



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

Bradwell House

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

Lead Inspector
Paul Stibbons

Unannounced Inspection
12th November 2007 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	01303 239439
Fax number	01303 239391
Email address	bradwell.house@achuk.com
Provider Web address	www.achuk.com
Name of registered provider(s)/company (if applicable)	Aitch Care Homes (London) Ltd
Name of registered manager (if applicable)	Lucy Taylor
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 13th November 2006

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 unannounced inspection was conducted over a period of 3 hours and the home's manager was present. The home had provided a completed Annual Quality Assurance Assessment (AQAA) to the Commission prior to the visit. A tour of the building was carried out and a variety of documents and records were examined during the visit. Discussions were held with the manager and members of staff on duty. Owing to communication limitations feedback from residents present was not possible. Care managers and relatives views on the service were sought following this visit.

What the service does well:

The home conducts comprehensive pre-admission assessments and transition period to ensure the home will be able to meet the expectations of people who are considering a permanent placement with the home.

There are a range of opportunities in which people can participate that will meet their educational, social and leisure needs.

The home is homely, comfortable and safe with ample personal and communal space for residents to enjoy.

The home is run in the best interests of people living there with a qualified and experienced management team in charge of day-to-day operations.

What has improved since the last inspection?

The service has met the requirement of the last inspection by making safe the garden area.

A webcam has been introduced to enhance the communication experiences of residents, families and friends.

The home has purchased various items of new equipment for the home that will benefit people living in the home.

What they could do better:

The development of individual albums with photographs of participation in activities/events would be beneficial for residents with communication difficulties and significant others.

The home must ensure that all staff members complete mandatory training and other training specific to this service as the turnover of staff has reduced the number of qualified personnel.

The number of staff qualified to NVQ 2 should be increased to ensure a minimum of 50% of the staff team are qualified to this level.

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

CONTENTS

Choice of Home (Standards 1-5)

Individual Needs and Choices (Standards 6-10)

Lifestyle (Standards 11-17)

Personal and Healthcare Support (Standards 18-21)

Concerns, Complaints and Protection (Standards 22-23)

Environment (Standards 24-30)

Staffing (Standards 31-36)

Conduct and Management of the Home (Standards 37 – 43)

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.

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

1,2,3,4

Quality in this outcome area is **good**.

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

People considering moving into the home have sufficient information on which to make an informed decision.

Comprehensive pre-admission assessments are conducted to ensure the home can meet the needs and aspirations of individuals.

People have the opportunity of trial visits and a transition period before committing themselves to a permanent placement.

EVIDENCE:

The Statement of Purpose and service user guides viewed were clear in explaining the aims and objectives of the service enabling people to decide whether the routines and lifestyles experienced in the home would be suitable for them.

The home intends to update individual service user guides with a photograph of the resident and their key workers name.

Comprehensive assessments of individual needs were viewed in three care plans with input from care management, the services own referral team and the managers own visits to the individual prior to a transition period.

The home's manager states that transition periods are dependent on the individual but under normal circumstances include a day visit to meet staff and other residents, a night stay and a weekend stay. Information gathered from visits is evident in care plans viewed.

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.

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

6,7,8,9,10

Quality in this outcome area is **good**.

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

People living in the home benefit from a plan of care that reflects their assessed and changing needs.

People living in the home are consulted on, and participate in, all aspects of life in the home and are supported to take risks as part of an independent lifestyle.

The residents' right to confidentiality of information held about them is upheld.

EVIDENCE:

Three care plans that were viewed contained a holistic profile of individuals and support guidelines for staff with input from the speech and language therapy service. Guidelines viewed included eating and drinking, likes and dislikes, communication, activities and behaviour management. Staff members had signed to say they had read and understood the guidelines in place. Residents are encouraged to develop their daily living skills by participating in tasks around the home including cleaning, washing and ironing according to their individual abilities.

Appropriate risk assessments are in place and again staff members have signed to confirm they have read and understood them.

People living in the home are consulted for their views of life in the home through resident and key worker meetings, the most recent one viewed was on the 16.10.07.

Confidential information is securely stored in the manager's office with access restricted to authorised personnel.

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.

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

11,12,13,14,15,16,17

Quality in this outcome area is **good**.

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

People living in the home are offered opportunities to meet their educational, leisure and social needs both within the community and within the home.

People living in the home are supported in maintaining personal and family relationships.

People living in the home enjoy a varied and healthy diet that is of their choice.

EVIDENCE:

Activity planners for each individual living in the home were viewed and a range of activities that included swimming, arts and crafts, music, sensory

room, horse riding, visits to local public houses, shopping, film nights and day centre were available for people to participate in.

College courses that included numeracy and literacy, conservation, drama and cookery offered the opportunity for social contact as well as personal development.

Activity planners viewed also indicate that people living in the home participated in general household chores that develop their daily living skills. Due to communication difficulties the people in the home at the time of the visit were unable to confirm the extent to which they participated in activities, the development of individual albums with photographs of participation in activities/events would be beneficial for residents and significant others. However, comments from contacted relatives included, "engages in more activities now", "independence skills vastly improved", and "lots of improvements".

The home has installed a 'webcam' to the home's computer and this enables people living in the home and their relatives to view each other whilst communicating. A relative spoken with states that being able to view facial expressions enhances the communication experience. Residents are able to maintain contact with others through letter, email, telephone and visits.

Menus viewed in the home are based around the choices of people living in the home and are varied and healthy. Evidence of residents' input to choices of meals was seen in the minutes of a resident meeting in Oct. 07 where menus were discussed. One resident was observed assisting with the preparation of a meal during the visit.

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.

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

18,19,20

Quality in this outcome area is **good**.

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

People living in the home receive personal support in the way they prefer and require and their physical and emotional needs are met.

People living in the home are protected by the home's policies and procedures for dealing with medication.

EVIDENCE:

Three individual support plans viewed evidenced that assessed needs are met in the manner that individuals prefer and require. Plans viewed included staff guidelines for the eating and drinking requirements of individuals, weight monitoring charts and referral records to other health care professionals i.e. speech and language, GP and dentist. There is also evidence that care plans

have been reviewed on a frequent basis to ensure accuracy of current information.

Staff rotas viewed indicated that male and female members of staff are on duty to meet the preferred needs of people living in the home.

Medication is securely stored in an appropriate drugs cabinet within the manager's office and recording charts viewed were legible and complete. Training records viewed indicate that staff members complete a distance-learning programme for underpinning knowledge of medication followed by a one day course in the safe handling of medication and finally competence is assessed within the home.

Two reported medication errors have been addressed appropriately by the home and procedures put in place to prevent any reoccurrence.

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.

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.

People living in the home know their views are listened to and acted on.

People living in the home are protected from abuse and neglect.

EVIDENCE:

The home has a clear complaints procedure in place and the AQAA states that it is planned to develop a procedure in picture format to make it more accessible to residents. There have been two complaints received by the home since the last inspection and both have been resolved appropriately. There have been no complaints received about the home by the Commission.

Two adult protection alerts have been raised by the home since the last inspection demonstrating an openness and transparency by the service. One alert remains open pending assessments from other health care professionals. Three training records viewed indicate that staff members receive training around safeguarding vulnerable adults and staff members on duty spoken with were familiar with reporting procedures. The manager states that staff members awaiting training are booked on a course for the 16/11/07.

Parents take responsibility for individual finances and the home requests funds when needed. The home has clear auditable records of income and expenditure by residents. Transactions of a financial nature for residents are witnessed by two members of staff and security seal numbers are recorded.

The home's manager confirmed that all staff are subject to appropriate pre-employment checks including references, CRB and POVA checks.

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.

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

24,25,26,27,28,29,30

Quality in this outcome area is **good**.

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

People living in the home benefit from living in a homely, comfortable and safe environment with ample personal and communal space to meet their needs.

Residents have the specialist equipment they require to maximise their independence.

Residents benefit from living in a home that is clean and hygienic.

EVIDENCE:

The home is well decorated and furnished to a good standard with ample seating and communal space to meet the needs of people living in the home.

There is a specialised chair in the lounge that meets the needs of one particular individual.

Bedrooms viewed were of a good size and all had en-suite facilities with either a shower or bath. Bedrooms are decorated as individuals desire and the personal possessions seen reflected the interests and lifestyles of the individual. People living in the home each have a key to their own room.

The kitchen area is modern and well equipped with plenty of storage space and accessible to people living in the home.

The laundry area has a washing machine and dryer and residents are supported in using this equipment to do their own laundry.

At the time of the visit the home was clean and tidy with cleaning materials securely stored.

Feedback from a care manager included "the home has made good practical improvements", and from a relative "he loves the place".

There is a small, secure and attractive garden in which there is a building that is used as a sensory and activities room for the benefit of residents.

The damaged rockery wall and steps identified as unsafe at the last inspection have now been repaired and provides a safe area for people.

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.

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

32,33,34,35,36

Quality in this outcome area is **good**.

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

People living in the home are supported by competent and qualified staff who themselves are supported and supervised.

People living in the home are protected by robust recruitment policies and procedures.

EVIDENCE:

Three training records viewed had complete induction training records and mandatory courses including food hygiene, infection control and health and safety.

The AQAA states that only 25% of staff members have an NVQ qualification and 3 members are starting a course of study in January 2008. On completion over 50% of the staff will be suitably qualified.

A discussion with the home's manager identified a need to ensure that all staff members complete mandatory training and other training specific to this service as the turnover of staff has reduced the number of qualified personnel.

Members of staff spoken with confirm there are training opportunities offered and generally adequate staffing levels.

Staff rotas viewed indicated that four staff are rostered on duty during the day and two wake night staff.

Records viewed indicate that formal staff supervision is conducted on a regular basis as well as team meetings, the most recent dated Oct. 2007.

The manager states that the required recruitment checks are carried out prior to employment and a member of staff on duty confirmed this.

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.

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

37,38,39,41,42

Quality in this outcome area is **good**.

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

People living in the home benefit from the ethos, leadership and management approach of the home.

The home is run in the best interests of people living there and their views underpin all self-monitoring, review and development by the home.

The health, safety and welfare of people living in the home is promoted and protected.

EVIDENCE:

The home's manager is registered with the Commission evidencing qualifications and experience.

The home's AQAA states the manager holds a Registered Manager Award qualification and has eight years of experience working in care with two years at management level.

A current insurance certificate and the registration certificate are appropriately displayed in the home.

A monthly health and safety audit is conducted in the home to ensure the safety of people living and working there and maintenance records were available to view.

The providers conduct the required monthly visits to the home to assess the services success in meeting the National Minimum Standards and aims and objectives in the Statement of purpose, written records are kept in the home and were available to view.

As mentioned earlier in the report feedback from people living in the home is sought through regular resident meetings. The home is currently developing QA questionnaires to seek feedback from other stakeholders.

Various documents and records viewed and previously mentioned throughout this report demonstrates that the home is run in the best interests of people living there.

Care managers and relatives spoken to following this visit were of the opinion that there were noticeable improvements in the lifestyles of individuals since moving into this home.

Staff members spoken with found the management team open, approachable and supportive. One agency member on duty said "its like a breath of fresh air to work in this home".

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	
<i>Standard No</i>	<i>Score</i>
1	3
2	3
3	3
4	3
5	X

INDIVIDUAL NEEDS AND CHOICES	
<i>Standard No</i>	<i>Score</i>
6	3
7	3
8	3
9	3
10	3

LIFESTYLES	
<i>Standard No</i>	<i>Score</i>
11	3
12	3
13	3
14	3
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
<i>Standard No</i>	<i>Score</i>
18	3
19	3
20	3
21	X

CONCERNS AND COMPLAINTS	
<i>Standard No</i>	<i>Score</i>
22	3
23	3

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
24	3
25	3
26	3
27	3
28	3
29	3
30	3

STAFFING	
<i>Standard No</i>	<i>Score</i>
31	X
32	2
33	3
34	3
35	3
36	3

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

No

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

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

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