



*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
Elaine Green

Key Unannounced Inspection
28th November 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	www.achuk.com
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

24th January 2006

Brief Description of the Service:

Maldon House is a detached property. It is situated in a quiet residential area of Seaford a short distance from the town centre where there are bus and train links to towns in the local area such as Newhaven, Eastbourne, Brighton and Hastings. Seaford town is by the seaside and offers amenities such as swimming pool, leisure centre, golf course, cycle paths, museum, college, cafes, restaurants, public houses, takeaways, supermarkets and high street shops.

Accommodation at Maldon House 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 en-suite facilities.

The home is registered to accommodate ten adults with a learning disability and the registered owners are Aitch Care Homes (London) Ltd. The basic fee charged is £1354.77 per week and if one to one support is required this is charged at £8 per hour. Fees cover staffing for a supported annual holiday, all in house activities, and hotel costs. Additional charges are made for personal toiletries and magazines.

SUMMARY

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

The National Minimum Standards refer to individuals who reside in Care Homes as "Service Users". The people who live at Maldon House will be referred to as "Resident(s)" throughout this report.

As part of this Unannounced Inspection of Maldon House, a site visit took place to the home on the 28th November 2006 and the Registered Manager completed a Pre Inspection Questionnaire that provided the Inspector with statistical information relating to the home. Residents of Maldon House and their relatives or representatives were also given the opportunity to complete surveys and return them to the Inspector. Feedback from the 6 surveys returned will be included in this report. On the day of the site visit, issues relating to the day-to-day running of the home were discussed with the Deputy Manager the Assistant Manager and 4 of the staff on duty. The Inspector spoke with 5 of the residents 3 of whom showed the Inspector their rooms. A range of documents were examined including three residents care plans, four recruitment files, a selection of the homes' policies and procedures and some of the homes daily records.

What the service does well:

Prospective residents of Maldon House have their needs assessed prior to moving into the home and are given all the relevant information they require in order to make an informed decision about whether or not to reside there. Residents are provided with the opportunity to participate in stimulating and enjoyable activities in the home and by accessing the facilities on offer within the local community. They are able to make choices about the way they spend their time and about the way they decorate and furnish their rooms. Residents are also supported to express themselves through their appearance and are given the opportunity to have an annual holiday. Residents' care plans are highly individualised and provide staff with the specific guidance they require to support the residents appropriately. All care plans detail individuals' likes, dislikes and preferences.

Residents are involved in setting the menu, buying provisions and in making the arrangements for the provision of food at meal times. The food provided is nutritious and wholesome and mealtimes are relaxed and informal. The support that residents receive at mealtimes is appropriate and ensures that dignity and choice are promoted.

The home has a conservatory, kitchen, dining area, small lounge and large tv lounge all of which are domestic in character and are furnished and decorated in a modern style to a very high standard all residents bedrooms are en-suite and there is a sensory room. Residents' bedrooms are individualised and reflect their personal tastes and interests. They also contain the specialist

equipment they need to promote their independence. There is ample parking and an enclosed rear garden.

The medication policies and procedures adopted by the home are safe and residents' health care needs are met. Referrals are made to the relevant health care professionals when required and adult protection alerting procedures are followed when required ensuring that residents are kept safe.

The staff team are open and enthusiastic to new ways of working. They receive appropriate training and are supervised on a regular basis. Informative handovers take place at the beginning of each shift ensuring that all relevant information is passed onto the staff coming on duty. The management of the home are open and transparent and there are systems in place to ensure the home is run in the best interest of the residents.

What has improved since the last inspection?

Since the last Inspection the home has ensured that all staff are trained in infection control matters and the testing of emergency lights is now recorded. 50% of the staff employed at Maldon House are working towards completing National Vocational Qualification (NVQ) in care at Level 2 or above.

What they could do better:

No requirements are made within this report.

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): 1,2,3,4,5.

Quality in this outcome area is excellent. This judgement has been made using available evidence including a visit to this service. Prospective residents can test-drive the home and are supplied with the information required in order to make an informed decision about whether to reside in there.

EVIDENCE:

The Deputy Manager explained that prospective residents are assessed prior to them moving into the home. Prior to moving into the home one of the residents at Maldon House visited the home on 2 separate occasions to look round and on one occasion stayed overnight. All information relating to these visits were documented signed and dated. The preadmission documentation and assessments relating to this resident were examined and are comprehensive. The Deputy manager explained that information is shared on an ongoing basis with this residents' family and the college that they attend as they are in what is called 'transition'. This is when a person moves from attending school and living at home with their parents to living in a care home. This individual has a 'transition plan' and records relating to this and the ongoing assessments were examined and confirm that the home is making every effort to ensure that they obtain all the information required to assess all the needs of this resident. All members of staff have signed and dated to show that they have read and understood the preadmission assessments and information relating to the daily routine and support notes for this individual.

The homes statement of purpose and service user guides were examined and found to be satisfactory. These documents have been reviewed and updated and include information on how residents are involved in the running of the home and how their views are listened to. The Deputy Manager has given assurances that all residents in the home are provided with copies of these documents. All 6 comment cards received from the residents of Maldon House confirmed that residents were asked if they wanted to move to the home and that they have received enough information about the home before they moved in so that they could decide if it was the right place for them.

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.

Quality in this outcome area is excellent. This judgement has been made using available evidence including a visit to this service. Residents' care plans provide the information required for staff to support service users in their daily living and are reviewed and amended as required.

EVIDENCE:

Three residents' care plans were examined. They are based on comprehensive assessments and provide all the guidance required by staff to support the residents effectively and appropriately. Residents' care plans are individualised, include personal history and lifestyle plans. All the associated records that were examined had been completed as required.

Residents' likes and dislikes are documented in their care plans. These include preferences in relation to food, how they like to spend their time, how they like to be supported with personal care etc as well as things that they don't like and may cause distress. This ensures that staff are aware of residents' individual needs and can meet them.

Residents' personal goals are specified in their care plan and progress made towards meeting these goals is documented. All care plans contain a weekly

timetable illustrating the activities participated in including the preferred activities for evenings and weekends. Scheduled and recorded one to one sessions with residents and their respective key workers' are used to help assess and record residents preferences in relation to the activities they would like to participate and the decisions made in respect of the goal setting at reviews. This is considered to be good practice. All activities that are participated and all the goals set at reviews are monitored on a daily basis.

Care plans provide guidance for staff to follow when supporting residents manage behaviours that may be difficult or challenging. They also detail guidance on proactive ways of working with residents thus promoting independence and encouraging them to make decisions for themselves. For example on the day of the site visit staff were supporting an individual who has communication difficulties. They worked with this resident in such a way that they allowed the resident to initiate their own activity and choose what they wanted to do. This way of working reduced the possibility of any anxiety that the resident may feel through being asked to do something they did not want to do and promoted their independence. This demonstrates how the service that is provided is lead by the needs of the residents and how the home is promoting individuals to make their own decisions.

Comprehensive risk assessments undertaken for each resident in respect of all the activities they participate in. During the handover between staff on the day of the site visit the staff discussed an incident that had occurred that morning that had distressed a resident. As a result of this discussion guidelines were put in place immediately to avoid the chances of this happening again. The home has a robust system in place for ensuring care plans and the associated documentation are reviewed and updated on a regular basis. Staff read all residents' care plans on a regular basis and sign to say they have understood them.

One resident has a diary that is completed on a daily basis by a member of staff or by the residents' parents. This ensures all concerned are aware of the activities this resident has participated in and of any other issues that they needs to be aware of.

On the day of the site visit residents were observed to be playing an active part in the running of the home. Residents were involved in such activities as shopping for provisions, making a Christmas cake, Preparing evening meal, illustrating by use of photos the staff on duty for the day, clearing tables following a meal, cleaning and tidying their own rooms.

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):

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

Quality in this outcome area is excellent. This judgement has been made using available evidence including a visit to this service. The home provides residents with the opportunity to access the community and participate in meaningful and appropriate activities. Residents are provided with a healthy diet.

EVIDENCE:

Through discussions with residents and staff and the examination of daily records it is evident that all the residents lead active lifestyles. Trips out are organised at the times to suit the individual. A supported annual holiday is provided for those who want to go and a resident told the Inspector about a holiday they had been on earlier in the year to Centre Parks. One of the residents told the Inspector that he likes doing the gardening and that he also goes to a local agricultural college and enjoys that too. Another resident enjoys horse riding on a weekly basis and others attend a 'hear and feel the music' session in the local community.

The Inspector observed staff supporting residents in participate in a range of individual and appropriate activities. Some of these activities were on a one to one basis and two members of staff provided an interactive activity specifically

designed for another resident. All the activities provided on the day of the site visit were highly individualised and staff demonstrated and in depth knowledge of the individuals they were working with. Residents were observed coming and going throughout the site visit supported by staff to attend local colleges, go shopping for the homes provisions, going to the local town to buy personal items etc. At handover staff discussed further activities that were planned for the day including supporting one resident to go for a meal and then go to the cinema that evening. Other residents had chosen to go out to the local pub that evening, two residents were going swimming and the others were going to stay in to watch television.

Timetables detail all the activities that are participated in and include times where residents are given the opportunity to choose for themselves what they would like to do rather than everything in their lives being structured and pre-planned. At each shift handover staff are allocated residents to work with and the tasks and activities they are to support them with.

Care plans specify family relationships and peer group relationships pertinent to the individual. Staff stated that residents' visitors are welcomed into the home.

The Inspector was able to observe the residents of the home whilst they were being supported at the midday meal. Independence, dignity and choice were promoted throughout the meal and residents were supported appropriately. Staff demonstrated knowledge and understanding of residents' needs. One of residents who has communication difficulties was given the choice of 3 different meals and staff explained to the Inspector that they are trying to introduce new food and drink to this resident and that they continually monitor their likes, dislikes and the foods that they have tried. To confirm this staff showed the Inspector a list of the foods that this resident prefers to eat and some of the foods that they are trying to introduce. Menus were examined confirming that the food provided is balanced, varied and nutritious. Staff explained that residents are fully involved in setting the weeks' menu, buying the provisions, preparing the food and choosing where and when to eat their meal. One resident told the Inspector what they were going to be eating for the evening meal and that she was going to be preparing this meal with support from a member of staff. During hand over staff also discussed the different ways in which the residents could be involved with the preparation of the Christmas cake ensuring that everyone who wanted to could participate.

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.

Quality in this outcome area is excellent. This judgement has been made using available evidence including a visit to this service. Residents' health care needs are met and personal support is provided appropriately. The homes' medication policies and procedures are safe.

EVIDENCE:

Observations of practice on the day of the site visit, an examination of records and discussions with residents and staff confirms that residents' health care needs are met.

Referrals are made for input from health care professionals when required and residents receive support and treatment in the privacy of their own rooms. Where specific exercises are required, this is monitored. Clear and specific guidance is provided in care plans for staff to follow in relation to supporting residents with their exercise and in relation to preferences for how they receive personal care.

All service users have an allocated key worker. Times for getting up, going to bed, having meals etc are flexible. On the day of the first site visit meal times were rearranged as the residents had chosen to have an outing. Residents are given the freedom to express themselves through their choice of clothing, hairstyles and make up and are supported to do so by the staff team.

Medication records were examined and found to be in order these records are checked at the beginning and the end of every shift by the shift leader. The Deputy Manager explained the robust system the home has in place to ensure that the risk of errors being made are minimised. If errors are made they are identified as soon as possible and the appropriate training is then provided for the staff member responsible. The homes' policies and procedures in relation to the administration of medication are safe and every effort is made to ensure that there are no distractions for staff when medication is being administered and that medication is taken in the presence of 2 staff when ever possible. The training provided for staff in relation to the administration of medication is robust and provided on a continual basis. Residents' G P's are contacted in respect of getting clear guidance for how, when and why 'as and when' medication and 'homely' remedies can be administered.

The Inspector observed staff checking medication administration sheets and administering medication to residents. Members of staff not involved in the administration of medication were asked to leave the room and to answer the phone if it rang to limit any distractions. The resident who needed the medication was then asked to come to the room. The resident was informed what the medication was and what it was for. The medication was then dispensed into a pot and checked by 2 members of staff and administered to the resident. Staff then signed to say the medication had been taken. The shift leader was observed checking that the medication records were in order at the end of the shift the Inspector also checked these records and can confirm that they were 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.

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service. Residents are listened to. The homes' adult protection policies and procedures protect residents from abuse and harm.

EVIDENCE:

Some residents can display a level of behaviour that may be challenging. Guidelines for staff to follow in relation to managing this behaviour is included on their care plans thus minimising the risk of harm. Some staff have received training in relation to the protection of vulnerable adults and a programme for all staff to receive this training is in place. An 'in house' induction adopted by the home ensuring that all new staff receive information, guidance and 'in house' training on how to work with specific individuals with difficult or challenging behaviours. The manager is aware of the need for referrals to be made to the local social service department when required in line with local guidance. The home has worked closely with the local Community Learning Disability Team and other professional bodies in order to achieve the best outcome for the residents involved and ensure residents safety.

Residents are able to make complaints and there are a number of ways they can do this. Some residents stated that they would speak to their key worker. Staff and the residents' families assess residents' preferences, likes and dislikes and this information is then used to ensure that residents' views are recorded and listened to. The records relating to a complaint that had been made were in order and confirm that it had been investigated and responded to appropriately. Changes had been made to address the issue that had been raised by a relative in relation to them being kept informed and this resident

now has a diary which is completed daily that they take with them when they visit their parents.

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.

Quality in this outcome area is excellent. This judgement has been made using available evidence including a visit to this service. The home is clean and comfortable, residents own rooms promote their independence and the home is suitable for its' purpose.

EVIDENCE:

The Inspector had a tour of the building on the day of the site visit. The home was found to be both clean and hygienic, and decorated and furnished in a modern style to a high standard. There is an enclosed rear garden and ample parking to the front of the property. All rooms are domestic in character, have a homely and comfortable feel to them and are fully accessible. There are 3 bedrooms on the ground and 7 on the first floor. A lift provides access to the first floor for residents with mobility difficulties.

Three residents showed the Inspector their rooms. All the three residents told the Inspector that they liked their own rooms, had chosen their own bedding and décor and that they helped to clean them and keep them tidy. Residents' rooms are decorated and furnished to their own tastes and personalised with their belongings. All bedrooms meet the needs of the residents they accommodate are individualised and fitted with the specialist equipment that they required maximising their independence. They are also reflective of the

individuals' taste and interests. Residents have access to all areas of the home and were observed moving freely about the home by the Inspector.

The kitchen, on the ground floor is bright, modern and fitted to a high standard providing ample workspace and storage. Hand washing facilities are appropriately sited in the kitchen and in the separate laundry. Adjoining the kitchen is a dining room that provides space for all residents and staff to eat together if required. Also on the ground floor there is a large lounge with a television, video and stereo, a small lounge with a stereo and a large conservatory with pool table that looks out onto the back garden. Although all rooms are en-suite there is a communal bathroom and toilet and an additional toilet for visitors. The homes' office is also located on the ground floor. On the first floor there is a sensory room, another communal bathroom, staff locker room and a separate toilet.

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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): 31,32,33,34,35,36.

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service. Recruitment procedures are good and consistently followed. All staff receive regular documented supervision and appropriate training. The home is staffed by an effective staff team.

EVIDENCE:

All staff, including the manager, receive formal documented supervision at least 6 times a year plus an annual appraisal. All mandatory training has been provided for the staff at Maldon House this year. Further training needs are identified through supervision and additional courses are sourced according to individual residents changing needs. Currently 50% of staff have not obtained a National Vocational Qualification (NVQ) in Care at level 2 or above as is required by national minimum standards. However the manager is aware of this target figure and is confident that it will be achieved in the near future. Over 50% of the staff employed are currently working towards achieving this qualification. New staff are super numery to the rota for the first 2 or 3 weeks and shadow experienced staff during this time. New staff do not work unsupervised until they have completed their induction.

The staffing levels of the home vary from shift to shift and is dictated by the activities that residents are participating in and the amount of support they require. An example of how this benefits residents was seen on the day of the

site visit. On the day of the visit it was one of the residents' birthday and they had chosen what they wanted to do for the evening. In order for them to do this an additional member of staff came in to support them on a one to one basis. The Deputy Manager explained that without this extra staff member not all the residents would have been able to participate in their chosen activities that evening. This demonstrates how the staffing levels benefit the residents of the home and that the service provided is lead by the residents needs.

The Inspector observed information being passed between staff and the planning of the next shift. Issues discussed included comprehensive detailed information relating to the activities that residents had participated in that day, a summary of the residents general health and emotional well being, the tasks that had been undertaken, other events of the day and information relating to activities planned for the evening and other tasks that required to be completed. The staff coming on duty were given specific residents to work with and specific tasks to complete linking in with the residents personal plan for the day. This is considered good practice and provides continuity and consistency in the way that support is delivered in the home.

Staff recruitment, induction, training and supervision files were examined. The recruitment procedures adopted by the home are safe and all the required security and identity checks are undertaken prior to staff being deployed to work in the home. The homes' 'in house' induction package that all new staff must complete when they start work at Maldon House was examined by the Inspector and was found to be comprehensive, covering all aspects of the running of the home, including; the main points of care in relation to the residents, a health and safety induction, introduction to medication administration and assessment, time to read residents care plans, information relating to the Protection of Vulnerable Adults and details of the fire evacuation procedures. The induction and training received by the staff ensures that they are able to meet the needs of the residents and support them appropriately and consistently. New members of staff are introduced to residents slowly and have the opportunity to read their care plans and shadow experienced staff before they work with residents unsupervised. This reduces anxiety levels for residents some of whom may find it difficult to adjust to new people. The staff training provided at Maldon House ensures that staff are trained in the specialist care that some of the residents require and that they have a good level of understanding of individuals' needs.

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): 37,38,39,40,41,42,43.

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service. The Manager is appropriately qualified and experienced and the management and administration systems are good. This service is run in the best interest of the residents.

EVIDENCE:

The Registered Manager of Maldon House is experienced and holds the relevant qualifications required to manage a care home. The management and administration systems adopted by the home are good.

The homes' record keeping is of a high standard. The records examined were all up to date and accurate and many of them were comprehensive and detailed to that above the standards required. Records are stored securely. Records are kept of residents' financial transactions and a small amount of money is kept in the home for each resident. These records are checked on a regular basis.

A range of documentation and certificates in relation to residents' health and safety were examined and found to be in order. The temperature of the hot food that is prepared in home is routinely recorded as required. The fire protection system installed in the home is tested on a regular basis, as is the emergency lighting system. The home records all accidents and incidents and these are audited by Management to see if any patterns are emerging and if there are any steps that can be taken to reduce the risk of them happening again. All staff receive training in respect of food handling and preparation, moving and handling, fire safety, first aid and adult protection.

The manager of the home monitors staffs' understanding of the homes' policies and procedures and whether or not they follow them at all times. The Area Manager undertakes monthly unannounced visits to the home to monitor their performance and the information gathered from this process is then used to identify the homes shortfalls and ways in which the home can improve the service they provide. The Inspector examined these reports and can confirm that the information supplied in these reports was detailed, informative, open and transparent. They contain clear guidance in respect of the shortfalls identified, any action that is required and by whom. Residents are regularly consulted over how they think the service is performing, this is by means of regular key worker meetings and by their completion of questionnaires; the questionnaires are collated and the results published. All the staff that the Inspector spoke to spoke positively about the home and the way it is run. The staff stated that they felt the management of the home listened to their suggestions and that they felt valued.

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	3
4	4
5	3

INDIVIDUAL NEEDS AND CHOICES	
<i>Standard No</i>	<i>Score</i>
6	4
7	3
8	4
9	3
10	3

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

PERSONAL AND HEALTHCARE SUPPORT	
<i>Standard No</i>	<i>Score</i>
18	3
19	3
20	4
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	3
26	3
27	3
28	4
29	3
30	3

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

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

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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