



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

Maldon House

**26 Belgrave Road
Seaford
East Sussex
BN25 2EG**

Lead Inspector
Andy Denness

Announced Inspection
24th January 2006 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	Maldon House
Address	26 Belgrave Road Seaford East Sussex BN25 2EG
Telephone number	01323 491102
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Aitch Care Homes (London) Limited
Name of registered manager (if applicable)	Anne Kathleen Sharman
Type of registration	Care Home
No. of places registered (if applicable)	10
Category(ies) of registration, with number of places	Learning disability (10)

SERVICE INFORMATION

Conditions of registration:

1. The maximum number of service users to be accommodated is ten (10).
2. Service users must be aged between eighteen (18) and sixty five (65) years on admission.
3. Service users with a learning disability only to be accommodated.

Date of last inspection N/A

Brief Description of the Service:

Maldon House is a detached property situated in a quiet residential area of Seaford a short distance from the town centre and railway station.

Accommodation is on two floors and a shaft lift is fitted to assist access to first floor accommodation. Bedroom accommodation is provided in ten single rooms, all of which have ensuite facilities.

The home is registered to accommodate ten adults with a learning disability and the registered owners are Aitch Care Homes (London) Ltd.

SUMMARY

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

This announced inspection was the first inspection of the home since it was registered in 2005; it took place over a morning and afternoon in January and lasted 5 1/4 hours. To help gather evidence on how the home is performing the Inspector sat and ate lunch with service users, met with staff and the home's manager, examined a range of records and written information and undertook an inspection of the premises. The Inspector met five of the six current service users. Written comments cards filled in by or on behalf of all service users were returned prior to the inspection. Written comments were also received from nine relatives/visitors, and three health and social care professionals involved in the home. The manager submitted a pre inspection questionnaire and a range of other written information.

What the service does well:

An excellent service is provided at Maldon House by a hardworking and motivated management and staff team, backed by good administrative systems. Service users are supported to live full and active lives both in the home and in the local community. Physical standards throughout the property are very high.

What has improved since the last inspection?

This section is not applicable as this was the first inspection since the registration of the service.

What they could do better:

To ensure that the staff team has the knowledge and skills to meet service users' needs some further training has been required. So that tests are not overlooked improvements to the recording of the testing of emergency lighting have been required.

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.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s): 1,2, 4 & 5.

Pre admission procedures are good and help ensure that service users move into a home that is suitable to meet their needs.

EVIDENCE:

A statement of purpose and a service user's guide have been produced for the home, these documents provide information for prospective service users about Maldon House and the service that it offers; these documents were examined when the home was registered, they were both of a good quality and contained all of the required information. Prior to moving into the home an assessment of service users' needs are undertaken by the placing local authority, an assessor working for Aitch Care Homes (London) Ltd and the manager of the home; the assessments of two service users were examined these were of a good quality and covered all necessary areas of need. The Inspector was told that all service users had the opportunity to visit the home prior to moving in this included overnight stays; in some instances the transition of service users to their new home took several weeks. Written contracts are in place for each service user, these detail the terms and conditions of their stay at Maldon House, copies were seen on individual files, the contracts covered all necessary areas.

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, 7, 8, 9 & 10.

Procedures and practices in the home help ensure that the right level of support is provided by staff to meet service users' needs.

EVIDENCE:

Following assessment and moving into the home detailed individual plans are compiled for each individual service user; these detail their needs and provide guidance for staff on what support they should provide to meet these needs; a selection of these plans was examined, they were very detailed and of a good quality; details included what the level of support service users need to meet personal care needs, detailed guidance on how staff should manage medical conditions and guidance for staff on how they should best manage sometimes challenging situations with some service users. Records examined confirmed that service users are actively involved in the decision making in the home by means of regular meetings and observations made during the inspection confirmed that service users are supported to make choices and decisions in all area of their daily living. The manager said that service users' parents are the 'appointed' person responsible for managing their benefits; they then provide spending money as required; records regarding this were examined, these were in order. Risk assessments are included in each care plan, these identify areas of risk in service users lives and detail action to be taken to minimise

any identified danger, a selection were examined, they were of a good quality. A written procedure is in place regarding confidentiality and all records were seen to be stored securely in the office.

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, 12, 13, 14, 15 16 & 17.

Service Users have opportunities for personal development and participate in age appropriate educational and leisure activities both in the local community and further a field. A balanced and wholesome menu is provided.

EVIDENCE:

Records examined confirmed that service users are enabled to access a range of opportunities to maintain and develop new skills and undertake new activities. The 'goal planning system' has been introduced but is still in its early stages of development. The Inspector was told that most service users attend colleges in Seaford, Brighton or Plumpton, this was confirmed in records examined; courses include independent living, art, drama and literacy. Maldon House is situated a short walk from Seaford Town centre, discussions with service users, staff and an examination of records confirmed that a range of community facilities are accessed including library, local colleges, shops and pubs. Service users also access public transport services. Records also confirmed that service users access a range of leisure activities including swimming, horse riding, ten-pin bowling, cinemas etc. The manager said that service users have recently been consulted over where they would like to on holiday this year, current suggestions include Euro Disney and Centre Parcs.

Comment cards returned to the Inspector by relatives of most service users confirmed that families are kept informed of important matters that affect their relatives and are made to feel welcome when they visit. Observations confirmed that service users are ensured choice and freedom of movement in all areas of their daily living. The inspector sat and ate lunch with two service users; they enjoyed their meal and were given choices and alternatives. Staff said that service users take it in turns to help prepare lunch and dinner. During the inspection one service user was supported by staff to bake a cake. Menus examined confirmed that a varied wholesome menu is provided and that special diets are provided when necessary.

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, 19 & 20.

Satisfactory arrangements are in place to ensure that service user's personal care and health needs are met appropriately. Arrangements regarding medication were satisfactory.

EVIDENCE:

Individual care plans identify amongst other things what support service users require from staff to meet their day-to-day needs in relation to health and personal care. From records examined and discussions with the manager and staff it was evident that these arrangements are good and result in service users' needs being appropriately met. Records confirmed that a range of health professionals including staff from the local Community Learning Disability Team are accessed to help staff in meeting service users physical and mental health needs. Because of service users complex needs and the importance of their medication to them, staff administer and dispense all medication; an easily monitored medication system is used; records and storage were examined and found to be in order.

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

Staff training and systems and procedures ensure that the manager and her staff respond appropriately to any complaints or adult protection matters.

EVIDENCE:

The home has a detailed written complaint's procedure in place for service users or their representatives to follow should they be unhappy with any aspect of the service provided at Maldon House; records examined confirmed that no complaints have been made since the service was first registered last year. There has been one adult protection alert made to Social Services and the Commission for Social Care; the registered owners and the manager responded appropriately to this alert. Records examined confirmed that most staff have undertaken training in physical intervention techniques and adult protection.

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): 24,25,26,27,28,29 & 30.

Physical standards throughout the home were very high resulting in service users living in a comfortable, well-maintained and safe environment.

EVIDENCE:

Maldon House is a detached property situated a short walk from Seaford town centre and railway station. The home has ample parking to the front and a garden laid to lawn at the rear. Bedroom accommodation is provided in ten single rooms on the ground and first floors, a shaft lift is fitted for those service users who have difficulty using stairs. Communal areas consist of a dining room, two lounges, a conservatory and a sensory room. An inspection of all areas of the home was carried; all areas seen were well maintained and furnished and decorated to a high standard. The home has a gas central heating system with guarded radiators in all areas. Hot water delivered to wash hand basins, baths and showers is delivered via individual mixer valves; these ensure that water is not too hot; records examined and the testing of one outlet confirmed that these are working. All bedrooms are fitted with ensuite facilities. Two communal bathrooms, on the ground and first floors, are also available; this was suitably equipped. All bedrooms are fitted with call points for service users to summon help in the event of an emergency and one bedroom is fitted with a monitor to help detect if the service user is having a

seizure. The laundry was inspected it contained suitable equipment. It has been required that all staff are trained in infection control matters.

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): 32, 33, 34, 35 & 36.

Staffing arrangements are good ensuring that support and help is provided to service users by sufficient numbers of trained and competent staff.

EVIDENCE:

Observations made during the inspection confirmed that the numbers of staff on duty on the day of the inspection were adequate to meet the needs of service users; records examined confirmed that this is the case at all other times. Observations confirmed that staff interact with service users in a caring a professional manner. Written comments received about staff included "good staff" and "care is of a very high standard". Currently 50% of staff are not trained to NVQ level as is required by national minimum standards, however several staff have started their training and the manager is confident that the target will be achieved in the near future. An examination of staff records indicated that thorough recruitment procedures, in line with national minimum standards, are followed when new staff are recruited. Records examined confirmed that a wide range of training opportunities is available to staff, including induction training of the required standard. Records examined and discussions with staff confirmed that management support for staff in the form of regular one to one meetings is provided and that staff meetings take place regularly.

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, 38, 39, 41 & 42.

Management and administrative systems are good and ensure that the necessary guidance and support is in place to support staff in providing a good standard of care and support for service users

EVIDENCE:

The manager is experienced and qualified and throughout the inspection demonstrated a clear understanding of the needs of the service user group living at Maldon House. Observations and discussions confirmed that she is approachable and provides clear leadership for her staff. A deputy manager and an assistant manager are also in post to support the manager in the running of the home. The Inspector was shown the homes quality assurance pack, this was very comprehensive and the manager plans to implement the system in the near future once all service users have fully settled in. Policies and procedures required by national minimum standards were in place. A selection of records required by regulation were examined, these were in order and stored securely. The manager was aware of the importance of ensuring a safe environment for both staff and service users. A selection of health and safety records, including risk assessments, was examined; these were in order.

Records examined confirmed that staff are trained in health and safety matters including, moving and handling, fire safety, first aid and food hygiene. The home is fitted with a full fire protection system; records examined confirmed that this is tested regularly although it has been required that a record is kept of the testing of the emergency lighting system.

SCORING OF OUTCOMES

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

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

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

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

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

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

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

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

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

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
24	3
25	3
26	3
27	3
28	3
29	3
30	2

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

CONDUCT AND MANAGEMENT OF THE HOME	
<i>Standard No</i>	<i>Score</i>
37	3
38	3
39	3
40	X
41	3
42	2
43	X

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
1	YA30	18(1)(a)	That all staff are trained in infection control matters.	24/07/06
2	YA32	18(1)(a)	That 50% of staff are trained to NVQ level.	24/07/06
3	YA42	23(4)(c)	That the testing of emergency lights is recorded.	24/01/06

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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