



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

Harwich House

**8 Granville Road
Littlehampton
West Sussex
BN17 5JU**

Lead Inspector
Tim Inkson

Unannounced Inspection
20th August 2007 08:40

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	Harwich House
Address	8 Granville Road Littlehampton West Sussex BN17 5JU
Telephone number	01903 726224
Fax number	
Email address	helen.askew@achuk.com
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)	Miss Helen Maria Askew
Type of registration	Care Home
No. of places registered (if applicable)	9
Category(ies) of registration, with number of places	Learning disability (9)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 24th April 2006

Brief Description of the Service:

Harwich House is owned by Aitch Care Homes (London) Limited that own and manage several other similar establishments in the Southeast of England. It is a care home registered for up to nine service users in the category LD (Learning Disabilities 18-65 years). The establishment is a spacious converted premises situated close to Littlehampton town centre. Public transport services are easily accessible. Accommodation is provided over two floors and all rooms are single occupancy with en-suite facilities. The service is owned by AHC Homes. Mr Peter Flood is the Responsible Individual on behalf of the organisation. Ms Helen Askew is the Registered Manager in charge of the day-to-day running of the home.

People interested in living in the home are referred through the adults services departments of local authorities and are provided with information about the establishment as part of the process of initial contact about living in the home that is usually made with the head office of the company that owns the home. The company has a web site that includes details about Harwich House. People likely to be moving into the home and their representatives are sent detailed and illustrated information about it and are invited to visit and spend some time there meeting people already accommodated.

At the time of the site visit to the home on 20th August 2007 the fees started at approximately £1354 based on individuals specific needs. The basic fee included a minimum of 3 hours one-to-one staff support each day for every individual living in the home.

SUMMARY

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

This site visit was part of the process of a key inspection of the home and it was unannounced and took place on 20th August 2007, starting at 08:40 and finishing at 15:30 hours.

During the visit accommodation was viewed including bedrooms, communal/shared areas and the home's kitchen and laundry. Documents and records were examined and staff working practice was observed where this was possible without being intrusive. People living in the home and staff were spoken to in order to obtain their perceptions of the service that the home provided.

At the time of the inspection the home was accommodating 9 people, although as a number attended a local college during term times 2 of them were at home with their relatives as the site visit took place during the college summer break. There were 6 males and 3 females and their ages ranged from 19 to 55 years. The home accommodated some people from minority ethnic groups.

The home's registered manager was present during the visit and was available to provide assistance and information when required.

Relatives of people living in the home and care managers were contacted by telephone to obtain their views about the home. Also a visiting therapist was spoken to during the site visit.

Other matters that influenced this report included:

An Annual Quality Assurance Assessment completed by the registered manager in which he set out how he believed the home met and planned to exceed the National Minimum Standards (NMS) for Care Homes for Adults (18 -65) and evidence to support this.

A "dataset" containing information about the home's staff team, and some of its managements systems and procedures.

Information that the Commission for Social Care inspection had received such as statutory notices about incidents/accidents that had occurred.

What the service does well:

There was detailed written information available about the complex needs of the people that lived in the home that enabled the staff to provide the specific help and support that each individual required.

The home promoted equality and diversity and its routines were flexible.

Individuals were encouraged and supported to make choices for themselves and use the amenities in the local community.

The building was comfortable, well furnished and decorated.

Confidence in the home's management was expressed by people working there, relatives of people living in the home and social care professionals.

There was a strong commitment to staff support, training and development to ensure that they were able to fulfil their roles and responsibilities and meet the complex and diverse needs of people living in the home.

What has improved since the last inspection?

There were no matters of concern identified at the previous inspection of the service on 24th April 2006.

What they could do better:

There were no matters of concern identified as a result of this key inspection of the service.

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):

2

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

The help that people living in the home needed was identified before they moved in to ensure that the home could properly provide it.

EVIDENCE:

The records about 4 of the people living in the home were examined. It was clear from the documents seen and from the comments of relatives and social care professional spoken to that the level and type of support that individuals required was identified in great detail before they moved into the home. Getting details about the help that a person required included obtaining information from specialist health, social care and other professionals. Arrangements that were made for people to move into the home included obtaining the necessary information referred to above about the specific needs of the person concerned. This information gathering was carried out by the adults services department of the local authority that was funding the placement of the individual in partnership with experienced and skilled personnel from the company that owned the home including the home's registered manager.

One care manager/social worker spoken to said:

- *"The assessment and transition that they did with L was very good. It was very supportive of both her and her Mum. I went to her first review recently and we were all pleased with how well things were going ... I have to say that over the years I have helped place a lot of people and this is one of the best places".*

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 and 9

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

The home had systems and procedures in place for planning the care and support that people received.

People were helped to exercise choices about day-to-day life.

The potential of harm to individuals was identified and plans were put in place to promote responsible risk taking.

EVIDENCE:

Documents examined during the site visit included comprehensive plans setting out details of the support that each person living in the home needed and how it was to be provided. They included an individual activity plan for each person produced in symbols and pictures suitable that enabled most of the individual concerned to understand their contents.

The home's registered manager said that they were working with a local specialist team on alternative methods of producing information and communicating with some individuals. A number of staff had attending training in communication skills including a form of signing that some people living in the home understood.

The plans were focussed on the choices and wishes of the individual indicating that "person centred planning" was the principle upon which they were based.

They indicated how the person communicated if they could not do so verbally or with a system of signing e.g. *"I will let you know if I am unhappy.... I will push you away"*.

Individuals' likes and dislikes and food preferences were clearly documented e.g. *"Things that I don't like ... being rushed, noisy places, hot spicy food"*.

Where plans indicated that special equipment or specific support was required this was noted to be available and provided e.g. plate guard and help at mealtimes.

Daily notes supplemented the plans of care and support and a summary of the routines for each person that included a clear indication of the help that they had received if required with any aspect of personal care e.g. bath/shower; teeth; shave; and hands/face.

The home had several written policies concerned with promoting the right of individuals to make decisions including "Normalisation" (see also section about "Lifestyle" below).

Statements in the policies about this right included the following:

- *"... If limitations do need to be placed on an individuals self expression ... the rationale for these will be fully shared with the resident and reviewed regularly ..."*.
- *"...Only intervene in residents lives when there is a perceived and substantial risk to self or others ..."*.

There was documentary evidence that care plans were reviewed regularly and this was confirmed in discussion with relatives of people living in the home and care managers. Some people living in the home spoken to were also aware of the contents of their care plans and had signed acknowledging this and also agreeing with some of the strategies or actions that had been developed to manage risk of harm to their welfare.

A range of assessments of potential harm to each person had been completed and informed the plans of care by including strategies about how these risks would be managed. The risks identified included among other things the following; use of wheelchair in the community; shower chair; use of sensory cabin; travel; meal times; use of laundry room; preparing hot drinks; abuse; sexuality; and using the bath.

It was apparent from examining documents, observation and talking with the home's staff care managers/social workers and relatives that the home was strongly committed to supporting people including those with limited communication or intellectual skills to make informed choices/decisions, understand the range of options available to them and have the right to take responsible risks.

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 and 17

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

The home promoted the right of people living in the home to live ordinary and meaningful lives. They were supported to take part in social and recreational activities and to develop life skills. The food that the home provided for people living there was varied and nutritious and the home promoted healthy eating.

EVIDENCE:

Among the home's written policies and procedures that informed staff working practices was one called, "Normalisation". It included the following statements:

" ... Residents should be treated in an age appropriate manner and the environment of the house and the activities within and beyond the house should be culturally normative ... opportunities for work, sheltered or otherwise, as well as structured and valued day care will be encourage ... contact with the community beyond the house will be maximised ... activities beyond the house will be focussed on individual need and taste. They will not primarily be group activities ... staff may accompany residents when ther is a paramount need or perceived substantial risk. Some level of risk taking must

be allowed to provide residents with a challenge and to avoid institutionalisation ... holidays will be individualised. They will not be "in house holidays" ... residents should have keys to their rooms and the front door ...".

There was evidence from documents examined, discussion with staff and people living in the home, their relatives and care managers that the home achieved the aim of this policy as far as was reasonably possible depending on the different, specific and often complex needs of people living there. Individuals were able to pursue their own particular interests and these were noted in their care plans. Daily notes and individual weekly activity plans indicated that individuals were also supported to use amenities in the local community such as shops and banks and went out for meals and to venues such as cinemas, bowling alleys, pubs and social clubs. Some individuals attended a local college and others day services where they learnt among other things, life and social skills. Staff also supported individuals with these things at the home e.g. cooking, laundry, shopping, managing money and relationships.

The home had 2 vehicles that were used to provide transport for day-to-day matters such as getting to college but they also enable small groups of people to go on outings to places of interest.

The week following the site visit 2 people living in the home were going on holiday and the registered manager said that everyone living in the home had at least an annual holiday.

Regular contact was maintained between people living in the home and their relatives. One individual's relative who was spoken to confirmed that her daughter spent most weekends at home with her.

Individuals living in the home had their own single rooms with en-suite facilities. This fact helped to promote their right to privacy and staff were clearly expected to knock on bedroom doors and seek permission to enter them and people spoken to indicated that they did. Individuals were offered keys to enable them to lock their own rooms if they were able to use one wished to do so. It was also apparent from where individuals were seen in the building during the site visit that they were free to choose whether to be alone or to mix with others living in the home.

A person's preferred form of address was noted in their plan of care and during the site visit staff were noted to be using them.

There was a menu that was planned with the people living in the home each week and it was apparent that individuals were able to include their favourite choices in them.

The food provided each day was recorded, particularly if someone had something different to what was on the planned menu. If required the food and

fluid intake for an individual was monitored. It was evident that the food provided was varied and took into account individuals' preferences that were recorded in their care plans and people spoken to said that they enjoyed the food. Special diets and specific needs were provided for e.g. dairy free and small portions. Where care plans indicated that special equipment or support was needed at mealtimes this was provided e.g. plate guard, apron and small portions. The homes' registered manager said that the home attempted to purchase local fresh produce and people living in the home were encouraged supported to eat a healthy diet.

One member of staff spoken to said:

- *"...Every Thursday we sit with the residents and plan the menu, those unable to communicate know what they like and we always provide an alternative ..."*.

During the site visit it was noted that staff and people living in the home had a relaxed and informal relationship. When individuals needed some guidance, support or prompting it was provided appropriately and sensitively and casual and friendly banter occurred between both "parties".

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 and 20

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

The health and personal care that people received was based on their individual needs and their medication was managed safely.

EVIDENCE:

The care plans examined (see section about "Individual needs and Choices" above) set out in detail how the help and support an individual needed with matters such as personal hygiene and physical care was to be provided. The home operated a key worker system that ensured as far as possible consistency and continuity of support for individuals and this was illustrated when staff spoken to were able to describe the specific needs of the individuals whose care plans were examined.

Staff were required to sign a care plan awareness document to indicate that they had read them and understood their contents.

There was evidence from discussion and documentation that the gender of staff providing help for people with their intimate personal care needs was based on individual's preferences.

Records examined concerning the people living in the home indicated that they received visits from or made visits to healthcare professionals when necessary. They were supported to attend routine and regular visits to dentist,

opticians and the home had also arranged when required assessment and the provision of continence products through the relevant agency/service.

There was evidence in records of correspondence that the home liaised with relevant specialists about the use and level of medication used to manage epilepsy and staff had attended training sessions in epilepsy awareness and the giving of this medication.

The home kept a record of seizures had by individuals and also used a sound monitor one persons bedroom in order to alert night staff to such episodes The potential for this to undermine the individual's privacy was discussed with the homes registered manager to ensure that precautions were taken to ensure that this did not happen.

Other records that were kept concerning the healthcare needs of individuals include when specifically required was fluid intake.

Relatives spoken to about their perceptions of how the home promoted the personal and healthcare needs of people living in the home were very complimentary and indicated that the home had involved them in discussions with healthcare professionals about the needs of their relative living in the home and kept them fully informed of any concerns.

At the time of the site visit a "music and movement therapist" was visiting the home. She worked with individuals and groups of people in the home to help and encourage them to explore sound and express themselves through that medium.

On the afternoon of the site visit an aroma-therapist visited the home to work with some individuals. The registered manager explained that the persons concerned both benefitted from this form of complementary therapy as the sensory stimulation was important for them as they were unable to communicate verbally and also helped with the their mobility.

The home had a range of written policies and procedure that were corporate i.e. produced by the company that owned the establishment. These informed staff working practice. The home had however produced additional and specific procedures about how medication was managed and administered at Harwich House.

Medicines were kept in a suitable locked metal cabinet and the home used a monitored dosage system with most prescribed medicines put into blister packs for a period of 28 days by a pharmacist. The exception being those such as liquids or items that would deteriorate when removed from their containers. Records were kept of the receipt into the home of medicines, giving out and disposal of unwanted items and all were accurate and up to date.

There were clear instructions in place about giving individuals medication that was prescribed for them "as required" and not at set times.

The home had also agreed a protocol with the senior community nurse and other relevant persons (i.e. relatives, general practitioner and care manager) about crushing medication and giving it covertly only when absolutely necessary and in the best interests for one individual.

There was reference material readily available about medicines and one matter of good practice that was noted was the sample signatures of the staff that gave out medication.

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 and 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 had access to a complaints procedure that would enable the home to address their concerns and independent advocacy services could be used to represent individuals if necessary. There was a system in place in the home to protect vulnerable adults from harm.

EVIDENCE:

People living in the home had been given a copy of the home's Service Users Guide in a format that included pictures and symbols to explain to individuals their rights in as simple a form as possible. This included a copy of the home's complaints procedure.

The home's registered manager indicated that they used a local specialist advocacy service to help support individuals living in the home that could assist people if they had concerns they wanted to raise. People spoken to that were able to communicate indicated that they knew how to make a complaint.

The home had a system for recording complaints and how they were dealt with and in the 12 months prior to the site visit 2 had been made about it to the adults services department of a local authority but neither of them had been substantiated. There had been no complaints about the establishment made to "the Commission" during that same period.

Relatives that were telephoned for their views about the home said they knew how to complain if they were dissatisfied with the service that was provided and were confident in the manager's abilities to deal with complaints.

There were written procedures readily available in the home for the guidance of staff, about safeguarding vulnerable adults. These included a copy of the local authority's adult protection procedures. Related policies included "*Whistle*

Blowing”, “Accountability and Boundaries of Resident and Staff Relationships” and “Staff Appointment Procedure”.

All staff spoken to during the site visit had received training in the subject of adult protection and those spoken to knew what to do if they suspected or knew that it had occurred.

The home had been pro-active in appropriately reporting concerns about the welfare of one individual in accordance with the safeguarding adults procedures of the adults services department of the local authority.

The home kept some money on behalf of the individuals living there and accurate records were kept of all incomings and outgoings. There was evidence that records were audited regularly.

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 and 30

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

The home's environment was comfortable safe, and well maintained for the benefit of the people living and working in it.

EVIDENCE:

At the time of the visit the exterior and interior of the home was in good decorative order and its furnishings and fittings were in good repair. The premises were clean and hygienic and there was evidence that there were systems in place to ensure a regular and routine cleaning schedule was implemented.

The home's registered manager said that the company that owned the home employed a maintenance team and a weekly list was submitted by the home of things that required attention/repair and the maintenance team prioritised these. She added that if something urgent arose that local contractors could be used. She pointed out that redecoration of the lounge, dining room, hallway and stairs had been carried out within the previous 12 months and 2 bedrooms were due to be redecorated in the near future.

One member of staff spoken to said about the standard of accommodation:

- *" ... The money is there if we can justify it ... the company provides a good environment ...".*

The accommodation was domestic in nature and scale and bedrooms were spacious and all had en-suite facilities consisting of either a bath or shower and WC. Bedrooms viewed during a tour of the premises had been personalised for or by the individual concerned and 2 people spoken to indicated that they liked their rooms.

One care manager/social worker spoken to about their perceptions of the service provided at the home said:

- *"The accommodation is of a very good standard".*

Most communal space was on the ground floor and comprised a large lounge and a separate dining room, a kitchen, laundry room and a WC with adaptations installed to provide assistance for people with disabilities. There was also a small "quiet" lounge/room on the first floor.

There was some signage in the building i.e. symbols, that helped people recognise some of the home's facilities.

Located in the home's good-sized and secluded rear garden was a "summer-house" in which was installed a range of multi-sensory equipment. The home's registered manager said that the equipment was used in a structured way as part of a person's activity plan (see above, section about "Individual Needs and Choices") but also generally to help someone relax.

The home had written procedures about infection control and staff had received relevant health and safety training. There was a laundry room that was equipped with a commercial washing machine that had a sluice programme. The home's procedures included the use of special dissolvable bags for the conveyance and laundering of soiled items.

Good infection control practice in the home included the provision of liquid soap and paper towels in communal WCs.

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, 34 and 35

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

The recruitment, training, deployment level and skill mix of staff ensured the needs of people living in the home were met and their safety was promoted.

EVIDENCE:

At the time of the site visit the home's staff team comprised 16 including the registered manager and of these 5 (31%) had qualifications equivalent to at least National Vocational Qualification (NVQ) at level 2 in care and 3 others were working towards relevant qualifications.

At the time of the site visit the minimum deployment of staff was as set out below:

07:00 to 15:00	15:00 to 19:30	19:30 to 07:00
4	4	2 wakeful

The manager was supernumerary and normally available from Monday to Friday from 09:00 to 17:00 and there was always a member of the home's management team on call "out of hours".

There was also support for the home and its staff group available from senior staff in the company that owned the home. These included:

- Operations Director
- Regional Operations Manager
- Head office assessment team

- Human Resources
- Maintenance Team

There had been a considerable turnover of staff in the 12 months prior to the site visit but there had been very sound reasons for these changes. The home was in the final stages of recruiting another member of its management team and bringing the whole staff team up to its full complement.

The records of 3 staff that had started work in home since the last inspection of the establishment on 24th April 2006 were examined. It was apparent that all the necessary pre-employment checks had been completed to ensure that anyone considered unsuitable to work with vulnerable adults was not employed.

All new staff that were employed if they did not already have a relevant qualification completed an induction training programme that complied with the expectations of "Skills for Care" i.e. the social care workforce development body

There was evidence from examining staff records and discussion with staff on duty that there was strong commitment to staff training and development and also to ensuring that all staff received regular training and updates in health and safety subjects that were regarded as essential.

Training courses that staff had attended included the following:

- Epilepsy and Buccal Midazolam
- Conflict Management
- Moving and handling
- Medication in care settings
- Communication skills
- Epilepsy and autism
- Autistic spectrum disorder
- Report writing
- Food hygiene
- Protection of Vulnerable adults
- First aid
- Strategies for Crisis Intervention and Prevention (SCIP)
- Fire safety

Comments from staff spoken to about staffing levels and training included:

- *"... Staffing levels are pretty good ... it would nice to have more and then we could do more one to one but it is not as if anyone is neglected ... "*
- *"I have done a lot of training, cooking, first aid, medication, report writing epilepsy ... "*
- *"I have NVQ level 3 in promoting independence and I start NVQ level 4 in September ... you show commitment and they will invest in you ... when*

we are fully staffed again we will have 5 on every evening for when they return from college ..."

- *" ... I have food hygiene, I have done fire training, SCIP ... I think it is a good staff ratio ..."*

On a notice board in the home's office was a list of training to be completed by the home's staff between September 2007 and January 2008. This comprised:

- Person centred planning/key-working
- Autism
- Managing challenging behaviours
- Nutrition/health eating

Comments from people social care and professionals and relatives of people living in the home spoken to in order to obtain their perceptions about the service that the home provided and specifically about the staff group included:

- *" ... They are very friendly ..."*
- *" ... I find them to be very encouraging ..."*
- *" ... I have received no negative feedback from the college or parents ..."*
- *" ... We are both very happy with what they do for our daughter ..."*
- *"I feel they are proactive ... they look for different ways to communicate with their clients ..."*

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 and 42

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

The home's registered manager provided effective leadership

There were systems and procedures in place for monitoring and maintaining the quality of the service provided and also for promoting the safety and welfare of everyone living and working in the home.

EVIDENCE:

The home's registered manager was very experienced with some 20 years of working with adults with learning disabilities with a range of complex needs in a variety of types of establishment and in different roles including supervisory and registered manager. She had an NVQ level 4 in care and a qualification on supervisory management and was working towards completing a relevant competency based management qualification i.e. the Registered Managers Award.

She had been responsible for the management of Harwich House since the Autumn of 2005 when the establishment first opened and had been very involved in building up the staff team and supporting the people living in the

home and their relatives with the transition from their previous living situations/circumstances.

From discussion with the registered manager, and from observation and discussion with staff, people living in the home and comments from people whose views were canvassed about the management of the home. It was apparent that the registered manager was; well respected; organised; motivated; enthusiastic; sensitive to and understanding of the needs of both the home's staff team and the individuals accommodated there. Staff said that they had regular staff meetings. There were clear lines of accountability in the home's management structure and members of staff had specific responsibilities (lead interests) delegated to them e.g.

- Health and safety, fire safety and risk assessments
- Activities and holiday
- Household and residents money
- Healthy eating and kitchen

Comments about her qualities and management approach of the home included:

- *"... I felt that she dealt with me very professionally ..."*(therapist).
- *"... She is fair and professional, her knowledge of the client group is good ..."*(member of staff).
- *" ... She is friendly, helpful and supportive, she explains things about the needs of the residents ..."* (member of staff).
- *" ... She is a good manager. She is very caring. She is laid back in her style and that is the culture she has created in the home. She goes with the flow ... she has lots of experience of working with challenging people ..."* (member of staff).
- *"... I think that she is a good manager, she has good relationships with staff, she is aware of the problems because she works shifts on the floor and provides personal care and works on care plans ..."* (member of staff).

A formal system for monitoring the quality of the service based on taking account the views of people living in the home had not been implemented. The registered manager said that she was intending to develop a system within the next few months for a project as part of the Registered Managers Award that she was working towards completing (see above).

Audits of the home's managements system were done as means of assessing the service provided by the home (e.g. money looked after on behalf of people living in the home, see section about "Concerns and Complaints", above). Also a representative from the company that owned the home visited every month and completed a report about the conduct of the home.

There was some discussion with the home's manager about a methodology developed by The British Institute for Learning Disability" (BILD) for assessing the quality of life for people in care homes.

There were a range of written policies and procedures in the home that influenced staff working practice and consequently life in the home including one about the principle of "Normalisation" and also equal opportunities. These both ensured that diversity was promoted and this was reflected in the gender and ethnic mix of both the staff group and the people living in the home as well as the range of needs of individuals living in the home.

Records seen, observation and discussion with staff indicated that safe working practices were promoted in the home and that fire safety systems and other systems and equipment (e.g. hot water outlets) were checked. Also that chemicals used in the home were stored safely and staff had received fire and other health and safety training.

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	X
2	3
3	X
4	X
5	X

INDIVIDUAL NEEDS AND CHOICES	
<i>Standard No</i>	<i>Score</i>
6	4
7	4
8	X
9	4
10	X

LIFESTYLES	
<i>Standard No</i>	<i>Score</i>
11	X
12	4
13	4
14	X
15	4
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
<i>Standard No</i>	<i>Score</i>
18	4
19	4
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	4
25	X
26	X
27	X
28	X
29	X
30	3

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

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

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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