



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

Kingsdown House

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

Lead Inspector
Joseph Harris

Key Unannounced Inspection
28th September 2007 10:00

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

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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	Kingsdown House
Address	46 Goddington Road Strood Kent ME2 3DA
Telephone number	01634 717084
Fax number	01634 717061
Email address	kingsdown.house@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)	Vacant
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 11th May 2006

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 key unannounced inspection process culminated in a site visit to the home on 28th September 2007. The site visit commenced at approximately 10am and concluded at 4.00pm, lasting for around 6 hours. During the course of the visit a tour of the premises was undertaken and discussions were held with the manager, staff members and service users.

A range of documentation was examined relating to the residents, staff, medication, health and safety and the day-to-day running of the home. The home also returned the Annual Quality Assurance Assessment (AQAA), which provides information to inform the inspection process.

What the service does well:

Kingsdown House provides a comfortable, homely and welcoming environment for service users with learning difficulties.

The home has been refurbished throughout and has good facilities, a range of communal space and bedrooms to suit the needs of individual residents.

There is a relatively new staff team who demonstrate a caring and committed approach to the service users that they work with. The organisation supports the team with a good training package and managerial support.

The residents have a good range of activities both in and out of the house available to them.

A nutritious and balanced diet is provided in a congenial setting based on individual choices and preferences.

The home has developed good care planning information and risk management to underpin the work done by the staff team.

The organisation has developed good quality assurance processes to monitor the home and ensure the service works in the best interests of the resident group.

What has improved since the last inspection?

The organisation has improved training in respect of medication issues for staff and NVQ.

Policies and procedures relating to ageing service users have also been introduced.

The manager stated that the home has tried to develop a greater range of activities and is looking to continue to work on this area.

What they could do better:

3 recommendations have been made as a result of this inspection.

Aspects of the care planning information could provide clearer evidence of review and updating.

It would also be beneficial for the home to introduce Common Induction Standards in line with Skills for Care guidance.

It is also advised that a training matrix is developed and kept up to date in order that training issues can be monitored and addressed in a more accessible manner.

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.

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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):

2

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

The needs and aspirations of prospective service users are assessed appropriately.

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

EVIDENCE:

All referrals to the home are received through a central referrals team for the organisation. On receipt of the referral initial enquiries are made to ensure the suitability of the prospective service user for a potential placement in one of the organisation's homes. Written information is received including a referral form and copies of any care management documentation where possible. Once allocated to the home as a potential placement a visit is made to see the service user where more detailed information is compiled covering all areas of care and support. An example of a completed referral form was examined that contained clear and holistic information.

Following this process a series of visits to the home are arranged at a pace that is comfortable for the individual.

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 **good**.

All service users have an individual service user plan developed and are able to make decisions affecting their day-to-day lives in accordance with assessed risks.

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

EVIDENCE:

3 individual service user plans were examined, all of which demonstrated that all aspects of care and support are suitably planned for and monitored. Care planning is covered through two sections of the service user files. One part is written in a narrative style providing guidance on issues surrounding personal care needs, support, communication needs and preferences amongst other things. The second part covers behaviour management issues and management guidance including individualised procedures for physical interventions and breakaway techniques. The information contained within

each plan of care was linked to assessment information, providing detailed guidance to enable staff to meet individual needs. The home should ensure that there is clear evidence that all aspects of the individual plans are reviewed and updated as needs change. Refer to recommendation 1.

Service users are enabled to make decisions affecting their lives within a clear risk management framework. The home does not act as an appointee for any service users and their finances are managed by appointees independent of the service.

The home has developed clear and balanced risk assessments covering all aspects of perceived risk for each service user based on knowledge of the individual and via assessment information. However, one oversight was noted in the risk management of a health issue for one service user. This was discussed with the Manager who acknowledged this and agreed to assess this area and develop management guidance for staff. There was evidence that all risk assessments are regularly reviewed and updated as required.

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 **good**.

Service users have the benefit of a varied and active lifestyle that suits individual needs.

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

EVIDENCE:

The service users in the home have a range of opportunities open to them of a social and recreational nature. The staff were observed to spend time with the residents engaging in a variety of informal activities throughout the day. Staff are available to support residents in the community participating in planned activities such as horse riding, trampolining and swimming. Staff go out for walks and to the shops with service users on a one to one basis or in small groups. Residents can access day and evening clubs to meet with friends and socialise along with engaging in some therapeutic activities. The home has

developed individual and general activity planners. Some residents also attend college courses on a weekly basis.

It was reported that visitors are welcomed into the home at all reasonable times and that staff liaise with family members as appropriate. It was not possible to speak to any visiting relatives during the site visit.

Menu records are maintained and there was a good range of food available in the kitchen. The kitchen area is domestic in style, but provided very good facilities for food preparation. Care staff undertake all cooking duties supported by service users where appropriate. There is a comfortable dining area and meals are taken in a relaxed atmosphere. The home ensures all dietary requirements whether health related or for cultural and religious purposes are catered for. Two service users spoken to said that they enjoyed the food that they get. Staff reported that residents are involved in the process of planning and shopping for meals.

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 **good**.

Service users health and personal care needs are met.

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

EVIDENCE:

A number of staff members were spoken to throughout the course of the site visit, all of whom demonstrated a good understanding of the individual needs of the service users. All personal care and support is provided in private and is delivered in a manner that suits the needs of each individual. A personal profile has been developed for each resident that clearly sets out the nature and level of support to be provided to each person taking into account abilities and choice.

The home monitors healthcare issues well ensuring that all appointments and consultations are attended. Some service users require fairly high levels of support when attending to some healthcare needs and staff provide this support in a sensitive and thoughtful manner. Residents have access to a range of healthcare professionals. All are registered with local GPs and have

access to community learning disability services. Complimentary healthcare is also provided through dentists, chiropractors and dieticians, etc. Medication records and storage was examined and is well managed. The home has developed policies and procedures covering all aspects of medication process. Storage facilities are secure and well kept. Medication administration records were up to date and well maintained. None of the current service users are assessed as being able to self-medicate.

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**.

Service users are listened to and their views acted upon. Residents are protected from forms of abuse.

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

EVIDENCE:

The home has clear structures and policies in place relating to the complaints process. This policy is made available to all visitors and representatives of service users and meet all requirements. Staff were observed to listen and act upon issues raised by service users and demonstrated good communication skills.

A number of complaints and concerns have been received directly to the Commission for Social Care Inspection since the last inspection regarding levels of supervision for service users in the home and incidents of violence have been reported. There have been two adult protection alerts raised since the last inspection concerning physical aggression between service users both of which have now been resolved and closed.

Policies and procedures are in place relating to issues of abuse and there is a good working knowledge amongst staff of the importance of observing signs and the reporting and recording of any alleged abuse. All staff cover adult protection issues through the induction process and do an additional course

covering this topic. Policies and procedures are in place regarding incidences of aggression and individualised procedures are developed where the potential for physical interventions may be required.

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 **good**.

The home provides a comfortable and conducive environment for the needs of all service users.

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

EVIDENCE:

Kingsdown House, arranged over two floors, has been extensively renovated and upgraded by the organisation to provide a comfortable, homely, bright and airy environment. The home is within reasonable walking distance of the town centre, which has public transport links. All bedrooms are single rooms with en-suite facilities. There are also toilets and bathrooms located throughout the house appropriately. There is a main lounge attached to an open plan dining area that provides suitable space for relaxing, taking meals and activities. There is also additional space for residents to sit in quieter surroundings. To

the rear of the house there is a good-sized and well maintained garden, which has a summerhouse containing a sensory room.

Laundry facilities are domestic in style and suitable for the needs of the home. The home reportedly meets the requirements of the environmental health and fire departments. All hazardous substances are stored securely and the home is clean, hygienic and free from odour.

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**.

The staff team are suitable recruited, trained and supported to ensure the needs of the service users can be met.

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

EVIDENCE:

The organisation actively supports staff to work towards their National vocational Qualifications (NVQ) and around 50% of the staff team have achieved an NVQ level 2 or above. There has been a relatively high turnover of staff in the past 6 months, but it was reported by the manager that there is now a settled staff team. Staff spoken to demonstrated a good level of knowledge about the residents they work with.

The home manages the recruitment of staff well and a number of staff personnel files were viewed which contained all relevant documentation including two written references, application form and relevant security checks. The home employs a number of staff from overseas and recruitment checks are carried out appropriately for these individuals.

Staff are provided with the necessary training to undertake their roles. There is an in-house induction programme and some staff have taken a general induction programme organised through an outside agency. It is recommended, however, that the home introduces an induction programme in line with the skills for care common induction standards. Refer to recommendation 2. The home did not have an up to date training matrix, refer to recommendation 3, but certificates are held on file demonstrating that staff complete all required mandatory training and additional courses covering service specific issues such as medication, adult protection, management of aggression and awareness of learning disabilities and related health issues.

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

The home is well run and in the best interests of the service users.

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

EVIDENCE:

The present manager has been in post for approximately 6 months and has applied for registration. She has a number of years of experience in the field of learning disabilities in care home settings and has created a positive and open atmosphere in the home. Staff stated that they are able to offer ideas and feel included in the running of the service. The manager has continued to undertake training and has achieved her NVQ level 4/RMA.

The organisation has well developed quality assurance systems including regular monthly visits and reports for a senior manager, service user, relative and professional surveys, which are collated into an annual report. The home holds regular staff meetings and aims to include service users in the running of the home wherever possible.

All health and safety documentation and certificates was well organised and up to date. A health and safety audit is completed by staff periodically and all service certificates including CORGI gas safety, NICEIC and PAT tests. Fire safety logs are kept up to date and there are safe systems of work in place.

SCORING OF OUTCOMES

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

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

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

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

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

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

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

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

CONCERNS AND COMPLAINTS	
Standard No	Score
22	3
23	3

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

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

CONDUCT AND MANAGEMENT OF THE HOME	
Standard No	Score
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
1.	YA6	To ensure that a robust and clear system for the review of care plan documentation is in place.
2.	YA35	To develop an induction programme in line with the Skills for care Common Induction Standards
3.	YA35	To develop an up to date training matrix.

Commission for Social Care Inspection

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