



Portsmouth and
South East Hampshire

Health Authority

Finchdean House
Milton Road
Portsmouth PO3 6DP

Switchboard:
Central Fax:

Code A

Our Ref: RJP/CH

Your Ref:

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**

TUESDAY 19 MAY 1998

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

The registration of dual-registered nursing and residential homes is the responsibility of both the Health Authority and Hampshire County Council Social Services Department.



Hampshire
COUNTY COUNCIL

Social Services Department
Headquarters Group Inspectorate
Medina House 38 Medina Road
Cosham Portsmouth PO6 3EX
Telephone 01705 200134
Facsimile 01705 214709

& South East Hampshire Health Authority and Hampshire County Council Quality Standards were being applied. The visit had been unannounced and the Inspector was Mrs Jane Page, Principal Nursing Home Inspector.

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 inspector was assisted by the proposed Registered Manager/Person in Charge, the Registered Nurse responsible for care and the General Manager. The inspection took place between 1.45 pm and 5.30 pm.

There were 10 requirements and 5 recommendations from the previous inspection visit and it was noted that all have been met in full and appropriate processes have been actioned.

Since the previous inspection visit the inspector has received two complaints. Following investigations, one was not substantiated, and in regards to the second, whilst confirmation was made of an incident occurring in the home, it was also confirmed that appropriate action had been taken by the home. The inspection unit has also assisted the management in resolving an internal concern in respect of medication systems.

The Registration & Inspection Unit have recently received a valid application in respect of the Registered Manager/Person in Charge and the approval procedure for a 'fit person' is under way.

On this occasion, the inspector chose to follow up the conclusions from the previous report, therefore only the sub-sections identified within this report were inspected. For the purposes of this report all patients and residents are referred to as residents.

SECTION 1 - CARE PRACTICES

1.0 Nursing Care

Since the previous inspection visit the management has introduced a complete new system to record the nursing/care needs, assessments and daily statement in respect of each individual. It was noted that a variety of assessment tools are now in use which assist in the identification of the needs of the individual and those being used at this time were appropriately signed and dated. The daily statements made by the nurse in charge of each shift were viewed and these gave a chronological order of events, and were signed and dated.

The inspector acknowledges that this new system is not yet fully operational and therefore not all records were seen; however the inspector was satisfied with the records currently in place, and will review all care plans in their entirety during the next inspection when it is envisaged that the system will have been operating for several months.

1.4 Control of Medicines, including Controlled Drugs

The authorised pharmacist inspected all drugs procedures and systems in the home in March 1998. From discussions held with the registered nurses, it was confirmed that any requirements and recommendations have now been actioned upon. All medications were securely stored at the time of this inspection.

1.5 Communication

All residents have access to a personal telephone in their rooms and a public telephone kiosk is also available.

Post is delivered unopened to all residents daily, with assistance given on request.

1.6 Visitors

There are no restrictions to visiting the home and refreshments were seen to be offered on arrival at the home. A notice containing this information is displayed in the main entrance hallway.

1.7 Terms and Conditions of Residence

A sample copy of the terms and conditions of residence was viewed and seen to hold all relevant information. It was confirmed that all residents receive a copy on admission to the home.

1.8 Termination of Accommodation

There were clearly identified conditions for notice of termination of accommodation stated within the terms and conditions of residence.

1.9 Core Standards

The management has recently produced an information booklet available pre-admission to all potential residents. This gives brief guidance on general procedures within the home.

Residents were seen to have access to all communal areas and on the day of inspection residents and visitors were seen to be enjoying the attractive patio and garden area.

SECTION 2 - STAFFING

2.1 Management Staff/Person in Charge

As previously stated in this report, the Registration & Inspection Unit are in the process of registering and approving the nurse in charge of the home. There is also an identified registered nurse responsible for care practices in the home. The company has a general manager who visits the home frequently during the week and the Registered Person, Mr A Chamberlain, is also available when required.

2.2 Operational Responsibility

The duty rota seen demonstrated that a Registered Nurse is in charge of the home throughout the 24 hour period.

2.3 Staff Selection/Suitability

Suitable processes are in place to help ensure that suitable persons are employed to work in the home. All staff sign a Rehabilitation of Offenders declaration and written references are sought. Records are maintained following interviews held and contracts are available for all staff.

2.4 Staffing Levels

The duty rota seen demonstrated that staffing levels are adequate for the number of residents residing in the home. The person in charge/manager is supernumerary to the duty rota although available full-time in the home. There is now only minimal use of agency staff to cover emergency sick leave of staff.

Ancillary staff employed consist of daily catering and kitchen assistants, domestic and laundry staff.

Recently an estates manager has been employed in respect of the physical environment, and administrative staff are also available.

2.5 Core Standards

The management of the home has demonstrated a commitment to meeting the training needs of all staff.

Recently a 10 week care assistant course has been introduced "in house" and individual staff training files are being maintained on a database. This was made available to the inspector during the inspection visit.

All new staff are supernumerary on the first day of working in the home and an induction programme was seen to cover all relevant procedures pertaining to the home.

All staff receive annual instruction in manual handling and lifting techniques and one of the registered nurses is a key trainer.

Regular training for first aid, food handling and Health & Safety at work are held.

SECTION 3 - MANAGEMENT OF THE HOME

3.1 Certification and Conditions of Registration

Since the previous inspection there has been a change in the number of beds registered. The home is now registered for 16 residential and 42 nursing beds, not exceeding 52 in total at any one time.

The Certificates of Registration were displayed in the main hallway.

3.2 Records and Notices

On this occasion, only a sample of records was viewed. All fire records are referred to in Section 4 of this report.

Written records in respect of residents' monies were viewed. These are maintained in individual books and are signed, dated and appeared up to date. The management was advised that a countersignature upon receipt of monies would help form part of a regular audit.

3.3 Complaints

A new written complaints procedure was seen to be displayed on the main notice board in the hallway. Currently this is also shown on the terms and conditions of residence. Discussions were held in respect of this procedure being available in the introductory pack or booklet.

3.4 Precautions against Accidents/Safety Measures

First aid courses for all staff are regularly arranged.

The accident book was seen and staff and resident incidents are recorded separately. Each entry was seen to detail all relevant facts.

All windows where necessary have had an opening restraint fitted to reduce the risk of falls.

The employers liability certificate was current and displayed in the home.

SECTION 4 - PHYSICAL ENVIRONMENT

4.1 Buildings

On this occasion not all areas of the home were viewed, however those areas that were seen appeared clean, tidy and decoration was satisfactory. A maintenance programme is in place and some bedrooms have recently been redecorated. An estates manager has recently been appointed and in the future will be identifying all maintenance works needed.

4.3 Bedroom, Dining Room and Sitting Room Facilities

All bedrooms have a suitable door lock fitted and bathrooms and toilets have privacy locks fitted.

All items of furniture seen appeared appropriate for their use and were sufficient in quantity for the number of residents in the home.

Bedding supplies were seen to be plentiful and colour co-ordinated to rooms.

An emergency call point was available to all residents. At the time of the inspection a new system was also on trial plus small mobile units were available to residents who choose to use the garden facilities, but may still have need of immediate attention. Call bells were seen to be answered promptly during the visit.

4.6 Provision of Medical Facilities

Service certificates for all electrical appliances and the lift were available to the inspector during the inspection, and were seen to be in date.

4.7 Lighting, Heating and Ventilation

As identified from the previous report all ventilation units have been cleaned and are now fully operational. A regular maintenance programme for these units is now in place. There were no offensive odours in the home at this time.

All areas of the home had suitable and adequate lighting available.

4.8 Consultation with Fire Authority

The Fire Officer last visited the home in October 1996 and there were no matters outstanding.

4.9 Fire Precautions

Written records seen demonstrated that all servicing and testing of fire safety precautions have been regularly undertaken. The home was reminded of the need to visually check equipment each month.

4.10 Fire Drills, Practices and Procedures

Regular fire instruction has been held for all staff to attend and all new staff are now instructed on fire safety matters on commencement of duties. The inspector acknowledges that the further fire sessions booked will include all staff whose fire instruction is outstanding.

The fire plan was displayed throughout the home.

4.11a Environmental Health and Hygiene

The Environmental Health officer visited the home in May 1998 and was satisfied with the procedures relating to the kitchen area. Since the last inspection visit, written procedures are now in place in respect of the hairdressing facility.

As recommended in the previous report, the management have improved the arrangements for the collection and storage of clinical waste.

4.12 Kitchens

Due to the Environmental Health Officer having visited the home in May 1998, on this occasion the Nursing Home Inspector did not visit and inspect the kitchen or procedures.

4.14 Laundry

The laundry area was clean and tidy and is fully staffed seven days a week.

Arrangements have been made to ensure that cleaning behind machines is now possible. This facility was suitably equipped and all laundry procedures were satisfactory.

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 was recommended that residents' personal allowance records are countersigned by another member of staff. ✓

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**