



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Nightingale House (Nightingale Lane)

**105 Nightingale Lane
London
SW12 8NB**

Lead Inspector
Sharon Newman

Unannounced Inspection
29th October 2007 10:30

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	Nightingale House (Nightingale Lane)
Address	105 Nightingale Lane London SW12 8NB
Telephone number	020 8673 3495
Fax number	020 8675 2258
Email address	
Provider Web address	www.nightingalehouse.org.uk
Name of registered provider(s)/company (if applicable)	Nightingale House
Name of registered manager (if applicable)	Soobhug Awatar
Type of registration	Care Home
No. of places registered (if applicable)	253
Category(ies) of registration, with number of places	Dementia (39), Old age, not falling within any other category (253)

SERVICE INFORMATION

Conditions of registration:

1. The total number of beds that are residential is 144
2. The total number of beds that are nursing is 104

Date of last inspection 6th September 2006

Brief Description of the Service:

Nightingale is a large home providing care for older people who are Jewish or of the Jewish faith.

The home has three residential units and three nursing units.

The home benefits from having a large activities department in addition to its own Therapies Department. Other facilities include a Synagogue, concert hall and landscaped gardens.

The home is situated close to local amenities and public transport.

SUMMARY

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

The inspection of this service included an unannounced visit to the home on 29th October 2007 by three regulation inspectors. The Director of Clinical Services was present throughout this visit and was available for discussions about the service. Some staff and a number of residents were also spoken to.

A pharmacy inspector visited on 30th October 2007 and their findings will be sent out in a separate report.

The director and staff were welcoming and helpful throughout the inspection.

Documentation looked at included medication records, staff recruitment information, residents care plans and health and safety documentation. A tour was also taken of the premises.

The director has also completed and returned an Annual Quality Assurance Assessment (AQAA) which is a self assessment survey of the home. This had been completed in good detail.

Surveys were left at the home for residents, staff, relatives, health professionals and social care professionals to complete. Fifteen were returned from residents, five from relatives, four from health professionals and ten from staff before this report was completed. This response is not large enough to draw any significant conclusions from the information provided.

What the service does well:

There was good feedback from the residents who were very positive about the care that they receive. Good interaction was seen between staff and residents and there is a pleasant, calm atmosphere at the home.

The information in the residents' files (care plans) is detailed and helps staff to meet their needs.

The provision of activities at this home is good and there is a good choice available for residents.

There is an effective training programme for staff which helps them to carry out their roles more effectively.

There are many ways for residents and staff to give feedback regarding the running of the home. This includes a suggestion box, regular residents and relatives meetings and surveys.

The home is well run, there is a clear management structure and staff have clearly defined roles and responsibilities that helps them carry out their work more effectively.

The home is clean and hygienic and many residents remarked upon this. The well-maintained gardens are an asset to the home.

What has improved since the last inspection?

All the requirements set at the previous inspection visit have been met.

Assessments were all seen to be fully completed which enables staff to draw up accurate care plans. Care plans were also seen to be well-completed and to contain good detail.

Evidence was seen that residents and their relatives are now involved in the care plan process.

Residents said that their privacy and dignity is respected.

A full programme of activities is offered to residents and those spoken to said that they are given a choice regarding daily activities.

Mealtimes were observed to be unhurried and relaxed.

What they could do better:

Areas needing improvement were discussed with the deputy manager at the time of inspection and are documented in the main body of the report. Information in the care plans needs to be consistent in relation to recording of allergies and bedrails risk assessments need to be in place for all residents needing this equipment. Many residents questioned about the quality of the food at the home were unhappy and this area needs to be addressed.

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):

3

Quality in this outcome area is excellent.

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

Residents are assessed prior to coming to live at the home. This helps to make sure that the home can meet their needs.

EVIDENCE:

The Director of Clinical Services stated in his annual quality assessment (AQAA) that the home provides 'residential care, nursing and dementia service to older members of the Jewish community.' It also stated that 'Admission is open regardless of financial or any other circumstances. Admission to the home is subject to a comprehensive assessment of mental, medical, physical, social (needs) which must meet the homes criteria.'

Full assessments were seen in the residents files looked at, this helps the home decide if they can meet the needs of the residents. Those examined contained a thorough assessment at the time of admission and good information about the resident's strengths, needs and preferences (such as

shower or bath preferences and rising and retiring times). Local Authority assessments of need were also seen to have been completed for those individuals funded by social services.

Assessments are carried out by a trained staff member and evidence was seen in the residents files of additional input from occupational therapists, social workers and physiotherapists.

Detailed information is given to prospective residents in the form of a Service User Guide to help them decide if the home can meet their needs. This guide has been updated this year to help ensure that up-to-date information is provided. Information is also available in the form of a DVD, newsletter and a guide to the fees. The Service User Guide includes a summary of the Statement of Purpose and a copy of the home's Complaints procedure. The Guide provides good information for residents about the services and facilities provided by the home.

The Service User Guide states that residents' fees range from £720 (residential) to £940 (nursing) per week. The Guide also states, "*Fees are fully inclusive of all Nightingale services, the only exceptions being hairdressing, newspapers and tickets for events... and telephone costs*".

There was a lot of written information on notice boards around the home showing that the home celebrates all the Jewish festivals/days.

'Residential Care Agreement's' were seen in the files looked at, which sets out the terms and conditions of their stay. 53% of residents responded that they had been given a survey and 47% reported that they had not. The organisation should check with residents to ensure that they have been given copies of their contracts. 67% of residents responded that they received enough information about the home.

Residents spoken to were positive about life at the home. One said the 'staff are amazing and patient, the food is nice and my bedroom is lovely and clean.' Another said it is 'very friendly here.' Another commented that the facilities were 'good' and the home is 'the best in the country.'

A relative wrote 'The staff always seem caring to the individual and care/tend/humour them accordingly.' Another wrote that the staff give 'dedicated loving care.'

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

Quality in this outcome area is good

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

The residents have access to a range of health and social care services.

Care plans contain a lot of detail about residents health but not all social needs are fully documented.

Residents were seen to be treated with respect by staff. Staff have a good rapport with residents.

EVIDENCE:

The care plans seen contained a lot of detailed information about residents health and social care needs. They had been updated regularly and included information about support needs in relation to washing and dressing, mobilising, sleeping, eating and drinking, continence and communication. Risk assessments were in place for areas including pressure areas, falls, moving and handling, nutrition and continence.

In one file a risk assessment had not been completed for a resident requiring bed rails, however it was noted that this was a new resident and all other care plans seen contained a bed rail risk assessment where needed.

The daily notes were largely clear, up to date and of good quality. There was evidence that the home involves residents and their families in the development of their care plans. One resident's file did not contain clear evidence of the action taken following a fall, although did demonstrate that the Nurse Practitioner had examined the resident. However the Director of Clinical Services reported that the additional information may have been filed in a different folder. He sent the information to us immediately following the inspection visit to demonstrate that neurological observations had been carried out on the resident. Another residents file contained contradictory information about a resident's allergy status. It is important that the information in the care plans is accurate and clear to ensure that residents are not placed at risk.

The Director of Clinical Services reported that he was to conduct an analysis of falls at the home to see if there were any common patterns. He reported that there had been several falls over the weekend and he had requested the details to collate this information. He said that he would be involving other health and social care professionals in this audit such as Occupational and Physiotherapists.

Some life review information or details about residents likes and dislikes had not been completed. It was discussed with the Director of Clinical Services that this information needs to be completed to ensure that residents needs can be met. He reported that it would be addressed.

There was evidence of input from a wide range of health and social care professionals in the resident's care plans. The home is supported by many health care professionals including physiotherapists, occupational therapists and GP's. There is a GP 'surgery' area where local GP's come to provide a service to the residents. One named GP is has responsibility for each floor. A visiting dentist also provides care for the residents in the 'dental surgery' area.

One health professional wrote that the home 'provides holistic care that is sensitive to individuals needs.' Another responded that everything was 'first class.' One wrote that the home 'a very high standard of care for the resident's here.'

There is a well equipped therapy room where residents can come to receive occupational therapy and physiotherapy assistance.

Residents looked relaxed and were appropriately dressed.

Of the fifteen residents who responded to the survey 53% said that they *always* received the care and support that they needed and 47% that they

usually had the care and support that they needed. 93% reported that staff listen and act on what they say.

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.

Residents are offered an excellent range of activities and the wishes of those that do not wish to participate are respected.

Relatives are encouraged to visit and to participate in life at the home.

Many residents do not like the food served at the home.

EVIDENCE:

The home operates in line with the Jewish faith in respect of all aspects of life including food and religion. It has its own synagogue and a visiting Rabbi.

A Rabbi supervises the kitchen to ensure that dietary laws are complied with and is available to residents on a one-to-one basis. The Rabbi also runs sessions for staff to ensure that they have a good understanding of Jewish festivals and traditions.

A varied programme of activities is offered to the residents.

Activities co-ordinators meet as a group at the beginning of each day and work together to support the programme of events. The home has its own transport and runs Summer and Winter outings programmes. The Summer programme consists mainly of trips to parks, gardens and the coast while the Winter programme includes visits to theatres, museums and galleries. There are also concert, theatre, cinema arts and crafts and cooking facilities within the home.

Activities co-ordinators also aim to ensure that activities are available on the units for those residents who are unwilling or unable to join the activities in the communal areas of the home. One inspector observed an art session on one unit and the activities co-ordinator advised that the home's pottery tutor now visits the units as well as running classes in the Art and Craft facility.

There is a head of activities and two additional activities posts. Each floor has a designated activities person. Activities people are receive training in this area to enable them to carry out their role more effectively. Staff have also attended the local Wandsworth Forum where they shared ideas with other local homes about chair based activities. The home welcomes the sharing of ideas with other homes.

The Director of Clinical Services reported that the home is currently conducting an analysis of what people want to do to ensure that they are providing the care people want.

A resident reported that they were 'very happy – I go to pottery and cooking classes.' Another said 'the hairdressers are very good. We have lots of choices eg. What time to get up, what time we eat and when we want to have a bath. Staff always knock on our doors.'

Residents were observed to wander around freely, one was fascinated by the inspectors and took a great interest in what we were doing.'

A relative wrote 'the activities programme is very good. The general ambience is excellent – more like a high class hotel than a care home.'

The home has its own group of volunteers and a shop that is run by volunteers. Links with the local school are strong and they were observed to put on a play at the home during the inspection visit.

Lunch was observed by two inspectors on one of the nursing units and residents were seen to be offered a choice of meals. The dining room was bright and clean and the tables nicely laid out for lunch with place names, condiments and flower arrangements. Staff provided support with eating and drinking where necessary.

One inspector observed lunch on a residential unit and the mealtime was a relaxed occasion at which staff provided support to those who needed it with

dignity and in an unhurried manner. Staff now attend a training session specifically around providing support at mealtimes, entitled 'Dining with Dignity'.

Comments about the food included 'it's nice,' 'it is sometimes cold and a salad is sometimes just two lettuce leaves,' 'it is very good,' 'there are large quantities.' Another said that the chef 'should be sacked.'

Of the fifteen residents who replied to the survey 7% reported that they *always* liked the meals, 13% that they *usually* liked the meals, 60% replied *sometimes* and 20% that they *never* liked the meals on offer.

Written comments from residents included: 'I don't like the meals they serve.' Another wrote 'not bad - some days better than others.' Another said 'lunch is overcooked or sometimes raw.' Another resident stated 'it is good food ruined by bad cooking' and a further comment from another individual said 'the food is probably good but monotonous - it is mostly spoiled by chefs who have not the slightest idea how to cook so that more food is left on the plate than eaten.....' Another person reported that the food is 'tasteless.' One individual said 'I would like to see more spicy dishes such as curries available.'

A relative wrote that the 'catering and food is very poor.'

The Director of Clinical Services reported that the organisation is aware that there are issues with the food and that they will address this.

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 excellent

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

There are appropriate procedures for complaints and protection of vulnerable adults.

A training programme is in place to help ensure that staff are aware of what abusive behaviour is and that it must be reported.

EVIDENCE:

The home has a clear, written Complaints procedure, which is easily available. The home aims to resolve complaints at a local level and complainants are advised to contact the 'appropriate senior staff member' (such as the unit manager) in the first instance. If complainants are not satisfied with the home's response at Stage 1, the procedure states that the complaint will be considered by the Director of Clinical Services. The procedure also advises complainants how to contact the CSCI.

All complaints are recorded and kept in a log in the Director of Clinical Services's office. When received, complaints are colour coded to assess the urgency of investigation based on the risk posed to the resident. This system was introduced in 2005.

The Complaints records provided evidence that the home investigates complaints thoroughly and responds appropriately to complainants. The home

also monitors how well complaints are managed. For example a Complaints Audit was carried out in September 2007.

The home follows the London Borough of Wandsworth's Safeguarding Adults Procedures and there have not been any reported safeguarding adults issues this year.

Staff receive training in this area (abuse awareness) to help them to understand the importance of reporting poor practice.

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, 26

Quality in this outcome area is excellent.

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

The environment at the home is attractive and homely. It is well decorated and is a pleasant place for people to live.

Residents can personalise their bedrooms to their own taste.

The home is clean and hygienic.

There is an effective maintenance and decorating programme.

EVIDENCE:

There were no issues with the environment of the home at this inspection visit, it presented as being of a very high standard.

The home is well-furnished throughout with attractive sturdy furniture and the pictures, photographs and paintings of and by residents add to the homely feel. There is a pleasant atmosphere at the home and residents were observed to chat freely with each other and staff.

The premises are of very high standard with a lot of thought going into the overall appearance of the home. There was evidence of support rails and safety gates to minimise falls and ensure residents safety. Adapted baths and showers are provided for residents comfort. A hairdressing salon, occupational/physiotherapy room, concert hall and large activity centre are also provided for the residents use.

Residents reported that they liked their bedrooms one said that they 'had a nice room' and felt 'safe.'

The gardens also well maintained with many features such as an aviary and Koi Carp pond adding to its attraction - some residents were observed to enjoy walking through this area.

The standard of cleanliness in all areas was high and the home was clean and free from any offensive odours. 87% of residents responding to our survey reported that the home was *always* fresh and clean and 13% stated that it was *usually* fresh and clean.

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.

Staff have a good rapport with residents.

An effective recruitment procedure is in place to help ensure that residents are not placed at risk.

There is a good training programme in place to help staff to carry out their roles more effectively.

EVIDENCE:

Sufficient numbers of staff were seen on the day of inspection. Each of the six units at the home has a manager and deputy manager. The Director of Clinical Services reported that currently there are no vacancies for nursing staff and the home has a pool of bank staff which means consistent care can be delivered to residents. There are care staff vacancies but these vacancies are used to provide overtime to current carers.

The Director of Clinical Services reported that the home has a low sickness record and high uptake of training by staff. All staff from domestics to nursing staff have had dementia awareness training. Also, the Director of Clinical Services reported that the home has had input from Thames Valley University

looking at death rates over the last three months and what can be learned from this information.

The home's Human Resources department provided evidence of Criminal Records Bureau disclosures for the sample of staff requested.

The home provides good training opportunities for staff. Each member of staff has an individual Training Diary, which have been introduced recently. These demonstrated that staff attend regular refresher training in core areas including moving and handling, POVA (Protection of Vulnerable Adults), infection control and fire.

In addition to ensuring staff are up to date in areas of core training, the home provides training in other important areas, such as dementia, palliative care, falls prevention, care planning and risk assessment and the Mental Capacity Act. This can help staff to develop an understanding of these areas and help them to meet residents needs.

A local university was commissioned to provide training in palliative care and end of life care and fourteen staff have attended this.

There are regular staff meetings and these are fully recorded. This enables staff to put forward their views about the running of the home and ensures information is passed on to staff.

Staff at the home were observed to behave in a courteous and professional manner. They help to create a pleasant atmosphere at the home. Good examples of staff interaction with residents was observed on a one-to-one basis throughout the day.

It was observed that staff communicate well with one another. For example the handover observed on one unit was delivered by the unit manager and provided good information for staff beginning work about each resident and their needs. Staff on each unit also have regular staff meetings.

Staff spoken to during the inspection were positive about working at the home and said that morale and teamwork are good. Staff also said that they had good access to training and good support from their managers.

A staff member spoken to said that they were 'happy' working here and received 'good support' from the management and also had regular supervision and good training.

The Director of Clinical Services is clear that retention of good staff is key to the provision of quality care and has introduced a number of benefits for staff in addition to training and development opportunities. For example there is a

subsidised canteen, an employee assistance programme and regular team building exercises.

We received ten staff surveys prior to the completion of this report. However this response rate is not large enough to draw any significant conclusions from them. All replies from staff were positive about working at the home.

One relative wrote 'staff are usually first rate – caring and generous with their time where relatives are concerned too.'

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 excellent

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

The manager (director) has the experience to run the home.

Quality assurance systems are in place so that residents and relatives views are taken into consideration regarding the running of the home.

Health and safety issues are taken seriously and the welfare of residents and staff are promoted.

EVIDENCE:

The Director of Clinical Services reported that the homes structure has recently changed from three clinical lead nurses who had responsibility for two units each and a practice development nurse to two deputies who share

responsibilities for three units each although currently there is only one in post. However a new manager is due to start in November. The Director of Clinical Services felt that this structure had benefited the home and was working well.

Staff were seen to have clearly defined roles and responsibilities however there was insufficient evidence to demonstrate that staff one-to-one supervision is taking place at least six times a year. This helps to ensure that staff training needs are identified and that they have the support that they need to carry out their roles.

The home provides good opportunities for residents and other stakeholders to contribute their views about the way the home is run. Each unit holds residents' meetings regularly and has a relatives group that meets every month. Representatives from these groups attend quarterly meetings at which all units are represented. There is also an annual relatives meeting, to which all are invited.

The home also surveys residents and their relatives to seek their opinions about the home. The Director of Clinical Services said this is done bi-annually. Residents and relatives who wish to contribute their views anonymously can do so using the Suggestion Boxes situated around the building.

Additionally the organisation conducts monthly quality inspections of the home and reports of these are sent to the Commission for Social Care Inspection (CSCI).

One inspector also joined a Discussion Group attended by 30 residents to ask their opinions about the home. Feedback from residents was generally very positive, specifically about:

- Activities and facilities
- Staff
- Standards of hygiene and cleanliness
- In-house therapies, particularly physiotherapy

Residents also said that they felt comfortable in raising complaints if they weren't happy. Several residents said there have been problems with the quality of food for some time. The residents said they had been informed that the home is responding to this by changing the contract caterers in the near future. This was confirmed by the Director of Clinical Services.

Records are kept of hot water temperatures where temperatures are over 43 degrees centigrade the thermostats are adjusted although no record was made of the re-test. It was suggested that this would be good practice. However in discussions with the maintenance manager they reported that this is not always possible due to the size of the home. COSHH (Control of Substances

Hazardous to Health) products were observed to be kept securely. No visible health and safety hazards were observed during our visit. Standards of hygiene were also seen to be good throughout the home. Equipment including baths and hoists had evidence of regular servicing. Checks relating to safety including: gas safety, portable appliance checks and electrical installations were up-to-date.

A relative wrote 'this is one of the best residential/nursing care homes in London.'

A resident said 'I've learnt so much since I've been here – they stretch me and I feel stimulated.' 'The staff are wonderful.'

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	X
2	X
3	4
4	X
5	X
6	X

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

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	4
13	4
14	4
15	2

COMPLAINTS AND PROTECTION	
Standard No	Score
16	4
17	X
18	4

ENVIRONMENT	
Standard No	Score
19	4
20	X
21	X
22	X
23	X
24	X
25	X
26	4

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

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	4
32	X
33	4
34	X
35	3
36	2
37	X
38	4

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	OP7	15	Care must be taken to ensure that accurate and up-to-date information – for example details of allergies - is contained within the care plans. This is to make sure that residents are not placed at risk. All care plans must consistently contain information about residents likes and dislikes and their life/social needs.	01/12/07
2	OP7	13 (4)	Risk assessments must be completed for all residents who require bedrails and must demonstrate the involvement of health professionals, the resident/ their relatives in this decision.	01/12/07
3	OP15	16 (i)	The home must review its dietary arrangements and include the people who live at the home in this process. Residents must be offered a choice of nutritious food.	01/12/07
4	OP36	18 (2) (a)	Staff one-to-one supervision must take place at least six times a year and be fully recorded to ensure that they	01/02/08

			have the support they need to carry out their roles.	
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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	OP2	It is recommended that the organisation checks to ensure all residents have up-to-date copies of the terms and conditions.
2	OP38	It is recommended that when hot water temperatures are re-tested due to levels above 43 degrees centigrade this should be recorded.

Commission for Social Care Inspection

SW London Area Office

Ground Floor

41-47 Hartfield Road

Wimbledon

London

SW19 3RG

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

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