



Making Social Care
Better for People

inspection report

CARE HOME ADULTS 18-65

Bradwell House

**14 Brockhill Road
Hythe
Kent
CT21 4AQ**

Lead Inspector
Wendy Jones

Unannounced Inspection
13 November 2006 11:30

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 Adults 18-65*. 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	Bradwell House
Address	14 Brockhill Road Hythe Kent CT21 4AQ
Telephone number	01206 828290
Fax number	
Email address	
Provider Web address	www.achuk.com
Name of registered provider(s)/company (if applicable)	Aitch Care Homes (London) Limited
Name of registered manager (if applicable)	Post Vacant
Type of registration	Care Home
No. of places registered (if applicable)	10
Category(ies) of registration, with number of places	Learning disability (10)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection

Brief Description of the Service:

Bradwell House is a newly registered home that is owned by Aitch Care Homes Limited (ACH). It is a large detached house located in Hythe that provides care for ten people with a learning disability.

The home is close to the high street, supermarkets and the beach. A train station and bus service to local towns is close by.

The current core charge for Bradwell House is £1354.77 per week. Additional one to one time with services users is charged extra by the hour. There are also additional charges for personal items, clothing, hairdressing, newspapers and magazines.

SUMMARY

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

This key inspection was carried out over a period of time and concluded with a site visit to the home between 11:30am and 14:30pm on 13 November 2006.

A range of evidence has been used to inform this report and judgements have been made based on this evidence. Evidence used includes any concerns, complaints, allegations and other information received; reports of incidents that have occurred; a tour of the home; inspection of some records; and discussion with residents, staff and the manager.

What the service does well:

Although the home has only been open a short while and there are only two residents at present, it runs very smoothly and has a calm and happy atmosphere.

Well-trained and competent staff support the residents. Residents enjoy going shopping, trips to the local swimming pool and various activities that take place in the home. They are treated with respect by the staff and get on well with them.

The manager and deputy manager run the home very efficiently and are thought well of by the residents, their relatives and the staff. The home is well decorated and provides the resources needed to best support the residents to do the things they want to.

What has improved since the last inspection?

This is the first inspection since the home was opened.

What they could do better:

A rockery area in the garden presents a risk to residents at present. The rockery wall needs repairing and a small set of steps up to this area has cracked and broken paving slabs. This has been reported and repairs are due to be made.

Copies of the induction training new staff have undertaken should be kept on their files to evidence that they have received a thorough induction.

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.

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 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s): 1-5

Quality in this outcome area is **Good**. This judgement has been made using available evidence including a visit to this service.

Prospective residents have the information they need to decide whether Bradwell House can meet their needs.

EVIDENCE:

The statement of purpose and service user guide are in a form that residents can understand. They include the terms and conditions of the home. The two residents living in the home had only recently moved in. The manager confirmed that the company will issue contracts to them so that they know what the "rules" of the home are. All future residents will receive a contract when they move into the home.

The home's admissions policy states that prospective residents can visit the home on a trial period before deciding whether to move there. This was supported by evidence that a new resident, due to move into the home the next week, had visited previously. Information from these visits and pre-assessments carried out by the company and the manager of the home were contained in a care plan that was being developed for this resident.

Residents' care plans contained assessments from their care managers and other professionals. These had been used to develop comprehensive assessments of their needs and goals.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected at least once during a 12 month period.

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

6 - 10

Quality in this outcome area is **Good**. This judgement has been made using available evidence including a visit to this service.

Residents live in a home that meets their individual needs and choices.

Residents make decisions about their lives and are supported to live independently.

EVIDENCE:

Residents' care plans were comprehensive and took a holistic approach. Details of all areas of their lives including their likes and dislikes, activities they enjoyed, health, communication etc., were well documented from a person centred perspective. Risk assessments covered activities and the environment and were clear and concise. They covered areas that were a particular risk for each resident.

Care plans and risk assessments are to be reviewed each month and progress recorded. Residents are clearly involved in developing their care plans.

The manager explained that residents help with tasks in the home depending on their ability. They are encouraged to do their own washing and ironing.

Residents' money is kept in the home's safe in individual moneybags. Detailed records are kept of the money put in and taken out. One resident's finances were sampled and the records tallied with the money in the safe.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected at least once during a 12 month period.

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

11-16

Quality in this outcome area is **Good**. This judgement has been made using available evidence including a visit to this service.

Residents have opportunities for leisure activities, work placements and to continue their education.

Their rights are respected and they have contact with their family and friends.

EVIDENCE:

One resident said that they are going to go to College next year and like to go swimming at the local pool. Residents' care plans contained details of the activities that they have taken part in. These included swimming, walking, shopping, arts and crafts, watching television and listening to music.

The home has only recently opened and the two residents have only been there for a short time. It was not possible, therefore, for the views of

residents, care managers or other professionals to be gathered prior to the site visit.

Residents clearly have contact with friends and family. The manager said that a web cam is to be installed on the computer as another way that residents can keep in contact with their families.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

- 18.** Service users receive personal support in the way they prefer and require.
- 19.** Service users' physical and emotional health needs are met.
- 20.** Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
- 21.** The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected at least once during a 12 month period.

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

18 - 20

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

Residents' personal, physical and emotional health needs are met and they are protected by the way the home deals with their medicines.

EVIDENCE:

Details of each residents' personal, physical and emotional health needs are recorded in their care plans. Details of referrals to appropriate professionals and other health appointments are also recorded.

Details of the medication that residents have been prescribed were seen in their files. Medication records had been accurately recorded and medication was stored appropriately and safely in a locked medication cupboard fixed to the wall.

No residents had been prescribed controlled drugs at this time.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected at least once during a 12 month period.

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

22 - 23

Quality in this outcome area is **Good**. This judgement has been made using available evidence including a visit to this service.

Residents' are protected and their views are listened to and acted on.

EVIDENCE:

At the time of the site visit no complaints about the service had been received. The complaints procedure gives the timescale the home will carry out investigations in and contact details for complainants to contact the Commission if they wish.

Training records showed that staff are trained in adult protection. Staff spoken with were clear about what to do if they suspected someone was being abused and who to report this to.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s): 24 - 30

Quality in this outcome area is **Good**. This judgement has been made using available evidence including a visit to this service.

Residents live in a comfortable and safe environment with the equipment needed for their independence.

EVIDENCE:

The home was clean and free from offensive odours.

The dining room and communal areas are well decorated, light and airy. The dining room has enough dining tables and chairs for all residents to eat in the dining room when the home is full. There is a separate lounge with comfortable furniture, TV and music system.

There is a separate building in the garden. This will provide a sensory and activities room for residents to use when fully equipped. There is a small, secure and attractive garden. A rockery area in the garden presents a risk to residents at present. The rockery wall needs repairing and a small set of steps

up to this area has cracked and broken paving slabs. The manager explained that this has been reported and repairs are due to be made.

Pictures have been hung around the home, which helps to give it a homely feel.

There are six bedrooms on the first floor and four on the ground floor. All bedrooms are en suite shower or bathrooms. All bedrooms have been attractively decorated and contain all furniture to meet residents' basic needs. The bedrooms of the two residents living in the home contain their personal possessions and are comfortable and individual to them. There is one communal toilet on the first floor and one disabled toilet on the ground floor.

There is a modern, well-fitted kitchen with a cooker, microwave, dishwasher, fridge, and plenty of worktops and cupboards. It was clean and tidy.

The laundry has one washing machine and one dryer. The manager said that residents are able to use these to do their own laundry.

There was a specialist chair in the dining room that had been brought to the home ready for the new resident who was to move into the home the next week.

Staffing

The intended outcomes for Standards 31 – 36 are:

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):
31 - 36

Quality in this outcome area is **Good**. This judgement has been made using available evidence including a visit to this service.

Residents are protected by a thorough recruitment programme and supported by a qualified, competent and effective staff team.

EVIDENCE:

The manager and two support workers were on duty at the time of the inspection. As there were only two residents living in the home this was extremely adequate as it gave them one to one support. The manager explained that currently there is one senior and two support workers on duty during the day and one waking and one sleeping member of staff at night. As more residents move into the home it is intended that this will increase to one senior and four support workers during the day and two waking night staff.

As the home has only recently opened all staff were new. The manager and the staff on duty said that they have been able to attend a lot of training and to work together to build up their team. Staff were clear about their roles and responsibilities and how to meet the needs of the residents.

Staff records were seen for two members of staff. These contained evidence that a thorough recruitment process had been followed and appropriate checks made.

Records of training staff had attended and was due to take place in the next few months were seen. Subjects included health and safety, first aid, food hygiene, COSHH, manual handling, infection control, epilepsy, learning disability awareness, and adult protection.

Records did not contain completed induction programmes for staff. The manager explained that staff keep these themselves. A copy should be kept on staff files to evidence that they have undertaken a thorough induction. Evidence was seen during the site visit that staff receive a thorough induction. A new member of staff was doing the first day of their induction and the induction record for a member of staff who was on duty was seen. This was dated and had been signed by the member of staff and the manager. A blank induction form showed that induction is in stages. It listed subjects to be covered on the first day, first week, 3 months and 6 months.

Supervision records and tracking forms showed that staff receive monthly supervision. Staff had also signed a supervision agreement. Records of supervision were seen.

Staff spoken with said that they felt there is a good team spirit and things are "going well".

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected at least once during a 12 month period.

**JUDGEMENT – we looked at outcomes for the following standard(s):
37 - 42**

Quality in this outcome area is **Good**. This judgement has been made using available evidence including a visit to this service.

Residents live in a well run home. They benefit from the leadership and management approach of the home.

EVIDENCE:

The manager has the Registered Managers' Award and has a number of years experience of management in the learning disability field.

The manager showed a good understanding of the needs of the residents. Both she and the deputy manager had made good progress in setting up systems and procedures in the home. Management and staff were welcoming and friendly, well organised and had clearly put in a lot of effort towards making sure that the residents needs are met.

The atmosphere in the home was calm and residents were happy and contented.

Discussions with management, records seen and staff observed working in the home showed that the home is run with the best interests of the residents in mind.

All records are kept securely in the manager's office.

As the home has only recently opened and residents have only moved in over the past few months no quality assurance surveys have been carried out yet. However, residents have a key worker who they can discuss issues with. Regular staff and manager meetings are held where any issues raised by residents or their relatives can be fed back and discussed and any relevant action taken.

A current insurance certificate and the registration certificate were displayed in the entrance area of the home.

Staff have received training in manual handling and fire procedures. They were clear about the procedure to follow in the event of a fire and said they had been able to practice this thoroughly. Prior to this site visit the manager had sent the Commission details of maintenance and other essential checks that had been carried out.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

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

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

CHOICE OF HOME	
Standard No	Score
1	3
2	3
3	3
4	3
5	3

INDIVIDUAL NEEDS AND CHOICES	
Standard No	Score
6	3
7	3
8	3
9	3
10	3

LIFESTYLES	
Standard No	Score
11	3
12	3
13	3
14	3
15	3
16	3
17	X

PERSONAL AND HEALTHCARE SUPPORT	
Standard No	Score
18	3
19	3
20	3
21	X

CONCERNS AND COMPLAINTS	
Standard No	Score
22	3
23	3

ENVIRONMENT	
Standard No	Score
24	2
25	3
26	3
27	3
28	3
29	3
30	3

STAFFING	
Standard No	Score
31	3
32	3
33	3
34	3
35	2
36	3

CONDUCT AND MANAGEMENT OF THE HOME	
Standard No	Score
37	3
38	3
39	3
40	3
41	3
42	3
43	X

Are there any outstanding requirements from the last inspection?

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	YA24	4(a) and (c)	All parts of the home that residents have access to must be, so far as reasonably practicable, free from hazards to their safety. The loose wall and cracked and broken steps to the small rockery area in the garden must be repaired and made safe.	13/01/07

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.	YA35.3	Records of induction training new staff have undertaken should be kept on their staff files.

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