a certificate in care of the dying. The manager is planning to send further staff on this course in the future. All staff attend a short course on bereavement, delivered by a local undertakers. The home also has close links with the local Macmillan Nurses for the care of the service users and to enable consultation on the policies & procedures of the home. Service users can be moved to different units of the home dependent on the primary needs of the individual service users.

Daily Life and Social Activities (Standards 12-15)

All of these 4 standards were inspected and 3 were met.

At the time of this inspection the activities offered for service users on the dementia unit were still limited. A new full time activities coordinator had been appointed but had only been in post of a couple of weeks on the day of inspection. The inspector spoke to the new coordinator who showed imagination in what activities she was planning to offer. Care assistants were still involved with day-to-day activities. The inspector discussed the need for the new coordinator to attend a dedicated dementia care activities course, with the manager. There were no restrictions on visiting and service users could entertain their visitors wherever they wished. At the time of this inspection no service users had requested any restrictions on who were allowed to visit them.

As a result of the complaint investigation undertaken during this inspection it was suggested that the service user concerned should have access to an advocate. (The service users' representative, following this inspection, arranged this.) Rooms throughout the home were personalised.

Since the last inspection a new food supplier had been engaged by the home. The cook spoken to stated that they were much happier with this supplier and that the problems observed at the last inspection had been improved. A dietician had also reviewed nutrition at the home. Staff and service users spoken to stated that the food was generally very good and that the choice had improved. Regular 'top-up' of food supplies were no longer necessary. At least one fresh vegetable was now served daily, with frequently all vegetables being fresh. The dining areas were relaxed during the lunchtime meal and service users who needed help were appropriately treated and all service users observed were helped respectfully.

Complaints and Protection (Standards 16-18)

All of these 3 standards were inspected and 2 were met.

The complaints policies & procedures with in this home were good, however documentation of the stages of investigation by the home needed improvement. The registered manager tended to deal with complaints verbally without written follow up. The inspector and manager discussed the need for keeping complainants informed of progress in writing.

The home tried to ensure service users legal rights were protected by recognising that they needed access to legal representation and entering all their names on the electoral register. Advocacy services were advertised within the home. A key worker and named nurse system was in use through out the home to help the service users make personal choices about

their care and day to day lives.

The home has good Protection of Vulnerable Adults policies & procedures. There had been no referrals to the social services Protection of Vulnerable Adults service since the last inspection. There was a copy of the 'No Secrets' document kept in the manager's office. Staff were issued with a copy of the Essex Protection of Vulnerable Adults booklet on starting work with the home.

Environment (Standards 19-26)

4 of these 8 standards were inspected and 3 were met.

The general cleanliness and there were no malodours anywhere at the time of this inspection. General decoration within the home was very good and it was in a good state of repair throughout. The grounds were neat and tidy and suitable for all service users within the home. All lounges had appropriate televisions, which were on during the inspection but did not appear to be distracting for service users who were not directly watching them.

A full occupational therapy assessment had been carried out at the home since the last inspection, a copy of which is kept on file at the local office of the Commission for Social Care Inspection.

The home was in the process of ordering and fitting lockable storage areas in all service user rooms.

There had been no change to the fabric of the building since the last inspection. For further detail of the general environment please see the last announced inspection of 21st October 2005.

Staffing (Standards 27-30)

2 of these 4 standards were inspected and 1 was met.

Staffing numbers were maintained at agreed levels throughout the home. Staff spoken to stated that the staff moral was good at the time of this inspection. Staff turnover was low. Recruitment procedures were fair. Six staff personnel files were reviewed during this inspection and all contained required paperwork. However one file checked contained two references, which were identical but signed by different people. There was no evidence that the references had been verified.

Management and Administration (Standards 31-38)

3 of these 8 standards were inspected and 0 were met.

Although this home carried out regular quality assurance audits and service users surveys, the results were not analysed and a yearly action plan was not formulated based on the results.

Supervision was being carried out but it was not on a regular basis and care staff spoken to appeared to be confused about what supervision should be in practice. Some staff files showed supervision being carried out approximately three monthly. Heads of department were responsible for supervising their own staff.

Policies & procedures were generally good and documentation was kept securely throughout the home in line with the Data Protection Act 1998. However written information was not always detailed and the staff did not routinely write details of all conversations with service users or their representatives.

Requirements from last Inspection visit fully actioned?

NO

CONDITIONS OF REGISTRATION THAT APPLY (OTHER THAN NUMBERS AND CATEGORY OF SERVICE USERS).	Met (Yes / No)
One named person, under the age of 65 years, who requires care by reason of a learning disability.	YES
Persons of either sex, aged 65 years and over, who require nursing care by reason of a physical disability (not to exceed 41 persons)	YES
Persons of either sex, aged 65 years and over, who require nursing care by reason of dementia (not to exceed 30 persons)	YES
The total number of service users accommodated must not exceed 72 persons	YES

STATUTORY REQUIREMENTS IDENTIFIED DURING THE INSPECTION
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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	16(2m-n)	OP12	The number and type of activities offered must be increased. (This was in the process of being met, however at the time of this inspection activities were in transition as detailed in the summary.)	On-going
2	17(2), Schedule 4(11)	OP16	The registered manager must ensure that all complaint documentation is detailed and that the complainant is informed in writing of all outcomes of the investigation.	31 st May 2005
3	12(4a), 13(4a-c), 23(2m)	OP24	All service users must have access to a lockable storage area within their individual rooms.	31 st May 2005
4	19(4c), Schedule 2(5)	OP29	References must be thoroughly checked and validated for all staff.	31 st May 2005
5	24(1a-b)	OP33	A yearly action plan must be written each year to ensure the ongoing development of the home for the improvement of the service users. (Timescale of 28/2/05 not met.)	31 st May 2005
6	24(2-3)	OP33	A yearly quality assurance evaluation should be supplied to the local office of the Commission for Social Care Inspection. (Timescale of 28/2/05 not met.)	31 st May 2005
7	18(2)	OP36	All staff must receive regular supervision. (The National Minimum Standard recommends that this should normally be six times each year.)	31 st August 2005

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	OP37	Staff should be encouraged to make written notes of all contacts with the service users representatives.

PART B**INSPECTION METHODS & FINDINGS**

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

Direct observation	NO
Indirect observation	YES
Sampling	NA
• Pre-inspection questionnaire	YES
• Records	NO
• Care plans / Care pathways	YES
• Meals	YES
• Activities	NO
• Other (Specify)	NO
'Tracking' care and support	NO
Group discussion with service users	YES
Individual discussion with service users	YES
Group discussion with staff	NO
Individual discussion with staff	YES
Discussion with management	YES
Service user survey	YES
Relatives/significant others survey/feedback	YES
Visiting professionals survey / feedback	NO
Tour of premises	YES
Formal interviews	NO
Document reading	NO
Additional inspection information:	
Number of service users spoken to at time of inspection	9
Number of relatives/significant others the inspectors had contact with	3
Number of letters received in respect of the service	1
CRB check for the responsible individual seen	NA
CRB check for the manager seen	NA
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 number of care staff employed (excluding managers)	51
Total number of staff with nursing qualifications employed	20
Date of inspection	9/3/05
Time of inspection	09.30
Duration of inspection (hrs)	9.00

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 Care homes for older people 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.
- Each service user has a written contract/ statement of terms and conditions with the home.
- No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
- Service users and their representatives know that the home they enter will meet their needs.
- Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
- Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

Standard 1 (1.1 – 1.3)

The registered person produces and makes available to service users an up to date statement of purpose setting out the aims, objectives, philosophy of care, services and facilities, and terms and conditions of the home; and provides a service users' guide to the home for current and prospective residents. The statement of purpose clearly sets out the physical environmental standards met by a home in relation to standards 20.1, 20.4, 21.3, 21.4, 22.2, 22.5, 23.3 and 23.10: a summary of this information appears in the home's service user's guide.

Range of fees charged From (£) To (£)

Any charges for extras

If yes, please state what the extra's are:

SEE LAST INSPECTION

Key findings/Evidence

Standard met?

0

Standard not inspected at this visit.

Standard 2 (2.1 – 2.2)

Each service user is provided with a statement of terms and conditions at the point of moving into the home (or contract if purchasing their care privately).

Key findings/Evidence

Standard met?

3

During this inspection the home was able to demonstrate that the components of this standard were met. See summary for detail.

Standard 3 (3.1 – 3.5) New service users are admitted only on the basis of a full assessment undertaken by people trained to do so, and to which the prospective service user, his/her representatives (if any) and relevant professionals have been party.		
Key findings/Evidence	Standard met?	3
During this inspection the home was able to demonstrate that the components of this standard were met. See summary for detail.		

Standard 4 (4.1 - 4.4) The registered person is able to demonstrate the home's capacity to meet the assessed needs (including specialist needs) of individuals admitted to the home.		
Key findings/Evidence	Standard met?	3
During this inspection the home was able to demonstrate that the components of this standard were met. See summary for detail.		

Standard 5 (5.1 – 5.3) The registered person ensures that prospective service users are invited to visit the home and to move in on a trial basis, before they and / or their representatives make a decision to stay; unplanned admissions are avoided where possible.		
Key findings/Evidence	Standard met?	3
During this inspection the home was able to demonstrate that the components of this standard were met. See summary for detail.		

Standard 6 (6.1 - 6.5) Where service users are admitted only for intermediate care, dedicated accommodation is provided together with specialised facilities, equipment and staff, to deliver short term intensive rehabilitation and enable service users to return home.		
Key findings/Evidence	Standard met?	9
Intermediate care is not offered at this home.		

Health and Personal Care

The intended outcomes for the following set of standards are:

- The service user's health, personal and social care needs are set out in an individual plan of care.
- Service users make decisions about their lives with assistance as needed.
- Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
- Service users feel they are treated with respect and their right to privacy is upheld.
- Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

Standard 7 (7.1 – 7.6)

A service user plan of care generated from a comprehensive assessment (see Standard 3) is drawn up with each service user and provides the basis for the care to be delivered.

Key findings/Evidence	Standard met?	0
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Standard not inspected at this visit. However one care file was examined as part of a complaint investigation also undertaken at the time of this inspection.

Standard 8 (8.1 – 8.13)

The registered person promotes and maintains service users' health and ensures access to health care services to meet assessed needs.

No. of incidents where service users have been taken to Accident and Emergency during last 12 months	3
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No. of service users with pressure sores at time of inspection (from information taken from care notes)	1
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Key findings/Evidence	Standard met?	0
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Standard not inspected at this visit.

Standard 9 (9.1 – 9.11)

The registered person ensures that there is a policy and staff adhere to the procedures for the receipt, recording, storage, handling administration and disposal of medicines, and service users are able to take responsibility for their own medication if they wish, within a risk management framework.

Key findings/Evidence	Standard Met?	0
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Standard not inspected at this visit.

Standard 10 (10.1 – 10.7)		
The arrangements for health and personal care ensure that service users' privacy and dignity are respected at all times, and with particular regard to: personal care giving, including nursing, bathing, washing, using the toilet or commode, consultation with, and examination by, health and social care professionals, consultation with legal and financial advisors, maintaining social contacts with relatives and friends, entering bedrooms, toilets and bathrooms, and following death.		
Key findings/Evidence	Standard met?	3
During this inspection the home was able to demonstrate that the components of this standard were met. See summary for detail.		

Standard 11 (11.1 – 11.12).		
Care and comfort are given to service users who are dying, their death is handled with dignity and propriety, and their spiritual needs, rites and functions observed.		
Key findings/Evidence	Standard met?	3
During this inspection the home was able to demonstrate that the components of this standard were met. See summary for detail.		

Daily Life and Social Activities

The intended outcomes for the following set of standards are:

- 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.
- Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- Service users are helped to exercise choice and control over their lives.
- Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

Standard 12 (12.1 – 12.4)

The routines of daily living and activities made available are flexible and varied to suit service users' expectations, preferences and capacities.

Key findings/Evidence	Standard met?	2
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During this inspection the home was able to demonstrate that the components of this standard were partially met. See summary for detail.

Standard 13 (13.1 – 13.6)

Service users are able to have visitors at any reasonable time and links with the local community are developed and/or maintained in accordance with service users' preferences.

Key findings/Evidence	Standard met?	3
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During this inspection the home was able to demonstrate that the components of this standard were met. See summary for detail.

Standard 14 (14.1 – 14.5)

The registered person conducts the home so as to maximise service users' capacity to exercise personal autonomy and choice.

Key findings/Evidence	Standard met?	3
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During this inspection the home was able to demonstrate that the components of this standard were met. See summary for detail.

Standard 15 (15.1 – 15.9)

The registered person ensures that service users receive a varied, appealing, wholesome and nutritious diet, which is suited to individual, assessed and recorded requirements, and that meals are taken in a congenial setting and at flexible times.

Key findings/Evidence	Standard met?	3
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During this inspection the home was able to demonstrate that the components of this standard were met. See summary for detail.

Complaints and Protection

The intended outcomes for the following set of standards are:

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

Standard 16 (16.1 – 16.4)

The registered person ensures that there is a simple, clear and accessible complaints procedure which includes the stages and time-scales for the process, and that complaints are dealt with promptly and effectively.

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

Key findings/Evidence	Standard met?	2
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During this inspection the home was able to demonstrate that the components of this standard were partially met. See summary for detail.

Standard 17 (17.1 – 17.3)

Service users have their legal rights protected, are enabled to exercise their legal rights directly and participate in the civic process if they wish.

Key findings/Evidence	Standard met?	3
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During this inspection the home was able to demonstrate that the components of this standard were met. See summary for detail.

Standard 18 (18.1 – 18.6) The registered person ensures that service users are safeguarded from physical, financial or material, psychological or sexual abuse, neglect, discriminatory abuse or self harm, inhuman or degrading treatment, through deliberate intent, negligence or ignorance, in accordance with written policies.		
The home has an Adult Protection procedure (including Whistle Blowing) which complies with the Public Disclosure Act 1998 and the Department of Health Guidance <i>No Secrets</i>	<input type="text" value="YES"/>	
No. of staff referred for inclusion on POVA lists	<input type="text" value="0"/>	
Key findings/Evidence	Standard met?	3
During this inspection the home was able to demonstrate that the components of this standard were met. See summary for detail.		

Environment		
The intended outcomes for the following set of standards are:		
<ul style="list-style-type: none"> • Service users live in a safe, well-maintained environment. • Service users have access to safe and comfortable indoor and outdoor communal facilities. • Service users have sufficient and suitable lavatories and washing facilities. • Service users have the specialist equipment they require to maximise their independence. • Service users' own rooms suit their needs. • Service users live in safe, comfortable bedrooms with their own possessions around them. • Service users live in safe, comfortable surroundings. • The home is clean, pleasant and hygienic. 		
Standard 19 (19.1 – 19.6) The location and layout of the home is suitable for its stated purpose; it is accessible, safe and well maintained; meets service users' individual and collective needs in a comfortable and homely way and has been designed with reference to relevant guidance.		
Key findings/Evidence	Standard met?	3
During this inspection the home was able to demonstrate that the components of this standard were met. See summary for detail.		

Standard 20. (20.1 – 20.7)		
In all newly built homes and first time registrations the home provides sitting, recreational and dining space (referred to collectively as communal space) apart from service users' private accommodation and excluding corridors and entrance hall amounting to at least 4.1 sq. metres for each service user.		
Key findings/Evidence	Standard met?	0
Standard not inspected at this visit.		

Standard 21 (21.1 – 21.8)		
Toilet, washing and bathing facilities are provided to meet the needs of service users.		
Key findings/Evidence	Standard met?	0
Standard not inspected at this visit.		

Standard 22 (22.1 – 22.8)		
The registered person demonstrates that an assessment of the premises and facilities has been made by suitably qualified persons, including a qualified occupational therapist, with specialist knowledge of the client groups catered for, and provides evidence that the recommended disability equipment has been secured or provided and environmental adaptations made to meet the needs of service users.		
Key findings/Evidence	Standard met?	3
During this inspection the home was able to demonstrate that the components of this standard were met. See summary for detail.		

Standard 23 (23.1 – 23.11)		
The home provides accommodation for each service user which meets minimum space as prescribed		
Total number of single bedrooms with at least 10 sq.m usable space or additional compensatory space	<input checked="" type="checkbox"/>	
Pre-existing homes only (1 April 2003) - single bedrooms below 10 sq.m usable space or additional compensatory space	<input checked="" type="checkbox"/>	
Total number of wheelchair users accommodated for in rooms at least 12sq.m	<input checked="" type="checkbox"/>	
Total number of wheelchair users accommodated for in rooms at less than 12sq.m	<input checked="" type="checkbox"/>	
Total number of shared rooms at least 16 sq.m	<input checked="" type="checkbox"/>	
Total number shared rooms less than 16 sq.m	<input checked="" type="checkbox"/>	
Percentage of places within single rooms:		
100%	<input checked="" type="checkbox"/>	YES
80% - 99%	<input type="checkbox"/>	NO
Less than 80%	<input type="checkbox"/>	NO
Total number of single bedrooms	<input checked="" type="checkbox"/>	
Total number of single rooms with en suite	<input checked="" type="checkbox"/>	
Total number of double rooms	<input checked="" type="checkbox"/>	
Total number of double rooms with en suite	<input checked="" type="checkbox"/>	
Key findings/Evidence	Standard met?	0
Standard not inspected at this visit.		

Standard 24 (24.1 – 24.8)		
The home provides private accommodation for each service user which is furnished and equipped to assure comfort and privacy, and meets the assessed needs of the service user.		
Key findings/Evidence	Standard met?	2
During this inspection the home was able to demonstrate that the components of this standard were partially met. See summary for detail.		

Standard 25 (25.1 – 25.8)		
The heating, lighting, water supply and ventilation of service users' accommodation meet the relevant environmental health and safety requirements and the needs of individual service users.		
Key findings/Evidence	Standard met?	0
Standard not inspected at this visit.		

Standard 26 (26.1 – 26.9)		
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 and published professional guidance.		
Key findings/Evidence	Standard met?	3
During this inspection the home was able to demonstrate that the components of this standard were met. See summary for detail.		

Staffing

The intended outcomes for the following set of standards are:

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

Standard 27 (27.1 – 27.7)

Staffing numbers and skill mix of qualified/unqualified staff are appropriate to the assessed need of the service users, the size, the layout and purpose of the home, at all times.

Number of staff /hours in respect of service user needs based on guidance recommended by Department of Health.

		Personal Care	Nursing	
No. service users <i>High</i> needs	30	No. staff hours allocated	455	147
No. service users <i>Medium</i> needs	42	No. staff hours allocated	638	206
No. service users <i>Low</i> needs	0	No. staff hours allocated	0	0
No. of staff hours required	1400	No. of staff hours provided	1093	353
No. of full time equivalent first level registered nurses	20			
No. of care staff	51			
No. of ancillary staff	18			

Key findings/Evidence

Standard met?

3

During this inspection the home was able to demonstrate that the components of this standard were met. See summary for detail.

Standard 28 (28.1 – 28.3) A minimum ratio of 50% trained members of care staff (NVQ Level 2 or equivalent) is achieved by 2005, excluding the registered manager and/or care manager, and in care homes providing nursing, excluding those members of the care staff who are registered nurses.		
No. care staff (excluding registered nurses) with NVQ level 2 or equivalent	12	
% of care staff with NVQ level 2	24	%
Key findings/Evidence	Standard met?	0
Standard not inspected at this visit.		

Standard 29 (29.1 – 29.6) The registered person operates a thorough recruitment procedure based on equal opportunities and ensuring the protection of service users.		
Key findings/Evidence	Standard met?	2
During this inspection the home was able to demonstrate that the components of this standard were partially met. See summary for detail.		

Standard 30 (30.1 – 30.4) The registered person ensures that there is a staff training and development programme which meets the National Training Organisation (NTO) 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?	0
Standard not inspected at this visit.		

Management and Administration

The intended outcomes for the following set of standards are:

- 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.
- Service users benefit from the ethos, leadership and management approach of the home.
- The home is run in the best interests of service users.
- Service users are safeguarded by the accounting and financial procedures of the home.
- Service users' financial interests are safeguarded.
- Staff are appropriately supervised.
- 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 and staff are promoted and protected.

Standard 31 (31.1 – 31.8)

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

Key findings/Evidence	Standard met?	0
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Standard not inspected at this visit.

Standard 32 (32.1 – 32.7)

The registered manager ensures that the management approach of the home creates an open, positive and inclusive atmosphere.

Key findings/Evidence	Standard met?	0
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Standard not inspected at this visit.

Standard 33 (33.1 – 33.10)

Effective quality assurance and quality monitoring systems, based on seeking the views of service users, are in place to measure success in meeting the aims, objectives and the statement of purpose of the home.

Key findings/Evidence	Standard met?	2
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During this inspection the home was able to demonstrate that the components of this standard were partially met. See summary for details.

Standard 34 (34.1 – 34.5) Suitable accounting and financial procedures are adopted to demonstrate current financial viability and to ensure there is effective and efficient management of the business.		
Key findings/Evidence	Standard met?	0
Standard not inspected at this visit.		

Standard 35 (35.1 – 35.6) The registered manager ensures that service users control their own money except where they state that they do not wish to or they lack capacity and that safeguards are in place to protect the interests of the service user.		
Number of service users subject to Power of Attorney processes		<input type="checkbox"/> X
Number of service users subject to Enduring Power of Attorney processes		<input type="checkbox"/> X
Number of service users subject to Guardianship Orders		<input type="checkbox"/> X
Key findings/Evidence	Standard met?	0
Standard not inspected at this visit.		

Standard 36 (36.1 – 36.5) The registered person ensures that the employment policies and procedures adopted by the home and its induction, training and supervision arrangements are put into practice.		
Key findings/Evidence	Standard met?	2
During this inspection the home was able to demonstrate that the components of this standard were partially met. See summary for detail.		

Standard 37 (37.1 – 37.3) 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?	2
During this inspection the home was able to demonstrate that the components of this standard were partially met. See summary for detail.		

Standard 38 (38.1 – 38.9) 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
Standard not inspected at this visit.		

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

Condition	Compliance	YES
One named person, under the age of 65 years, who requires care by reason of a learning disability.		
Comments This service user was still accommodated at this home at the time of this inspection		

Condition	Compliance	YES
Persons of either sex, aged 65 years and over, who require nursing care by reason of a physical disability (not to exceed 41 persons)		
Comments Forty-one service users in this category were accommodated at the time of this inspection		

Condition	Compliance	YES
Persons of either sex, aged 65 years and over, who require nursing care by reason of dementia (not to exceed 30 persons)		
Comments Thirty service users in this category were accommodated at the time of this inspection		

Condition	Compliance	YES
The total number of service users accommodated must not exceed 72 persons		
Comments A total of seventy-two service users were accommodated in this home at the time of this inspection		

Lead Inspector	Lysette Butler	Signature	_____
Second Inspector	_____	Signature	_____
Regulation Manager	Judi Burwood	Signature	_____
Date	18 May 2005		_____

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 <enter date(s) of inspection here> and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

Action plan and comments received from provider and kept on file at the local office of the Commission for Social Care Inspection.

Action taken by the CSCI in response to provider comments:

Amendments to the report were necessary

NO

Comments were received from the provider

YES

Provider comments/factual amendments were incorporated into the final inspection report

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

NO

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 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

Forest Place Nursing Home

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report:

Action plan was required

YES

Action plan was received at the point of publication

YES

Action plan covers all the statutory requirements in a timely fashion

YES

Action plan did not cover all the statutory requirements and required further discussion

NO

Provider has declined to provide an action plan

NO

Other: <enter details here>

NO

D.3 PROVIDER'S AGREEMENT

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

D.3.1 I _____ of _____ 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 _____ 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.

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