

RJP/EH/CH

Direct Line ( Code A )

**PORTSMOUTH & SOUTH EAST HAMPSHIRE HEALTH AUTHORITY  
AND HAMPSHIRE COUNTY COUNCIL**

**REGISTERED HOMES ACT 1984**

**NATIONAL HEALTH SERVICE AND COMMUNITY CARE ACT 1990**

**GLEN HEATHERS NURSING & RESIDENTIAL CARE HOME  
48 MILVIL ROAD, LEE-ON-THE SOLENT, HANTS, PO13 9LX**

**THURSDAY 21 JANUARY 1999**

**INSPECTION REPORT**

This report concerns a home which is registered under Part I and Part II of the Registered Homes Act 1984. The home is registered to accommodate up to **42 patients and 16 residents in the following categories:**

Health Authority	Categories:	Acute Convalescence Elderly Terminal Care
Social Services	Categories:	I - Old Age

any other conditions:

The total occupancy of Glen Heathers must not exceed a total of 52 patients and residents at any one time.

This report has been provided under the requirements of Regulation 18, Part I of the Residential Care Homes Regulations 1984 and Regulation 10, Part II of the Nursing Homes and Mental Nursing Homes Regulations 1984. The purpose of the visit was to assess how the Portsmouth

& South East Hampshire Health Authority and Hampshire County Council Quality Standards were being applied. The visit had been pre-arranged and the Inspectors were Mrs Jane Page, Principal Nursing Home Inspector, and Mrs Elspeth Harding, Nursing Home Inspector/Advisor.

This report should be read in conjunction with the Response of the Registered Person, where available, and the Quality Standards for Nursing & Residential Care Homes, April 1995.

## **Introduction**

The inspectors were assisted by Mr John Perkins, Registered Manager/Person in Charge, and the General Manager. This inspection visit was announced and held from 10.45 am to 5 pm.

There were no requirements from the previous inspection visit and the management has actioned the one recommendation that was made.

Since the previous inspection visit, the inspector has visited the home on two occasions in order to investigate concerns made known in respect of an accident and of care provided. In both instances following investigations all concerns were unfounded.

Mr Perkins was registered as the manager and approved as the 1st Level Nurse/Person in Charge in July 1998.

On this occasion only the sub sections identified within the report were inspected and all patients and residents are referred to as residents.

## **SECTION 1 - CARE PRACTICES**

### **1.0 Nursing Care**

Following discussion with Mr John Perkins, Registered Manager/Person in Charge, the means of providing nursing care was identified.

An initial pre-admission assessment is carried out by Mr Perkins for all planned admissions beginning with the completion of a telephone information form and followed up, where appropriate, by a face to face assessment. Information is gathered from the potential resident, relatives and any professionals involved. Potential residents and their relatives are invited to view the home, and are welcome to stay for lunch. All information is summarised and a copy left in the daily diary to ensure staff have the appropriate information when the resident arrives for admission.

A sample of care plans was viewed by the Inspector. The pre-admission assessment forms the basis of the initial care plan and is added to as staff become more familiar with the resident's needs. The care planning documentation has recently changed and provides a systematic and comprehensive approach. All care is formally reviewed three monthly with evidence to support on-going evaluation and regular updating. A

chronological comprehensive daily statement by a registered nurse was seen in all care plans viewed.

Mr Perkins described the team approach to care that the home has implemented. Nursing and care staff work in small teams with specific responsibility for the evaluation and review of care plans, but carry out the required care for all residents on a daily basis.

Residents' care is discussed with family members where appropriate.

## 1.2 **Training, Occupation and Recreation**

Each resident's social care needs are assessed as part of the overall assessment and centres around the person's likes and dislikes, their personality and their abilities. Specific care plans are documented as required. The home offers a range of activities co-ordinated by the recent appointment of a Recreational Therapist and by a designated carer within the home. Specific events are advertised on the residents' notice board and include outside entertainers, boat trips and outings. All residents are given the opportunity to participate.

A quarterly meeting enables residents to air their views, with many of the suggestions and requests being implemented.

A volunteer enables residents to purchase small personal goods, eg toiletries.

## 1.3 **Medical and Dental Services**

A number of local GPs provide for the primary care needs of the residents and all new residents are offered a choice if they are required to change due to the geographical area. Access to additional primary care services would be dictated by the residents' needs.

Dental, optical and chiropody services can be provided both within the home or at the appropriate surgery.

The home has recently purchased a vehicle specifically designed to facilitate patient transport.

## 1.4 **Control of Medicines, including Controlled Drugs**

The authorised pharmacist last visited the home to inspect drugs procedures in March 1998 and there are no matters outstanding from that visit.

On this occasion it was confirmed that the home has received the revised standards from the Registration & Inspection Unit and are now implementing these changes within their own written procedures. All drugs storage areas were seen to be secure, well managed, and were clean and tidy. There are two separate ventilated areas which house the drugs and trollies are used to transport drugs around the home.

Records pertaining to receiving, administering and disposal of medications were viewed and all were seen to be maintained appropriately. The arrangements in place for storing, handling and recording controlled substances were seen to be satisfactory and met the standards required.

#### 1.9 Core Standards

The Inspector was able to observe and talk with a number of residents all of whom appeared relaxed and were complementary in describing the care they received.

The staff appeared to care for all residents as individuals with due respect and dignity.

There was evidence that residents are encouraged to use the communal areas of the home, although others had chosen to remain in the confines of their own rooms.

### SECTION 2 - STAFFING

#### 2.1 Management Staff/Person in Charge

Mr J Perkins is the approved 1st Level Registered Nurse/Person in Charge and the Registered Manager of the home. Glen Care Homes has a General Manager who visits the home regularly to support Mr Perkins in respect of non-nursing administrative duties

#### 2.2 Operational Responsibility

The duty rota seen confirmed that in Mr Perkins' absence the operational responsibility of the home is delegated to registered nurses at all times.

#### 2.4 Staffing Levels

The duty rotas were made available and the number of registered nurses and care staff required to be on duty at all times was being met, and when necessary the staffing levels reflected the high dependency needs of some residents.

It was also noted that Mr Perkins has some supernumerary hours to the duty rota available which enables him to undertake his management role.

Currently two of the registered nurses are second level; one has completed a competency in medicine administration and one is booked to attend the course.

It was confirmed that due to the management arranging their own 'bank' staff, no agency registered nurses have been used to cover working shifts.

Ancillary staff consist of:

Catering: two full time cooks and two full time kitchen assistants covering the weeks duties and one general assistant.

Housekeeping: Monday to Friday four staff covering 20 hours daily, and weekends three staff covering 15 hours daily.

Laundry: One staff on duty daily.

Administration: One full time and one part time personnel.

Maintenance: A team of maintenance staff are available offering 24 hour emergency cover, but allocated hours each week for general maintenance.

This high level of ancillary and support staff help ensure nursing and care staff undertake only relevant duties relating to resident care.

## 2.5 Core Standards

The management continue to demonstrate a commitment to the training of staff and currently 8 staff are involved in NVQ training. Various courses and "in house" training sessions have been arranged and the management are expecting to appoint a registered nurse/trainer within the company in the near future.

The staff handbook and a copy of the Terms and Conditions of Employment were seen and all staff receive a copy of each.

New staff are supernumerary on their first day, and all have an induction programme to follow which covers procedures and practices followed in the home.

## SECTION 3 - MANAGEMENT OF THE HOME

### 3.1 Certification and Conditions of Registration

The home is registered for 42 nursing and 16 residential beds. At the time of the inspection 24 nursing and 15 residential beds were occupied. As requested by management new Certificates of Registration are being raised which will identify a rise in residential beds, this being 42 nursing and 21 residential, not exceeding 52 beds at any one time.

The current Certificates of Registration were displayed in the main hallway.

### 3.2 Records and Notices

A sample of records required to be maintained under the Registered Homes Act 1984 was viewed and seen to be satisfactorily maintained. In respect of resident monies, the management followed a recommendation of records holding two signatures and this was seen to be in place.

### 3.3 Complaints

A full written complaints procedure was displayed on the main notice board. This identifies the home's own internal procedure and the Registration Authorities' details.

### 3.4 Precautions against Accidents/Safety Measures

All staff receive training in basic first aid procedures via "in house" training on induction and this is part of an ongoing training programme.

Various health and safety written procedures were available to staff. Accident books were viewed and all incidents are overseen regularly by Mr Perkins.

Checks on window safety opening devices are made regularly and controlled hot water temperatures are tested at least six monthly.

The employers liability certificate was current and displayed in the main hallway.

Discussions were held in respect of contingency plans relating to the year 2000 and the management are aware of all possible issues that may arise.

### 3.5 Notification of Death, Illness or Accident

Since the last inspection visit all events under Regulation 14 and all deaths have been appropriately reported to the Registration & Inspection Unit

### 3.7 Visits by Person in Control

Throughout the inspection there was evidence that all routines involved in the management of the home promote and protect, as far as is possible, the core values in respect of each resident.

## SECTION 4 - PHYSICAL ENVIRONMENT

### 4.1 Buildings

All areas of the home used or occupied by the residents were seen to be clean, tidy and decorated to a good standard. The management identified signs of wheelchair/trolley damage to walls or skirting boards and this is dealt with under routine general maintenance of the home and where necessary the agreement of residents when bedrooms are affected.

Since the last inspection visit a storm porch has been erected covering the front door and a reception unit has been built within the main entrance. When completed, administrative staff will be work based in this area in order that visitors to the home may be promptly assisted.

#### 4.3 **Bedroom, Dining Room and Sitting Room Facilities**

Bedrooms were suitably furnished and there was evidence of residents' personal possessions and in some instances bedrooms arranged as requested by the residents.

In shared accommodation privacy screening was available and residents confirmed that suitable door lock facilities were available and used at their choice.

All furniture and furnishings seen were in good condition, although it is acknowledged that some residents have their own armchairs etc. Bed linen stores were plentiful and carpets and curtains seen were in a clean and good condition.

At the time of the inspection a new alarm call system was being installed in all areas which will enable management to monitor when calls are answered and easily identify to staff when further assistance is needed by another member of staff. Once the system has been fully tested the old system will be removed.

#### 4.4 **Storage of Valuables**

Each resident had a suitable lockable place available to them for safe stowage of personal effects.

#### 4.5 **Toilet and Bathroom Facilities**

All bathrooms and toilets were seen to be clean and suitably equipped. In total there are 3 bathrooms and 2 shower room facilities available. All bedrooms have en suite toilet facilities.

Sluice areas were clean with no odours and suitable bins were in place.

#### 4.6 **Provision of Medical Facilities**

Servicing certificates for the shaft lift, stair lift, mobile hoist and specialist bed were available for inspection and servicing had been carried out within the last three months.

#### 4.7 **Lighting, Heating and Ventilation**

Natural lighting was acceptable in all areas and bedside lighting available in bedrooms. The temperature of the home was suitable for the time of year and there were no offensive odours in the home. Ventilation in en suites was clean and working.

#### 4.8 **Consultation with Fire Authority**

An officer of the Fire & Rescue Service inspected the home in August 1998 and the inherent fire safety precautions were satisfactory at that time.

#### 4.9 Fire Precautions

Written records seen confirmed that tests and servicing of fire precautions had been undertaken regularly and recorded thereafter.

#### 4.10 Fire Drills, Practices and Procedures

There was evidence that regular fire training for staff had been held and new staff received instruction during their induction period. The fire procedure was displayed throughout the home. The General Manager has attended a fire prevention training day and arrangements for the manager to attend such a course are in hand.

#### 4.11a Environmental Health and Hygiene

The Environmental Health Officer visited the home in December 1997 and the report is on file.

Disposable gloves and aprons were available to all staff and a written procedure for handling body fluids is known by staff.

#### 4.11b Disposal of Waste and Infected Materials

Suitable arrangements for the storage and collection of both clinical and domestic waste is in place.

#### 4.12 Kitchens

The cleaning schedules available identified daily, weekly and monthly tasks, however there was no written evidence to support that these tasks had been undertaken on a regular basis. The inspector noted that some inappropriate comments had been recorded on these schedules and this was discussed with the management at the time of the inspection. There were no records to identify when fridges and freezers were defrosted and cleaned.

#### 4.13 Food and Hygiene

Four weekly written menus were available and special diets are catered for; residents were also able to request hot or cold snacks at any time.

There were adequate supplies of fresh, frozen and canned/dried food stores available and a means of stock rotation was described. The inspector had concerns that dry food stores, whilst in appropriate food storage containers, were not raised above the floor level, and this concern was discussed at the time of the inspection.



#### 4.14 Laundry

The laundry area was seen to be very well managed and was suitably equipped. Red dissoluable bags are used for handling soiled laundry

The inspector was informed that processes are in place to ensure that all residents' clothing may be marked for identification purposes and individual containers are available for the return of residents' clothes which is usually within a 24 hour period.

#### 4.15 Core Standards

The attractive garden has now been arranged so that wheelchair users have safe access to the attractive water feature housed within this area.

### REQUIREMENTS

*Requirements are actions which, in the opinion of the Inspection and Registration Officer(s), the registered person must take in order to comply with the legal regulations or to meet the Registration Authorities interpretation of the legal regulation.*

There are no Requirements from this inspection visit.

### RECOMMENDATIONS

*Recommendations are defined as suggestions which might be taken to improve the service and are based on best practice.*

It is recommended that cleaning schedules in respect of the kitchen are followed as the schedules dictate and the staff are made aware of the importance of accurate record keeping and that they refrain from making inappropriate comments on such records.

**This report has been compiled under Section 17, Part I and Regulation 11, Part II of the Residential Homes Act 1984, and refers only to the situation prevailing in the Home at the time of the inspection visit.**

**The term 'satisfactory' where used, merely indicates the requirements of the Residential Care/Nursing Homes Regulation 1984 are being met and any additional comments should not be interpreted as a recommendation in any other context nor used in any form of advertising.**

The report, as set out, represents a summary of the points covered during the inspection, which in the majority of cases will have been discussed with a member of staff or registered person present at the time of the inspection.

**Jane Page**  
**Principal Nursing Home Inspector**

**Elsbeth Harding**  
**Nursing Home Inspector/Advisor**