



*Making Social Care  
Better for People*

# inspection report

**CARE HOME ADULTS 18-65**

**Winchester House**

**455 Minster Road  
Minster-on-sea  
Sheerness  
Kent  
ME12 3NS**

*Lead Inspector*  
Chris Woolf

*Unannounced Inspection*  
28th April 2008      09:25

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
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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>	Winchester House
<b>Address</b>	455 Minster Road Minster-on-sea Sheerness Kent ME12 3NS
<b>Telephone number</b>	020 8502 4466
<b>Fax number</b>	
<b>Email address</b>	
<b>Provider Web address</b>	<a href="http://www.achuk.com">www.achuk.com</a>
<b>Name of registered provider(s)/company (if applicable)</b>	Aitch Care Homes (London) Ltd
<b>Name of registered manager (if applicable)</b>	Mr Stephen Garry Luckens
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	12
<b>Category(ies) of registration, with number of places</b>	Learning disability (0)

# SERVICE INFORMATION

## Conditions of registration:

1. The registered person may provide the following category/ies of service only:

Care home only - (PC) to service users of the following gender:

Either

Whose primary care needs on admission to the home are within the following categories:

Learning disability (LD)

Physical disability (PD).

2. The maximum number of service users to be accommodated is 12.

## Date of last inspection

New service, first inspection

## Brief Description of the Service:

Winchester House is located in the quiet residential area of Minster on the Isle of Sheppey. It is suited for the purpose of young adults, having access to public transport (the bus stops right outside the premises), local shops and community facilities, sports centre, library, with high-street stores and Community College at Sheppey. The home has been fully refurbished, redesigned, fitted and furnished to a high standard for the purpose of providing a quality living environment to the benefit of up to twelve young adults with learning disabilities. The home has been designed to look very spacious with wide corridors and level access on the ground floor level suitable for wheelchair users. All bedrooms are en suite some with baths and the others with wet rooms. Two of the rooms on the ground floor are fitted with kitchenettes; and there is a two bedroom flat on the first floor to promote more independent living. There are also 2 sensory rooms.

The current fees for the service at the time of the visit range from £1285.00 to £1858.77 per week. The higher figure includes 1:1 time. All fees are assessed individually taking into account the assessed needs of the person. Information on the Home's services and the CSCI reports for prospective service users will be detailed in the Statement of Purpose and Service User Guide. The e-mail address of the home is [steve.luckens@achuk.com](mailto:steve.luckens@achuk.com).

# SUMMARY

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

The quality rating for this service is **2 star**. This means the people who use this service experience **good** quality outcomes.

This was the first inspection for this service, which was registered in January 2008 following a total refurbishment of the building. As some information was required to be available on the day of the inspection the home were given a short period of notice that the inspection was to take place.

This report is based on information gained from an Annual Quality Assurance Assessment (AQAA) carried out by the home; two telephone conversations with Care Managers; information received from the registration department of the Commission; and, a site visit to the home which lasted 6 hours and 20 minutes.

Although the home is registered for 12, on the day of the inspection site visit only 3 people were using the service

During the site visit we, (the Commission), were assisted throughout the day by the Registered Manager. We had a tour of the building. We spoke with two of the three people using the service. We met the two assistant managers. We spoke with the staff on duty. We were also able to talk with the Client Placement Manager who was in the home during the morning; have a brief conversation with a care manager who was in the process of arranging an assessment with a view to her client moving into the home; and talk with the Regional Operations Manager who visited the home during the afternoon. We observed daily life in the home and the way that the support staff relate to the people using the service. We looked at the way that medication is handled in the home. We inspected a variety of records including assessments, transition plans, support plans, staff recruitment files, menus, and minutes of meetings.

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

The home has recently been totally refurbished to a very high standard. It is spacious, light and airy, and all décor is tasteful. Each of the people using the service has their own individual room with en suite bath or wet room. Staff said, "Its absolutely lovely, its like a palace", and "The environment is excellent, its so happy, relaxed and very, very calm".

The home has clear assessment guidelines and produces individualised transition plans for people moving into the service.

Each person using the service has a person centred support plan detailing all of his or her needs, goals and aspirations. Their health and personal care, social, religious, cultural and diversity needs are all supported. They are supported to make decisions about their lives and to take appropriate risks. A staff member said, "They are given so many choices".

People using the service lead full and interesting lives; contact with their family and friends is encouraged; they are assisted to continue with their education; and supported to be part of the local community.

There is a well-trained staff team to support the people who use the service. A member of staff said, "The training is excellent".

The home has a strong and supportive management team. A staff member commented, "The support I have been shown is the best in 28 years".

General comments from staff members included, "This is the nicest home I have ever worked in over the past 18 years", and "It's the best move I have ever made".

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

This is the first inspection therefore there is nothing to report under this section.

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

There are no requirements made on this report, but a recommendation has been made about call bells for bathrooms if and where assessed as necessary.

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. The summary of this inspection report can be made available in other formats on request.

# **DETAILS OF INSPECTOR FINDINGS**

## **CONTENTS**

Choice of Home (Standards 1-5)

Individual Needs and Choices (Standards 6-10)

Lifestyle (Standards 11-17)

Personal and Healthcare Support (Standards 18-21)

Concerns, Complaints and Protection (Standards 22-23)

Environment (Standards 24-30)

Staffing (Standards 31-36)

Conduct and Management of the Home (Standards 37 – 43)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

# Choice of Home

## The intended outcomes for Standards 1 – 5 are:

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

## The Commission consider Standard 2 the key standard to be inspected.

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

#### 1, 2, 3, & 4

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

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

People who wish to use the service receive sufficient information and be able to visit the home. They can be sure that their needs will be assessed and that the home will be confident of meeting these needs.

### EVIDENCE:

The home has a clear statement of purpose and service user guide. The service user guide has been produced in pictorial format, and includes a variety of pictures of the home, to give people who are considering moving into the home a good idea of what is on offer. The home is planning to also produce the service user guide in video format.

The company employ a client placement officer who collates information and supports the home when new people wish to move in. She is the person responsible for talking to the care managers of people wishing to use the service. The AQAA says, 'Before a resident moves in, the client placement manager agrees a clear and transparent contract with the funder'. A copy of

the placing authorities assessment is obtained and used to inform the homes assessment process. The manager and client placement officer both visit the person wishing to use the service in their current placement to carry out an in depth, personalised assessment for the home. This assessment includes health and personal care, social care, and any equality and diversity needs that the person may have. The homes AQAA says, 'We assess prospective residents as fully as possible before deciding whether we can meet their support needs. This therefore places no one at risk. We consider the prospective resident's needs and the interests of the family as appropriate'. If it is considered that the person is suitable for the home; that they will fit in with the existing people; and that the home can meet their needs a transition plan is then drawn up. Each person then makes a series of visits to the home. Visits are individualised according to needs. There is always at least one visit or meeting to assess the person's compatibility with the existing people living in the home. The AQAA says, 'Compatibility and the ability to meet potential residents needs is the central consideration in the decision making process in respect of admissions'. When the person moves into the home a review with the client placement officer is arranged for 6 weeks after admission.

Care managers said, "They helped him to settle in well", and "They did a very good transition. They worked well with the client and his family to help him settle".

The manager and client placement officer told us that they had turned down some people who wished to use the service, as they would not have fitted in with the exiting people living there.

## 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, 8, & 9**

Quality in this outcome area is **good**

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

People who use the service can be confident that their individual needs and choices will be recorded in their support plans; and that they will be supported to make decisions; take responsible risks; and to participate in the running of the home.

### **EVIDENCE:**

A comprehensive and person centred support file is in place for each person who uses the service. The support plan addresses all areas of health, personal support, social needs and abilities, cultural, and equality needs, goals, and aspirations. The support plans are reviewed on a regular basis with the person using the service, their key worker, and other people important to them. The homes AQAA says, 'The residents have individual support plans, written with a person centred approach, addressing all areas of support and

care needs. These are reviewed with the resident and people important to them as appropriate'.

The AQAA says, 'Residents are respected in their choice making appropriate to their support needs and the law. Where residents wish to raise an issue about the home, the management team are approachable and respectful, considering the resident's views in decisions in the home'. People who use the service are supported and encouraged to make decisions about their lives. Any restrictions on choice are identified during the assessment process and are recorded in the support file. Where appropriate people manage their own finances. Currently one of the people using the service is given the money each week for his food and he then budgets this and buys and cooks the meals of his choice. Choice making for each person using the service is evidenced in the keyworking session records and daily notes. Where a person has approached the management to discuss how issues are managed in the home this is recorded in their personal file. One person had requested a microwave for his flat and the manager was able to confirm that this was on order. Another person wished to continue to visit the church that he had previously attended and it was confirmed by him, and by the manager, that arrangements had been made for this to happen. As more people begin to use the service regular residents meetings are being introduced. Staff said, "They have choices in everything, its their life"

The home is consulting with the people who use the service about which qualities are important to them in the staff who support them. It is intended that these qualities will then be incorporated into staff interview questions. The opinion of the people who use the service will take into consideration when prospective staff visit as part of the recruitment process.

People who use the service are supported to take responsible risks. Risk assessments are produced in consultation with the person, signed by them as appropriate, and kept in their support plan file. The AQAA states, 'We support the residents to take appropriate risks, assessing the risk in consultation with the resident and/or people who are important to them'. Risk assessments observed covered a wide variety of topics from using the trampoline and swimming, to running out of money, and a weekend away in a hotel.

# 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):**

**11, 12, 13, 15, 16, & 17**

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

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

People who use the service continue to lead a lifestyle that meets their needs. They are supported to maintain links with their families, friends and the community; and to choose meals that are healthy and nutritious.

## **EVIDENCE:**

The support plans for people who use the service include details of how the home supports them to develop their social, communication, and independent living skills. The home has one flat for 2 people where they are able to live independently doing their own cooking, washing, ironing, and household tasks but with staff available if needed. There are also 2 bed-sit rooms with their own kitchenettes to encourage independence. A person who uses the service said, "I do my own ironing", and "I go out and buy my own food and cook it".

Support plans include details of spiritual and cultural needs and staff encourage and support them to meet these needs. A person who uses the service said, "I am going to go to my old church at Rochester".

People who use the service are assisted to continue their education or training. On the day of the site visit a person said "I have been to college today". This person also confirmed that he goes to 'Spade Work', where he learns gardening, and said, "I am going to do some gardening here". Another person is currently arranging to attend a carpentry course at Sherness College.

Staff support the people who use the service to participate in the local community. This includes bowling, sports centres, swimming, and evening club. The home has two sensory rooms, one that is also used for in house activities. A member of staff said, "The sensory rooms are lovely". Days out are organised to such places as Sea-life, Moat Park, Farming World, and the zoo. The home has a vehicle available for trips out. Staff said, "Activities are brilliant", "They go out somewhere further a field twice a week", "Every afternoon we go out for a walk" "They go out for lunch", "We record all activities in the activities book", and "Every day they go out somewhere".

The homes service user guide confirms that all people using the service will be supported to take holiday each year. The manager confirmed that this would either be one whole week or a series of short breaks individualised to meet the needs of the person. One support plan had details of a weekend that the person had spent in a hotel with a friend. The information included the appropriate risk assessments, and contact details.

The home supports the people who use the service to maintain links with their family and friends. There are no restrictions on visiting. People who use the service can choose whom they see, and where and when they see them. There is a small sitting room for private meetings in addition to the other communal rooms or peoples own bedrooms/flats. Where a person using the service wishes to maintain intimate personal relationships specialist guidance, support, and risk assessments are discussed with them to enable them to make appropriate decisions.

Daily routines in the home are flexible and worked round the people using the service. Staff were observed not enter peoples rooms without knocking and being invited in. The AQAA stated 'Service users are issued a key to their own room on admission'. Those who are risk assessed as more able, also have key fob access external doors to enable them to come and go without restriction and this was observed on the day of the site visit.

Mealtimes in the home are flexible. At present there are only three people using the service and one of these purchases and cooks his own meals. He makes a record of what he cooks and this is discussed with staff on a weekly basis and appropriate advice is given regarding healthy eating. This person

confirmed on the day of the site visit that he does his own shopping and cooking. Meals are discussed with the other two people and planned around their choices. The AQAA says, 'The residents are supported to participate in preparing meals, from menu planning, through the shopping process to cooking the meal'. Any nutritional needs and risks are recorded in the support plans and weights are regularly monitored. People who use the service are encouraged to participate in the preparation of meals. One person has a goal recorded in his care plan to prepare a full meal each week and is currently working towards this goal. Fresh fruit is available and easily accessible in the homes kitchen and this was witnessed on the day of the site visit. Staff comments about the meals included, "Excellent", "Brilliant choice on menu", "They have a cooked breakfast one day during the week and then either egg and bacon sandwich or sausage sandwich for breakfast at the weekend", "There is always plenty of fruit and veg", and "Drinks are always available".

## **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, & 20**

Quality in this outcome area is **good**

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

People who use the service are supported in their personal and healthcare needs by the staff, and multi-disciplinary health care professionals

### **EVIDENCE:**

The preferences for how people who use the service like their personal support is recorded in their support plans. The AQAA says, 'The staff team provide personal support maintaining residents' dignity in a way agreed with the resident wherever possible or with people important to them. e.g. family and care manager'. Each person has a key worker who works closely with him or her. Times of getting up and going to bed are flexible other than for specific assessed reasons, and these would be indicated in the support plan. Staff spoken to all confirmed that personal support is provided in private and that dignity is respected at all times.

The healthcare needs of the people using the service are met by the home supported by a multi-disciplinary health care team. When a person first moves into the home they are supported to choose community health facilities including choosing a G.P. A health check is organised within the first 3 weeks of admission. The homes AQAA says, 'We support the residents to manage their healthcare needs as far as is practical, accessing a GP and other medical professionals for routine screening and treatment as necessary', and 'When checking a resident's health through observation, we identified a need for treatment. With the input of the resident's family and care manager, we supported that resident to receive the appropriate treatment through the hospital dental department'. We witnessed that a G.P. visited following a request from the home. Evidence was seen on support plans of contact with G.P's, district nurse, optician, chiropodist, continence nurse and dentist. The AQAA says, 'We receive specialist support in supporting the residents in areas such as continence management', and 'We monitor health through observation and regular checks according to each resident's individual care/support plan'. A care manager commented, "I am very happy with the support he has been given". Staff said, "Their healthcare needs are being met", and "They are well supported in their health care needs".

The home has clear and accessible policies, procedures and guidance for medication. These include detailed protocols for PRN medication. At present there are no people using the service who look after their own medication. However one person is being supported towards this and risk assessments are being completed. The recording of receipt, administration, and disposal of medication is sufficient to allow an audit trail. Storage of medication is good and further storage cupboards are on order. At present there are no people on controlled drugs or fridge line drugs. The appropriate C.D. cupboard and drugs fridge are on order to ensure they are ready when needed. The manager carries out regular medication audits. The AQAA states, 'Medication is administered by staff who have been trained and had their safe practice observed by the manager. We use the Boots MDS system of administering and recording the safe management of medication'. The manager also carries out regular assessments to ensure staff competency in medication administration. Staff spoken to confirmed that they had received medication training.

## 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 & 23**

Quality in this outcome area is **good**

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

People who use the service know that their complaints and concerns will be listened to and acted on; and that they will be protected from abuse.

### **EVIDENCE:**

The home has a clear and effective complaints procedure, which is also produced in pictorial format. A copy is given to each person who uses the service in the service user guide. There is also a copy on display in the quiet/visitors lounge. The home has only been open for a few months and to date there have been no complaints. A care manager said, "I am happy with what I have seen of the service". A person using the service said, "Its nice here".

People using the service are safeguarded from abuse. The home has clear policies on Safeguarding Vulnerable Adults and Whistleblowing. All staff are checked against the Protection of Vulnerable Adults register prior to appointment. Staff receive training in the protection of vulnerable adults. The home has sound policies and procedures for dealing with money belonging to the people who use the service and records and cash checked were all in order.

# 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, 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.

People who use the service live in a home that is well designed, spacious, and clean. They have individual rooms that meet their needs and expectations.

## **EVIDENCE:**

The location Winchester House in the quiet residential area of Minster on the Isle of Sheppey is suited for the purpose of young adults, having access to public transport (the bus stops right outside the premises), local shops and community facilities, sports centre, library, with high-street stores and Community College at Sheppey. The home has been converted from a former residential care home. It has been fully refurbished, redesigned, fitted and furnished to a high standard for the purpose of providing a quality living environment to the benefit of up to twelve young adults with learning disabilities. The home has been designed to look very spacious with wide corridors and level access on the ground floor level suitable for wheelchair

users. It is clean, odour free, bright and airy throughout. A cleaning checklist is used and the management team regularly checks this. The rear garden is currently laid with lawn, which provides a blank canvas. It is planned that a garden area will be provided for one person who enjoys gardening and other changes will be made to meet the needs of the people who use the service as they are identified. The front of the property has parking for 3 vehicles. Unrestricted on-road parking is also available. The home has a vehicle available for taking out the people who use the service. When the home was inspected by the registration team a recommendation was made that the overgrown, ivy-clad trees, bordering the west-facing perimeter and obscuring any view from bedrooms 4, 5 and 6 should be professionally thinned out to provide an acceptable outlook. This has now been done and a new fence with lattice top has been provided with border shrubs along that aspect.

On the ground floor there are ten private rooms for people who use the service, which vary in size between 14 sq m to 21 sq m. All are fitted, furnished and decorated to a high standard. Each room has an en suite facility with either a bath or a wet room. Two of the rooms provide 'bed-sit' facilities and are fitted with kitchenettes. A first-floor, self-contained annex flat for a further two residents provides designer-quality accommodation. Each person has their own separate, fully en suite bedrooms, one with bath and the other a wet room. There is also a shared lounge/diner with fully fitted integral kitchen, including washer/dryer, dishwasher, and fridge/freezer. This unit is planned for semi-independent living. All private rooms are fitted with a lockable facility. All bedroom doors are fitted with locks and the people using the service have a key. All windows are fitted with window restrictors. If a person using the service wishes to bring in their own furniture this can be arranged for them. Bedrooms have been personalised by the individuals with posters, T.V., hi fi etc. People using the service said, "I have got a nice room", and "I like this".

In addition to all bedrooms being fitted with en suite facilities there are also communal toilets and bathroom provided on the ground floor, all are lockable.

The home has a range of shared space. On the ground floor there are two large lounge/dining areas in different parts of the building, and a smaller quiet/visitors lounge. The communal rooms all have 'designer' colours, furnishing and fittings. The kitchen is well fitted and suitable for the people who use the service to assist with meal preparation. There are also two sensory rooms, one of which is also used for activities.

The home has assessed the needs of the current people who use the service and have provided adaptations and equipment to meet their needs. Further adaptations will be made following assessments of new people using the service. All of the bedrooms are fitted with call bells and independent fobs are also being purchased. However currently none of the en-suite bathrooms have been linked to the call bell system and a recommendation is made that the company risk assesses and fit call bells in bathrooms where necessary.

The home has robust procedures for infection control. The laundry has the appropriate equipment for infection control. Sufficient personal protective equipment is available for staff. Hand washing facilities are available where needed. Staff are all trained in infection control when they join the service. A staff member commented, "The infection control procedures are good"

## 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, 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 and staff training and supervision protect the people who use the service; and ensure they receive the levels of support they need.

### **EVIDENCE:**

All staff employed by the home have induction training to Skills for Care specifications. Over 70% of support workers hold a NVQ at level 2 or above and it is planned that all staff will undertake NVQ training once they have completed their probationary period. Staff said, "I have got NVQ level 2", "I have done NVQ 2 and have been offered level 3 when my probation is finished", and "I did the mandatory units of Level 3 in a previous job and want to pursue it now I am here, and get the certificate".

The home has sufficient staff on duty to meet the needs of the people who use the service. A member of staff said, "There are too many at the moment". At

night there is currently one member of staff on duty but this will be kept under review and increased as more people use the service or the dependency increases.

There are good recruitment procedures in place in the home and these include equal opportunities and take into account equality and diversity both of the people using the service and of the staff. No member of staff is employed until a Criminal Records Bureau check has been sent, 2 written references have been received, and a satisfactory check of the Protection of Vulnerable Adults register has been received. The home has now been provided with an up to date copy of the list of documents needed on staff files and have indicated that they will amend their files to meet these requirements. All staff are provided with a copy of the General Social Care Council code of conduct, and the home has obtained copies of these in Polish for one member of staff. All staff are provided with a statement of terms and conditions of employment. All appointments are subject to a six months probationary period. The homes AQAA says 'As we support more residents at the home, we will consult them on what qualities are important to them in staff and incorporate these in the staff interview questions. Where potential staff visit the home, the residents' opinion of the candidates will be sought and considered in the recruitment process'.

Each member of staff has a training and development plan. The staff team that was in place prior to the opening of the home received mandatory training and training in areas of specific needs at that time. Newer staff have either attended this training or are booked to attend. Staff spoken to confirmed that they had received all of the mandatory training. One said, "I have done a 1 day First Aid Course and have been offered the longer 4 day course".

Staff receive formal supervision monthly and can ask for supervision at any time. Each member of staff has a supervision agreement and signed records are kept. A member of staff said "I have supervision monthly, and if there is a problem in the meantime I just ask".

General comments from staff included, "I'm enjoying it 100%", "We help each other", "Everyone is so giving and supportive", "I am really enjoying it here", and "There is a good mix of staff".

# 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, 38, 39, & 42**

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

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

The home is run in the best interests of the people who use the service. The health, safety and welfare of people using the service and the staff is promoted and protected

## **EVIDENCE:**

The registered manager holds an NVQ 4, Registered Managers Award, and has been in a management or supervisory role in a care setting since 1995. 2 assistant managers support him. Both of the assistant managers spend half of their time as supernumerary and the other half working on shift. At least one of the management team is on duty each weekend.

The management team create a very positive and open atmosphere in the home. Staff said, "All of the management team are there 100%", "Support from management is 110%", and "They are always there for you".

The home is currently in the process of developing its quality assurance. Currently the manager undertakes a variety of audits including health and safety food temperatures, menus, medication, weekly vehicle checks, and weekly check of the house for repairs. The manager is also planning to use an assessment tool for infection control. The company carry out regular 'Regulation 26' visits to the home and provide a written report. Staff meetings are held fortnightly at the moment but will eventually be monthly. At present people who use the service are seen on a 1:1 basis but monthly 'residents' meetings are being put in place. It is planned that questionnaires will be sent to people who use the service, families and advocates, care managers, and staff at least annually and an analysis will be produced of the results to aid further improvement to the service.

The health, safety and welfare of the people using the service and the staff is promoted and protected. All staff are trained in the mandatory health and safety related subjects. Staff operate a system of daily health and safety checks including fridge and freezer temperature, cooked food temperature, and safe storage of hazardous substances. The home has equipment to ensure water temperatures are at safe levels. The gas, electricity and water and fire systems are checked for safety and up to date certificates are on file.

# 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>	X

<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>	X

<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>	X
<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>	X

<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>	X
<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>	3
<b>38</b>	3
<b>39</b>	3
<b>40</b>	X
<b>41</b>	X
<b>42</b>	3
<b>43</b>	X

Are there any outstanding requirements from the last inspection?

No - This is the first report.

**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.	YA29	The company should risk assesses the bathrooms of people who use the service and fit call bells in any areas where they are assessed as necessary.

## **Commission for Social Care Inspection**

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