



*Making Social Care  
Better for People*

# inspection report

**CARE HOME ADULTS 18-65**

**Kingsdown House**

**46 Goddington Road  
Strood  
Kent  
ME2 3DA**

*Lead Inspector*  
**Sue McGrath**

*Unannounced Inspection*  
**23rd and 24th May 2006      10:00**

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- Put the people who use social care first
- Improve services and stamp out bad practice
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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](http://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](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Kingsdown House
<b>Address</b>	46 Goddington Road Strood Kent ME2 3DA
<b>Telephone number</b>	01634 717084
<b>Fax number</b>	01634 717061
<b>Email address</b>	dan.gower@achuk.com
<b>Provider Web address</b>	www.achuk.com
<b>Name of registered provider(s)/company (if applicable)</b>	Aitch Care Homes (London) Limited
<b>Name of registered manager (if applicable)</b>	Mr Daniel Steven Gower
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	9
<b>Category(ies) of registration, with number of places</b>	Learning disability (9)

# SERVICE INFORMATION

## Conditions of registration:

**Date of last inspection**                      New Service

## Brief Description of the Service:

Kingsdown House is a home for nine services users between the ages of eighteen and sixty-five, who have been diagnosed as having a learning disability. Their needs can be complex and can present a challenge to the service. Some of the Residents may have autism and / or epilepsy and have specific needs associated to this. The aim of Kingsdown House is to provide accommodation in a home like environment.

The home is located in a residential area within walking distance of shops and local amenities and has its own vehicle for the service users benefit. The property is a large spacious detached house and has a lounge/diner, kitchen, and a bathroom and toilet on the lower floor. There is also a visitors/1:1 room and a relaxation summerhouse in the garden. All nine bedrooms are single occupancy with en-suite bathrooms or wet rooms. Three of the bedrooms are on the ground floor and six of the bedrooms are on the upper floor. The secure garden to the rear of the property includes a patio area.

The fees charged by the home are £1355.00 per week, plus an additional £8.00 per hour for one to one support for service users as required.

# SUMMARY

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

This was an unannounced inspection under the terms of the Care Standards Act 2000 and took place on the 11th and 12th June 2006. This was the first inspection of the home and is considered a Key Inspection. The Inspector agreed and explained the new inspection process with the Registered Manager. Documentation and records were read, including care plans. Time was spent reviewing a sample of written policies and procedures, looking at care plans and records kept within the home. A tour of premises was undertaken. Several members of staff were spoken to and the Inspector returned on the second day to talk to relatives.

The home currently has two residents but is in the process of assessing further residents.

The home has made a good start to providing a high level of care to its residents and the staff group has gelled well and works well as a team. Relatives spoken to were extremely happy with the care their relatives were receiving.

The environment is excellent and is to be commended.

The challenge for the home now is to maintain the high level of care offered now, when the service is full.

The inspector on leaving the home was satisfied that residents were both safe and well cared for.

## **What the service does well:**

The service offers a high level of care and support with dedicated a staff and management team. The environment is excellent. Staff are well trained and enthusiastic. A high level of organised activities enables residents to gain much from living in the home. Health care needs are well met.

The home maintains good contact with relatives and helps the residents to keep in contact with friends and family.

Residents are offered a well balanced diet.

## **What has improved since the last inspection?**

This was the first inspection of a new service.

## **What they could do better:**

All staff would benefit from NVQ training.

It is strongly advised that all senior staff undertake accredited training in the Safe Administration of Medication.

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](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office.

# **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 at least once during a 12 month period.**

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

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

Prospective residents are provided with the information they need to make an informed choice about moving into the home.

Residents benefit from a comprehensive assessment of their needs prior to moving into the home to ensure their assessed needs can be met.

### **EVIDENCE:**

The home's Statement of Purpose and Service User Guide were viewed and seen to contain all of the information required under Schedule One of the Care Homes Regulations 2001. Discussion with the Registered Manager confirmed that as new residents move into the home they will each receive a personalised copy of the Service Users Guide. The ones viewed contained photograph relevant to the individual and was well presented and written. Relatives spoken with were familiar with these documents.

Examples were seen of the pre admission assessments and of the information gathered prior to admission. The Registered Manager and his staff had clearly worked well to gather all the information required to provide a high standard of care. The admission process could be adapted to ensure an appropriate admission process was available to meet the needs of any prospective resident. The home had two residents on the day of the inspection, as it was a new service, and both had been admitted on an individual basis. The

Registered Manager was confident that they would not admit a resident whose needs could not be fully met. Admission could be phased in or otherwise, depending on what was best for the individual. Comments from Care managers confirmed that the home worked closely with them. Copies were seen of contracts in the resident's files. These were being developed in a pictorial format by the organisation.

## **Individual Needs and Choices**

### **The intended outcomes for Standards 6 – 10 are:**

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

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

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

6-10

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

Residents have clear and in-depth care plans that identify their individual needs and give clear guidance to staff.

Care plans are regularly updated to ensure changes are recorded and acted upon.

Service users are enabled to take reasonable risks within the homes risk assessment management strategies.

#### **EVIDENCE:**

As this was a new service the development of the service users plans was able to place from new. The Registered Manager and his staff had worked closely with a Behavioural Psychologist in developing new plans. They were originally drawn up by the Registered Manager and confirmed by the Behavioural Psychologist. They were easy to read and gave staff a lot of guidance and information. It was refreshing to see that the Registered Manager was fully

aware that the development of these documents would be ongoing and regularly reviewed. Staff sign all care plans to say they have read and understood the plans. The plans evidenced that the residents had complex behaviours but that with appropriated intervention these could be managed. Evidenced was also seen in these records that behaviours had improved since admission and episodes of challenging behaviours had decreased dramatically. This was also conformed by a relative of one of the residents. During the inspection staff were seen to interact very well with the residents and gave choices whenever appropriate. Residents were seen to be encouraged to make decision where possible and evidence was seen of pictorial charts to enable residents to see visually what was being offered. This had been produced in conjunction with the local Speech Therapist. Staff were continuing to develop this area of care.

Risk assessments were in place for the majority of day-to-day activities but again the Registered Manager was aware that risk assessments need to be continually monitored. These assessments clearly demonstrated that hazards had been identified and action was given to minimise identified risks and hazards. The level of action to be taken did not appear to limit the persons preferred activity or choice. The Registered Manager was aware that taking a certain amount of risk was part of daily living and that residents should not be 'risk assessed' out of completing activities.

The home had a written policy of confidentiality and staff spoken with were familiar with the contents and interpretation of the policy.

# Lifestyle

## The intended outcomes for Standards 11 - 17 are:

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

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

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

11-17

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

Residents benefit from having the opportunity for personal development with daily living skills and have appropriate level of leisure activities.

Residents are supported to maintain contact with family and friends, which ensures they continue to receive stimulation and emotional support.

The residents benefit from the appetising meals and balanced diet offered by the home.

### **EVIDENCE:**

Residents were actively encouraged to maintain contacts with relatives and friends. One resident, who previously had lost contact with her family, was now starting to have contact. The home was hoping to involve the family with her care and to encourage regular ongoing contact. It was hoped that this contact would also enhance the spiritual needs of this resident.

Both of the current residents were unable to engage in employment due to the level of their disability, however the home had a wide range of activities organised. These included swimming, wheelchair ice hockey, horse riding, specialist bike riding, walks, personal shopping and aromatherapy. The home had its own minibus for the residents use, at no charge to the resident. One of the residents was on the waiting list for access to Adult Education and was hoping to attend music classes.

In house activities include arts and crafts and cookery. Trips out included visits to the local pub and going out for meals. Activities were led by the individual's wishes and choices.

Details of all of the activities undertaken were recorded and monitored. The Registered Manager had developed a system of monitoring activities that enabled him to monitor the choice and progress made for each individual. Relative spoken with confirmed that a wide and varied range of activities took place.

Both of the residents had access to 'Ask Advocacy' an advocacy service run by Medway Social Services.

Due to the level of disability it was acknowledge that the current residents would be unable to participate on political activities.

Discussion with the management team and the staff confirmed that daily routines and house rules promoted independence and individual choice, where possible. Staff were seen to be very supportive and caring to both of the residents.

Menus were viewed and were found to be nutritious and varied. The intention would be to change the menus every six weeks and residents would be consulted in drawing up the new menus. The home records what each individual had for his or her meals. Mealtime were seen to be relaxed and unhurried. The kitchen was very clean and all the necessary records were well maintained. Staff clearly took a pride of preparing and offering quality meals and maintained the kitchen environment to a high standard.

## **Personal and Healthcare Support**

### **The intended outcomes for Standards 18 - 21 are:**

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

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

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

**18-21**

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

The health needs of individuals were mainly well met and residents benefited from good multidisciplinary working.

The residents' welfare was protected by the home's policy and procedures with regard to the handling and administration of medication.

#### **EVIDENCE:**

Discussion with staff and observations made during the day confirmed that personal care was provided in a sensitive and flexible manner and that residents privacy was maintained at all times. Times for getting up/going to bed and mealtimes were flexible according to choices and activities. Both of the residents had designated key workers and the manager confirmed this would be the case for any prospective resident. Staff spoken with were aware of the roles and commitment of being a key worker.

Evidence was seen that both of the resident's healthcare needs had been assessed and details were included in the care plans. Procedures were in place to manage any medical needs. Both of the residents were registered with a local G. P. and had full access to any healthcare facilities in the locality.

Continence advice and support was given a high priority and good progress had been made in this area. The home was given good support by Speech Therapists, Behavioural Psychologists and other specialists. The Registered Manager confirmed that the residents health was monitored on a daily basis and that any potential problems would be identified and dealt with appropriately.

The Registered Manager had ordered a copy of the Royal Pharmaceutical Society of Great Britain guidelines and was waiting their delivery. Both the Registered Manager and the Deputy Manager had completed an accredited Safe Administration of Medication course. The Assistant manager had not completed an accredited course. Other Staff had completed a one-day course. The manager confirmed that he was looking into offering all staff the accredited course and was currently researching further details. In the meantime the manager confirmed that staff that administered medication would continue to be appropriately monitored. Neither of the current residents had been assessed as being able to self-administer their own medications. Records were viewed of the system used to administer the medication and were found to be robust and complete. The home had its own local medication policy and the manager was involved in drawing up the Organisations Policy and Procedure.

It was seen that medicines in the custody of the home were handled according to the requirements of the Medicines Act 1968 and the Guidelines from the Royal Pharmaceutical Society of Great Britain.

Discussion with the Registered Manager confirmed that a basic policy on illness and death and dying was in place but that he would, in the future, be developing it.

## **Concerns, Complaints and Protection**

**The intended outcomes for Standards 22 – 23 are:**

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

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

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

**22-23**

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

Residents are protected by a robust complaints system and service users and relatives feel their views are listened to and acted upon.

The home has robust adult protection policies and procedures to ensure that residents are protected from abuse.

### **EVIDENCE:**

The organisation had a clear and comprehensive complaints procedure in place, with a pictorial version included in the Service Users Guide. A family member spoken to was aware of the process but had never had to use it. No complaints had been made since the service had started operating.

The home also had a robust system in place to safeguard residents from any form of abuse and discussions with staff confirmed they had a good understanding and awareness of the policy. Staff confirmed that they would not tolerate any forms of abuse and would address any issues immediately they became aware of them. This was conformed by the manager. All allegations of abuse and action taken were recorded appropriately.

## **Environment**

### **The intended outcomes for Standards 24 – 30 are:**

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

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

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

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

Residents benefit from living in a clean, safe, well-maintained environment and have safe access to comfortable indoor and outdoor communal areas.

### **EVIDENCE:**

The home has been completely refurbished to a very high standard and was seen to be safe, comfortable, bright, clean and free from any offensive odours. It was evident that a lot of time and effort had been used to design and provide a really good environment in which to live. The furniture and fittings were of a good quality and gave a very homely feel. All of the residents enjoyed single rooms with en-suite facilities and all are individually decorated. When new residents are admitted they will be given the opportunity to personalise their rooms, as the two current residents have. The garden was safe and secure with a patio area and steps leading to a raised garden. There was a summerhouse that was to be used as a sensory room. When all of the necessary equipment has arrived it will provide further areas of relaxation for the residents. The equipment to be provided includes a wind machine, mirrors, specialist lighting, large balls, very large beanbags, spongy

matting and a music centre. The summerhouse will have heating and lighting and be carpeted.

The lounge/diner was modern and comfortable. The kitchen area was very clean and modern. The laundry facilities meet with the necessary requirements and systems were in place to prevent the spread of infection in accordance with relevant legislation. Staff were aware of COSHH regulations and cleaning materials had the relevant date sheets filed.

The home meets with the requirements of the local fire service with all fire signs fitted as advised by them. Each fire exit had a written plan that would be given to the Fire Officer if required during a fire.

All of the upstairs windows had restrainers fitted, as required by the Health and Safety Executive.

The home has external security in place.

It was advised that the door closure be adjusted as all of the doors were slamming shut and this appeared to make some of the residents jump. The manager agreed to speak to the handyman to see if this could be completed.

The home does not have a lift so would not be suitable for residents with mobility problems.

## **Staffing**

**The intended outcomes for Standards 31 – 36 are:**

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

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

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

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

Residents benefit from staff that are trained and competent to do their jobs and who enjoy good morale.

Residents benefit from staff that are appropriately supervised by senior members of staff.

### **EVIDENCE:**

Several staff files were viewed and were found to contain the information required by Schedule 2 of the Care Homes regulation 2001. One area of slight concern was around the staff employed from abroad. The organisation had used an agency to employ these staff and although they had sight of their references, copies were not in their files. This issue was discussed with the Registered Manager who assured the inspector that the organisation was aware of the problem and were currently working with the agency concerned to remedy the matter. All of the staff had contracts of employment and job descriptions. All staff had completed an induction course and had received mandatory training. The home had been in the fortunate position that all staff

had been employed at the same time thus enabling training to be completed together and this had helped form a strong bond between the staff group. It was very evident during discussion with them that they all saw the home as being very much like a small family and all were working to the best of their ability to ensure the residents enjoyed a high quality of life.

The home currently enjoys a very high ratio of staff mainly due to the home not being full.

The Registered Manager explained that he had complete autonomy with the recruitment of staff and that this has helped in ensuring the right calibre of staff had been employed.

Of the 13 members of staff, four currently hold NVQ level two or above, which gives a percentage of approximately 25%. The Registered Manager confirmed that they are currently looking for placements and that it is the intention to offer NVQ training to all members of staff. Each member of staff had an individual training matrix, which highlighted both completed training and areas of required training.

Evidence was seen that staff were regularly supervised by the Registered Manager. However, it was his intention that when senior staff had received the appropriate training, this work would be delegated to them. It was his expectation that any relevant information would be given to him.

Staff conformed that they received regular supervision and that they felt well supported in their roles.

## **Conduct and Management of the Home**

**The intended outcomes for Standards 37 – 43 are:**

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

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

**JUDGEMENT – we looked at outcomes for the following standard(s):  
37-43**

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

The residents benefit from having an effective manager who is well supported by senior staff in providing clear leadership throughout the home and by staff who demonstrate an awareness of their roles and responsibilities.

Current arrangements were sufficient to protect the health, safety and welfare of residents and staff.

**EVIDENCE:**

The Registered Manager had been in the enviable position of starting a service from new and had worked extremely hard to ensure that robust procedures, policies and good practise were initiated from the start. It was evident from staff that he was well respected and ran the home competently. He held the relevant qualifications and experience and was registered formally with the Commission earlier this year. One mother spoken with confirmed that she

wanted to offer special praise to the manager who she saw as being pivotal to the high success rate of the home. She commented that 'the life of her daughter had been very poor but that since moving to Kingsdown House, it was very much improved and that she now went to bed at night very much at ease'. She also stated that since her daughter had moved in she had not suffered any bouts of depression and was always busy. Her speech had improved and again she put that down to the positive interaction with the staff and the management team. In her words she 'was amazed at her daughters progress and thinks it is the best home ever'. She felt that her daughter was safe and secure and that any health issues were dealt with very quickly and that she was informed of any changes or issues quickly.

The organisation had effective quality assurance systems in place and eventually the home would introduce these into the home. As the home is fairly new these questionnaires would be introduced later in the year. However the home does hold regular staff meetings and residents meeting are to be introduced. Currently with only two residents, issues are raised and dealt with on a daily basis.

The home complies with requirements under regulation 26 and 37 of the Care Home Regulations 2001. Senior staff also produce a monthly report to the manager who in turn produces figures and graphs of residents activities and outcomes.

The manager had a development plan, which was to maintain the very high level of service to all of residents when full.

The organisation had a host of policies and procedures in place and the Registered Manager was currently involved with the organisations Policy and Review Groups. Discussion took place about the best way to confirm that all policies and procedures were dated, signed and reviewed.

The Registered Manager confirmed that all residents could have access to their personal records but in reality this did not happen due to their level of disability.

Records seen on the day and conversations with the Registered Manager confirmed that so far as was reasonably possible the health, safety and welfare of the residents and staff were well protected.

Appropriate insurance cover was in place. Systems to ensure budgeting monitoring and financial control were also in place. This meant that the overall management of the service ensured effectiveness, financial viability and accountability of the 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

<b>CHOICE OF HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>1</b>	3
<b>2</b>	3
<b>3</b>	3
<b>4</b>	3
<b>5</b>	3

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

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

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

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

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

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

<b>CONDUCT AND MANAGEMENT OF THE HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>37</b>	4
<b>38</b>	4
<b>39</b>	3
<b>40</b>	3
<b>41</b>	3
<b>42</b>	3
<b>43</b>	3

Are there any outstanding requirements from the last inspection?

N/A

**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
1	YA20	It is recommended that all staff who administer medication receive accredited training
2	YA21	It is recommended that the policy for ageing and dying be developed.
3	YA32	It is recommended that staff be offered the opportunity to complete NVQ level 2.

## **Commission for Social Care Inspection**

Maidstone Local Office

The Oast

Hermitage Court

Hermitage Lane

Maidstone

ME16 9NT

National Enquiry Line: 0845 015 0120

Email: [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk)

Web: [www.csci.org.uk](http://www.csci.org.uk)

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