



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

Cherrycroft

**59 Crowstone Road
Westcliff On Sea
Essex
SS0 8BG**

Lead Inspector
Ann Davey

Unannounced Inspection
12th April 2007 9:00

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

Reader Information	
Document Purpose	Inspection Report
Author	CSCI
Audience	General Public
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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	Cherrycroft
Address	59 Crowstone Road Westcliff On Sea Essex SS0 8BG
Telephone number	01702 343654
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Precision Care
Name of registered manager (if applicable)	Sarah Louise Gontsi
Type of registration	Care Home
No. of places registered (if applicable)	9
Category(ies) of registration, with number of places	Learning disability (9), Physical disability (1)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection N/A

Brief Description of the Service:

Cherrycroft is a newly refurbished detached home just off the main London Road area in central Westcliff on Sea. The home provides 9 single bedrooms all of which have an ensuite facility. There is a communal lounge/conservatory, a lounge/dining area and an activities room. There are other utility/communal facilities. The home is decorated and furnished to an excellent standard.

Car parking is easily achieved on the road directly outside the home. The rear garden has a decking area that leads down on to the main lawn. The lawn area is currently being landscaped. The home has easy access to public transport and local community facilities.

The range of fees was provided by the manager as being £950.00 - £1610.00 per week. Additional charges are specified with the Statement of Purpose and should be discussed directly with the manager or registered provider. Fees are assessed on an individual basis according to care needs and requirements.

Copies of the home's Statement of Purpose/Service User's Guide are available from the home upon request. These documents are in a 'user-friendly style.

SUMMARY

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

This was the home's first unannounced key inspection site visit since registration took place on 3rd January 2007. At this inspection, all key standards were assessed. The home has only been registered for 3 months and has accommodated no more than two clients during this period. No assessment therefore could be made of the home's ability to sustain/maintain registration standards and regulatory requirements. These factors were taken into consideration when the final quality rating of this home was made.

A partial tour of the home was made. Staff on duty were spoken with and time was spent with those clients accommodated. Care practices were observed and a random selection of records was viewed. A selection of questionnaires/surveys was left with the home for distribution and any feedback from them, will be incorporated in the next key inspection.

The home was warm, friendly and comfortable. Staff on duty were hospitable and very helpful. The inspection process was carried out with ease and the cooperation of all those involved was appreciated.

The email address for the home is s.gonsti@precisioncare.co.uk. This will be included within the 'service information' section on the next inspection report.

What the service does well:

The manager had a good knowledge base of care required for adults with a learning disability.

The home had sound and robust recording systems in place.

A complete refurbishment of the home was undertaken before registration and the standard of the premises was excellent. The atmosphere within the home was warm, comfortable and inviting.

The home is committed to developing a well-balanced, skilled and experienced team of staff through the current recruitment process.

What has improved since the last inspection?

N/A

What they could do better:

Senior staff must have a more robust understanding and knowledge of 'Safeguarding Adults from Harm' issues.

The home should be able to demonstrate that clients have had an input into their individual plan of care.

The home needs to review the current staff induction programme.

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 – 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

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

Information about the home was readily available. Pre admission documentation was detailed.

EVIDENCE:

The home's Statement of Purpose and Service User's Guide were available. Both documents are in a 'user friendly' format.

The admission documentation of both clients accommodated was viewed. Documentation was detailed and clear. The pre admission assessments carried out by the home were comprehensive. During the inspection, two members of staff were on their way to visit a potential client. The discussion with them was both positive and encouraging as they were both very clear about the purpose of the visit and the importance of a good pre admission assessment.

It is important that the home formally records that clients views, wishes and expectations have been considered. The manager agreed that this was an oversight within the documentation system.

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 & 9

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

The care planning process within the home was comprehensive and current. It provided a sound basis for the provision of care.

EVIDENCE:

The care plan documentation for both clients accommodated was viewed. Both files were detailed, comprehensive and orderly. Review dates had been identified on each file. As with pre admission documentation, the wishes, views and expectations of clients had not been formally recorded on the documentation. Through observation and discussion on the day, clearly the clients were very much involved in the decision-making processes about their respective care, but the recording system must support this.

On discussion with members of staff during the day and from observation of care practices, the various care needs documented on care plans/risk assessments etc was a fair reflection of assessed care needs. Interaction

between staff and clients was seen to be natural and friendly. There is a good sense of humour within the home.

The home provides care for clients with complex care needs and therefore to obtain individual views and opinions from clients was not realistic or possible. However, time was spent with each client and from their demeanour and response, they expressed satisfaction with the care the home was offering. The home has established links with families and an external advocacy system. Surveys/questionnaires were left in the home for families to complete and these views will be incorporated within the next inspection report. In addition, the home has a good internal quality assurance system that hopefully would pick up any issues that the home could then deal with.

Records relating to clients personal monies being held were viewed and found to be in good order.

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):

12,13,15,16 & 17

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

Clients are actively encouraged and enabled to lead a full and meaningful lifestyle. The home had a good understanding of individual clients food preferences and appropriate records are kept.

EVIDENCE:

The home is very new and only accommodates 2 clients at the moment. Therefore the home is able to direct and focus their energies regarding this aspect of care with little other distraction. The home demonstrated that it understands the importance of each client living a fulfilling and meaningful lifestyle. At present, the home has not had the opportunity to develop many 'in house' or corporate activities, but this will come when more clients are admitted. The home has the benefits of having its own transport. Records were available to demonstrate that clients are provided with a varied and nutritional diet.

It was far too early in the home's life to assess many of the above standards in any detail, but they will be further assessed during the next inspection.

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.

The home demonstrated a good understanding of clients' personal and health care needs. The home demonstrated safe medication practices.

EVIDENCE:

From discussion with staff, clients preferences, likes and dislikes form an individual framework of care, however, this aspect of care had not been recorded within documentation. Care plan documentation detailed the personal and health care needed to support individual clients.

The home reported good links with local GP's and all other local community health care professionals. Being a relatively new home, links are still being established and the systems available are still to be tested.

The storage of medication was clean and tidy. Associated records were in good order. Staff who administer medication have received training.

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.

A 'user-friendly' complaints procedure is clearly displayed. Staff must be familiar with laid down adult abuse reporting procedures to safeguard vulnerable clients.

EVIDENCE:

A 'user friendly' complaints procedure is clearly displayed in the hallway. The home already has good links with visiting professionals, families and an external advocacy service. The home is mindful of the potentially very limiting verbal communication skills clients may/do have and takes this into consideration when discussing matters or being observant to the way dissatisfaction may be expressed.

During the course of the inspection, it was clear that the home must review the competency levels of senior staff that may find themselves in a position of needing to report any suspected adult abuse incident. Staff were clear about what constitutes as 'abuse' and have attended training sessions, but their 'reporting' understanding/awareness was not good and could place clients at potential risk. Full details about this judgement were made known to the manager who agreed that the situation was not satisfactory.

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 & 30

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

Clients live in a comfortable, clean and warm environment. All clients have their own rooms and there is adequate communal space.

EVIDENCE:

Prior to registration 3 months ago, the building underwent a total refit and refurbishment. The home is light and airy. The standard of decoration, fitments and furnishings is of a very high standard. At present, only two clients are accommodated so the home has really experienced very little 'wear and tear'.

The ground floor accommodates bedrooms, utility areas and lounge/ dining areas. The first floor accommodates bedrooms whilst the second floor has a staffing area and training room.

Currently the home does not need a passenger lift, but has decided to update the present one so that clients may be able to access bedrooms on the 1st floor with ease should they wish to do so. The home is currently landscaping the

rear garden area. There are some outstanding fire regulation requirements, but the home is actively addressing these and cooperating fully with the authority.

Maintenance and installation certificates were not viewed as this was carried out as part of the registration process 3 months ago.

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):

31,32,33,34,35 & 36

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

The staffing team is currently being developed using robust recruitment and employment processes and procedures.

EVIDENCE:

The rota was current and reflected the staff on duty at the time of the inspection. There were adequate staff on duty to provide care for those clients accommodated. The home is actively involved in a recruitment drive. Assurances were given that the home will not admit any more clients unless sufficient and adequate staff are available. At present agency staff are providing night cover. Staff spoken with were clear about their designated tasks and responsibilities. All expressed a pleasure and satisfaction in the work that they do. It was evident that there was a good rapport between current clients and staff on duty.

Two staff recruitment records were viewed. These were in good order. It was however noticed that the homes current induction consisted of a one-day 'tick box' programme only. This is not in keeping with current 'Skills for Care' requirements. Staff need to receive an adequate induction for the wellbeing of

clients. The manager agreed that further development work on this would be carried out.

The home demonstrated that it supports and funds excellent training opportunities for staff. Since registration, the home has held two staff meetings. In addition, the home was able to demonstrate that staff supervision sessions are established.

It is important that the above good practices are managed, monitored and maintained especially as the staff team will undoubtedly increase and develop considerable over in the next few months. It was positive to learn that whenever possible, the manager and the deputy manager will remain 'supernumery' to staffing levels. The manager described herself as being 'hands on', and this will no doubt encourage a consistent level of good care as new staff are recruited.

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):

37,39 & 42

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

Having been registered for only three months, there are clear signs of a well managed home.

EVIDENCE:

The manager and deputy manager have enrolled on the Registered Manager's Award course and are waiting for a start date. The manager understands the importance of good training for herself.

It is very early days for the home, but already the home was able to demonstrate a sound management style and approach to in house matters. The manager was positive throughout the inspection and demonstrated an eagerness to improve already existing good practices and it was apparent that those anomalies noted, would be quickly addressed.

The manager said that Precision Care has carried out the required Regulation 26 visits, but unfortunately no reports were available. It is important that the home receives copies of these reports as soon as they are ready so that they are available for inspection. It would be helpful if arrangements could be made for the two reports already in the pipeline, could be faxed to the Commission for assessment as part of this inspection. Safe working practice risk assessments were available.

Safety, installation and maintenance records were not viewed on this occasion as this was carried out as part of the registration process.

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	X
4	X
5	X

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

LIFESTYLES	
<i>Standard No</i>	<i>Score</i>
11	X
12	3
13	3
14	X
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	2

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
24	3
25	4
26	4
27	4
28	4
29	X
30	4

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

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

N/A

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	YA23	13	All senior staff (staff left in charge of a shift) must know how to report a suspected 'adult abuse' incident and to demonstrate that they are able to follow laid down procedures. This is to protect and safeguard vulnerable adults.	15/05/07

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	YA6 YA2	It is important that client's views, wishes, opinions and expectations are formally recorded in their respective care plans.
2	YA34	It is important that the home reviews the current staff induction programme to make sure that it is compliant with current guidance.

Commission for Social Care Inspection

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