



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

Woodbridge House

**151 Sturdee Avenue
Gillingham
Kent
ME7 2HL**

Lead Inspector
Graham Cummings

Key Unannounced Inspection
28th February 2007 09:30

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	Woodbridge House
Address	151 Sturdee Avenue Gillingham Kent ME7 2HL
Telephone number	0208 502 4466
Fax number	
Email address	
Provider Web address	www.achuk.com
Name of registered provider(s)/company (if applicable)	Aitch Care Home's (London) Limited
Name of registered manager (if applicable)	Keith Tancock
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:

Date of last inspection 1st inspection

Brief Description of the Service:

Woodbridge House is a large detached corner property situated on the outskirts of Gillingham town centre. The home can take up to 10 service users aged between 18 and 65 with a learning disability and complex needs. The home is on a main bus route and the Gillingham town centre main line railway station are approximately 1 mile away. The home has easy access to local library and shops.

The fees range from £1,300 to £1,550 per week

SUMMARY

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

This inspection was carried out on the 28th February 2007 and was the first since the home opened in November 2006.

The home can care for a maximum of ten service users and currently have seven in place.

The Inspector spoke with the Deputy Manager and Area Manager (ex Manager), service users, viewed documents and toured the home.

The Manager, Keith Tannock, wrote to CSCI in January to say that they had been promoted within the company, since then a new Manager, Ellen Luck has been appointed and is due to start on the 19th March 2007.

The home currently has four staff on duty plus the Deputy and Manager, when started being supernumerary and available to assist and help if required.

The home's Statement of Purpose was seen and is being updated on a regular basis as the home progresses through the expected changes of a new home. The Service User Guide is also being updated and individualised to service users.

The transition for new placements have been dealt with sensitively and in the best interests of meeting service users' needs relating to change.

The Inspector found that service users' choices, lifestyles, personal and healthcare needs were met through regular group and individual meetings.

The home raised an Adult Protection issue in January and they dealt with this in a professional and appropriate manner that safeguarded the service user involved.

The home was light and spacious with a main lounge, dining area and small room used for family visits, staff supervision and 1-1 meetings with service users. The Inspector saw 2 occupied bedrooms with the service users permission and a vacant bedroom, these were well furnished and contained service users' personal belongings.

The Inspector looked at two staff files and found them to contain the required information. Staff training is good although the number of staff with an NVQ Level 2 or higher was only 43% with seven out of sixteen staff having the qualification. There are currently two staff vacancies, 1 Team Leader and 1 Senior support Worker. Supervision notes were seen on the staff files seen but since Christmas these have fallen behind due to the Manager's promotion and not being on site.

The home has been overseen by the ex manager until the new Manager starts on the 19th March. The Inspector was satisfied that the service users' health, safety and welfare were being promoted and protected.

What the service does well:

The home had a relaxed and welcoming atmosphere. The Inspector noted that service users were spoken to with respect and doors were knocked before entering.

The staff team appeared relaxed and knowledgeable about service users individual needs.

The pre placement assessments were full of relevant information and the care plans were informative and well written. One of the files seen contained an excellent report entitled Individual Support Requirements that had been written by the previous placement prior to the transition to Woodbridge that detailed the individuals likes and dislikes about how they wanted to be cared for and treated.

The home sets small achievable tasks with individuals and they attend college, day centres, library, sports centre and local shops to help with this.

What has improved since the last inspection?

This is the home's first inspection.

What they could do better:

The home has documentation in place but this is still being adapted and developed to fully meet the needs of the service and evidence the good work being carried out by staff.

The Inspector noted that a Speech Therapist had recommended that staff should attend a signing and communication course.

That staff supervision is monitored to ensure that all staff receive a minimum of six supervisions a year.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

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.

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

1,2,4

Prospective service users have the information required to make an informed choice about where to live.

Service users have their needs assessed and are able to visit the home prior to a permanent move.

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

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

EVIDENCE:

The Inspector looked at the Statement of Purpose and was informed that this is under constant review and being updated and changes take place.

The two Service User files seen both contained detailed Pre Placement Assessments. One of the files contained a document entitled 'Individual Support Requirements', this was completed in January 2007 by the previous placement as part of the transition. This document gave an excellent detailed outline of the care required by the Service User and how they wanted the care provided including verbal and physical prompts.

Service users were able to visit the home as part of their transition if it was in their interest to do so.

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):

6,7,9

Service users have individual plans of care and are supported to take risks and decisions about their lives.

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

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

EVIDENCE:

The Inspector looked at two care plans and found that they were well written and contained information that would allow a new staff member to meet the needs of the individual.

Both files contained a funding authority assessment of need and a Pre Placement Assessment carried out by the home.

In one of the files, the care plan listed the service users likes and dislikes and domestic skills. The care plan had clear guidelines on three areas of concern, these were mobility, weight and minor infections, there were also risk assessments in place. There was a good social and health history reports on

file and a fact sheet on the service users diagnosed disability. A review had been held on the 27th February with the family and care manager who were all pleased and satisfied with the placement.

The second file seen was for a service user who had moved into the home two days earlier. There was a lot of paperwork in place, and all of the information required was available, however, some still needed to be transferred into the home's paperwork.

The home has a key-worker system and they are taking on more responsibility for the evaluation and record keeping of the file, this is being monitored by the Deputy and Assistant Manager.

Service User meetings are held regularly with the last one held on the 11/2/07, the minutes were seen having been typed but needed to be signed, the date was on the top of the form.

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):

11,12,13,14,15,16,17

Service users have opportunities to develop through age appropriate local community activities.

Service user families have appropriate family contact and have their rights and responsibilities recognised in their daily lives.

Service users receive a healthy and nutritious diet in pleasant surroundings.

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

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

EVIDENCE:

Service users attend local colleges and day centre to improve and increase their independent living skills such as cooking and communication.

Activities are available in the local community that include shopping, library, swimming, sports centre and walks to the local park and surrounding areas.

All of the service users have family contacts at different levels, these range from telephone calls, visits by family to the home and service users having weekends at the family home.

The home has a small room that is available for service users to meet with their visitors in private and not have to use their bedrooms.

The menu was on display in the kitchen but service users' meals were recorded individually and the information placed on file weekly. The menu seen appeared to be healthy and nutritious.

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

Service users received care in the way they preferred.

Service users did not self medicate but had their health needs met.

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

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

EVIDENCE:

The Inspector when looking at Service User files saw documents that related to the care required and how the individuals wanted it to be provided. Service users spoken to said 'I'm happy here, the staff are friendly and I like my room' and 'I am treated well and go out lots'.

All service users are registered with a local Doctor, Dentist and Optician and there is also some input from speech therapist and psychiatrist.

No service users currently living at the home self medicate. Medication sheets were seen and these were signed and up to date. The dispensing of medication policy is that two staff do this in the office where the medication is stored and everyone else must leave the office, even the Manager to eliminate distraction.

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

The views of service users are listened to and they are protected from abuse.

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

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

EVIDENCE:

Service users views are listened to at regular Service User meetings that are recorded and wherever possible their ideas and suggestions are implemented. The home also has a key-worker system in place that allows time for 1-1 meetings to take place and this is also recorded and on file.

All of the staff, apart from the last four employed, have had Medication, Protection of Vulnerable Adults and Behaviour Management training.

The home instigated the Adult Protection procedures in January 2007, this was dealt with quickly and efficiently and in a professional manner by the home who informed the commission of the action taken throughout the process.

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):

24,25,27,28,30

Service users live in a homely, clean, spacious and safe environment.

Service users benefit from occupying bedrooms that are appropriate to their needs.

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

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

EVIDENCE:

The Inspector toured the premises and looked at three bedrooms, one was vacant and two service users were happy to show the inspector their rooms. All of the rooms were of a good size and both residents were able to personalise their rooms in any way they wished.

All of the bedrooms are en-suite with either a bath or shower, on the ground floor there is a communal bath or shower available.

The home was clean and well furnished with ample space for Service users to use if they wanted a quiet space.

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):

31,32,34,35,36

Service users benefit from having a staff team that is competent and well trained and understand their roles and responsibilities.

Service users are protected by the home's recruitment policy and the well supported and supervised staff team.

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

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

EVIDENCE:

The Inspector looked at two staff files and found that they both contained two references, CRB, identification photograph and documentation, health declaration and Statement of Terms and Conditions of employment.

The staffing structure is Manager, Deputy Manager, Assistant Manager, four Team Leaders and four Senior Support Workers and five support workers.

There are four staff on duty for seven service users plus the Manager and Deputy Manager available to assist if required.

The morning shift is from 7am to 3pm, the afternoon shift is 2pm to 10pm with two wake night staff from 9.30pm to 7.30am. this allows for a good handover period for all shift changes. It is hoped that in the near future a middle shift of six hours is to be introduced between 9am and 6pm to help with 1-1 sessions and outings.

The staff have attended training in Behaviour Management, Medication Administration, Protection of Vulnerable Adults, Health and Safety and First Aid.

Seven out of the sixteen staff have an NVQ Level 2 or higher. The company has a six month probation period and do not send staff on NVQ training until this has been successfully completed. The home has currently been open for five months.

Due to the promotion within the company of the Registered Manager, the Deputy Manager has been overseeing the day to day running of the home, the ex Manager has been supporting twice a week until the new Manager starts on the 19th March 2007.

The supervision of staff was up to date until the managers promotion and the Inspector was assured that all staff will have a minimum of six supervisions by the end of September 2007.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

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

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

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

37,39,42

Service users benefit from a well run home and their views underpin the development of the home.

The health, safety and welfare of service users are promoted and protected.

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

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

EVIDENCE:

The home is well run and has a good management support structure in place until the new manager starts on the 19th March 2007.

The home is still in the process of developing and are tweaking and changing documentation to improve the recording of information that reflects the standard and quality of care that is provided.

Service users spoken to indicated that they liked living at the home and that the staff were kind and helpful, 'they ask me what I want to do'. A service user confirmed that the home has regular meetings with service users to talk about the menu, outings and activities.

Regular fire checks are carried out and service users health, safety and welfare is promoted and protected.

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	4
5	X

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

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	X
27	3
28	3
29	X
30	3

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

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

Are there any outstanding requirements from the last inspection? NO

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 Home’s Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	YA6	That the documentation of the new admission is transferred onto the care plan documentation.
2.	YA35	That the home implements the Speech and language therapists request for staff to attend a signing and communication course.
3.	YA36	That by the end of September 2007 all staff have received a minimum of 6 individual supervisions that are recorded, signed and dated by both parties.

Commission for Social Care Inspection

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