



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	St Blaise Avenue (2)
Address:	2 St Blaise Avenue Bromley Kent BR1 3DA

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
James O'Hara	0 1 0 4 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.csci.org.uk

Information about the care home

Name of care home:	St Blaise Avenue (2)
Address:	2 St Blaise Avenue Bromley Kent BR1 3DA
Telephone number:	02084601851
Fax number:	
Email address:	Maxine.shaw@bromley.gov.uk
Provider web address:	

Name of registered provider(s):	London Borough Bromley
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Type of registration:	care home
Number of places registered:	5

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	5	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 5		
The registered person may provide the following category/ies of service only: Care Home Only (CRH - 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 - Code LD		

Date of last inspection							
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Brief description of the care home
<p>St Blaise is a two story semi detached house in a residential road within walking distance of Bromleys main shopping centre and is convenient for all local amenities and public transport. The service is part of the London Borough of Bromleys care provision in the Learning Disability sector.</p> <p>The service is registered to provide support for five people with a learning disability, there are currently two people living at the service.</p> <p>There is a garden to the front with parking for two cars and a good sized back garden.</p>

Brief description of the care home

Policies, procedures and recruitment are organised through the central office of London Borough of Bromley. Senior staff management and staff support are provided through the local authority.

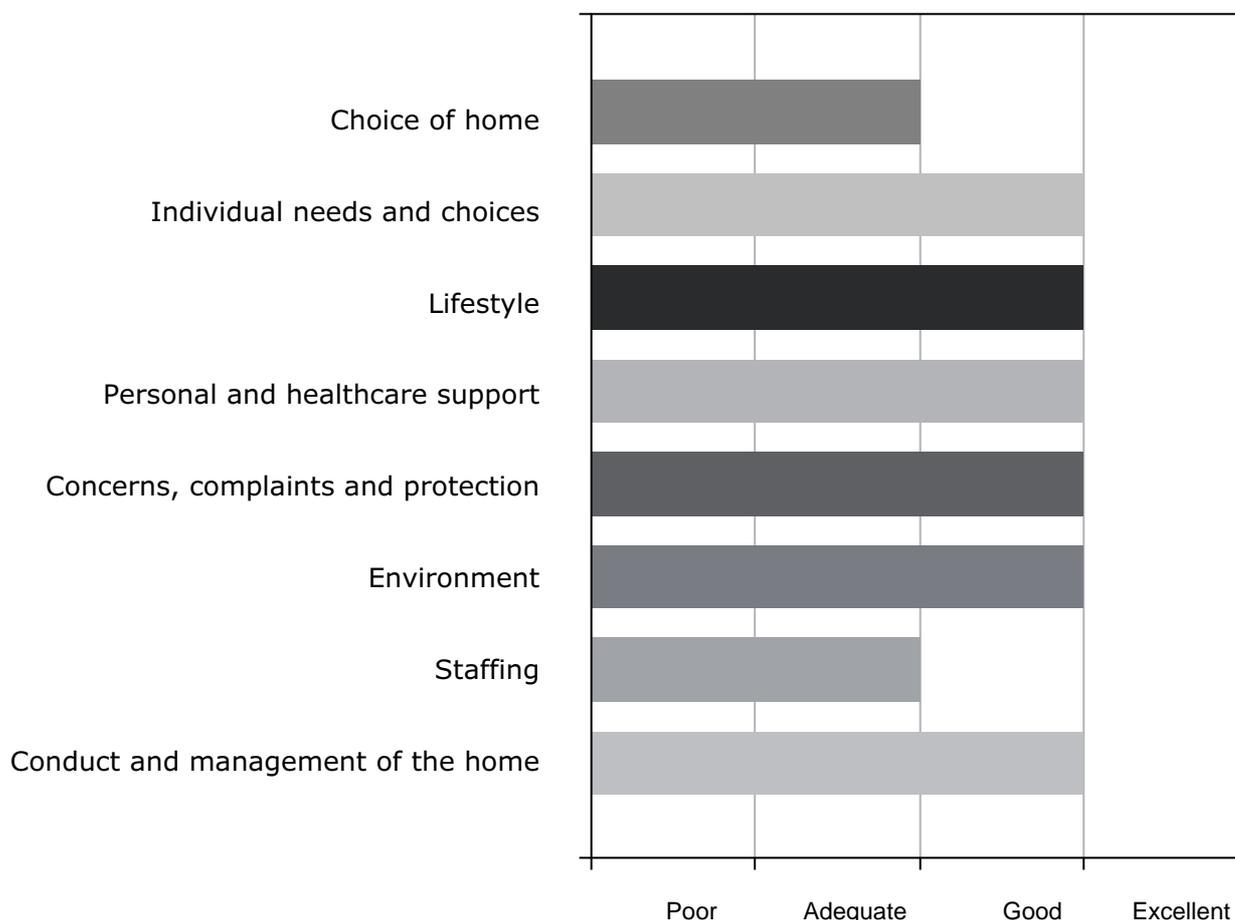
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

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

This was an unannounced inspection and took place over four hours. The registered manager was absent due to illness, a registered manager from another London Borough Bromley service has been acting as the manager while they are away. They told us that the registered manager was due to return to work.

We spent four hours at the service and talked with two relatives of people who use the service, one member of staff and the acting manager.

Records and documents examined during the inspection included the care plans, activities, medication, staffing and training and health and safety records.

The registered manager completed an Annual Quality Assurance Assessment to tell us about the service provided, how it makes sure of good outcomes for the people using it and any planned developments.

What the care home does well:

The admission procedure ensures that people would have a thorough assessment of their needs and aspirations before they move in. Person centred plans and care plans give good information about peoples support needs and how the service can meet these needs.

Risk plans are completed so that people can live as independently as possible.

People are supported with a varied programme of activities that reflects their individual interests.

People can have regular contact with their friends and families.

Medication is well managed and people have good access to appropriate healthcare professionals.

People can be sure that their complaints and concerns are listened to because there is a complaints procedure that that they can understand.

The service is well managed.

Good health and safety arrangements are in place.

What has improved since the last inspection?

Two people have moved out of the service since at the last key inspection. Although St Blaise is registered to support five people there are currently only two people living there. The group manager told us that they planned to move three people from another service run by the London Borough Bromley, into St Blaise.

Since two people moved out of the service staff has had more time to support those remaining with activities in the community and in house. The acting manager and one persons relatives told us they hoped that when the new people move in that the staffing arrangements would be designed so that people would continue to be supported to enjoy the improvement in their activities programmes.

The building is well maintained so that people can live in a clean, comfortable, homely and safe environment.

The service has a new manager.

What they could do better:

Staff are supported and supervised however more could be done to make sure that all staff attend training and or refresher training on fire safety, safeguarding adults, medication administration, food hygiene and 50% of the staff team must be qualified at NVQ level 2 or above in care.

The manager must review the training needs of the whole staff team and develop a training programme relevant to the needs and safety of the people who use the service.

A Statement of Purpose and Service Users Guide must be developed so that people planning to use the service can be provided with information that would enable them to make an informed decision about whether or not the service can meet their needs.

Guidelines and risk assessments must be in place for staff to follow in order to support one person to attend health care appointments.

Hot water temperatures must be checked on a daily basis until the hot water thermostat is repaired. This will reduce the risk of people being scalded.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.csci.org.uk. You can get printed copies from enquiries@csci.gsi.gov.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The service does not have a Statement of Purpose or Service Users Guide so any person planning to use the service would not be provided with information that would enable them to make an informed decision about whether or not the service can meet their needs.

The admission procedure ensures that people would have a thorough assessment of their needs and aspirations before they move in.

Evidence:

The acting manager showed us a Statement of Purpose and a Service Users Guide, the Statement of Purpose did not include important information about the service and the Service Users Guide had not been reviewed for some time. In order that people planning to use the service can make an informed decision about whether or not the service can meet their needs they should have information about the service. The registered manager must make sure that a Statement of Purpose and Service Users Guide is developed for the service. People who use the service must be given a copy of the Service Users Guide and a copy of the Statement of Purpose must be sent to

Evidence:

the Commission.

Two people have moved out since at the last key inspection. Although St Blaise is registered to support five people there are currently two people living there. The group manager contacted the Commission prior to this inspection to tell us that they planned to move three people from Devonshire Road, another service run by the London Borough Bromley, into St Blaise. They told us that they were liaising with the Commissions registration department as they planned to close Devonshire Road.

They told us that they had spoken to people who use the service and their relatives about these plans and peoples care managers had been involved throughout the process. They told us that people would have a thorough assessment of their needs before they move in.

The acting manager showed us consultation letters sent to all of the relatives from both services explaining the London Borough Bromleys plans. The acting manager told us that people living at St Blaise and Devonshire Road knew each other very well as they attended the same day centres and regularly met at social events. The acting manager told us that the two people living at the service were very pleased when they were told about the London Borough Bromleys plans. The group manager told us that the move would be staged so that people could visit the service and stay over for a few days before moving in.

One persons relative told us that they had been told about the move and they and other relatives had been invited to meetings the week following this inspection to discuss the London Borough Bromleys plans.

Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People can be sure that they are properly supported because person centred plans and care plans give good information about their support needs and how the service can meet these needs.

Risk plans are completed so that people can live as independently as possible.

Evidence:

We examined one person's file. Their care plan was detailed and reviewed regularly. Person centred planning meetings were held annually and they were supported to set new goals and review the progress of previous ones. The person's care manager had attended the reviews to assess if the service was meeting their needs.

Risk assessments were in place for this person using a potato peeler, shopping and accessing the community. These had been kept under regular review.

People who use the service hold regular meetings and it was evident that they are

Evidence:

able to participate in the running of the service.

Lifestyle

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People can be sure that their social and leisure needs are met because they are supported with a varied programme of activities that reflects their individual interests.

Appropriate arrangements are made so that people can have regular contact with their friends and families.

Evidence:

A requirement was set at the last key inspection that there must be a continuing review and improvement of the quality of care, in particular to monitor that sufficient staff are employed to meet the needs of the people living there enabling them to go out, take part in activities in house and to enable one to one training time to go ahead. At the last key inspection people said that they would like it if more in house activities took place. It was recommended that a timetable of regular in house activities was set up. It was also recommended that the service consider obtaining

Evidence:

transport.

People who use the service attend local day centres and the Gateway Club. People can go for drives, shopping, cinema and bingo. One person goes out on a regular basis with their relatives. On the day of the inspection both people were attending their day services. There are plans for the two people currently living at the service to go to a seventies weekend break at a Butlins Holiday Camp in May.

People who use the service have regular contact with their relatives. One person's relative told us that since two people moved out of the service and the new manager took over that their relative had more opportunities to attend activities. Their relative who had previously been reluctant to leave the house or attend day centres had started to go out more and had become more active around the house. They told us that the new manager had offered people the opportunity to try lots of different activities some of which people liked and continued with. They told us that it had been a very long time since their relative had been on a holiday.

The acting manager told us that since the two people moved out that staff had more time to support those remaining with activities in the community and in house. They and the person's relatives told us they hoped that when the new people move in that the staffing arrangements would be designed so that people would continue to be supported to enjoy the improvement in their activities programmes.

An in house activities plan has been developed so that people can be involved in cooking meals and menu planning. There are board games, karaoke, arts and crafts and DVD evenings. The people currently living at the service are able to use local transport to attend activities and can visit Bromley town centre which is only a short walking distance away.

We looked in the food cupboards, fridge and freezers and they were well stocked with ingredients for healthy meals and the menus were varied. The acting manager told us that people help to choose what is on the menus during house meetings.

It was noted at the last key inspection that a pan on the cooker was covered with tinfoil. It had a chicken stew that had been prepared for dinner. Staff said that it had been cooked that morning but the large pan was completely cold, indicating it had been cooked and left without refrigeration for several hours. A requirement was set that food offered to the people must only be prepared in a way that minimises the risk of harm to those eating it.

Evidence:

The acting manager told us that this practice had been stopped. The acting manager showed us a certificate and a report from Scores on the Doors. The certificate indicated the service had received three stars. The report indicated that the service offered a good level of compliance with food hygiene regulations however some more effort may be required. The report made a number of recommendations which have since been addressed by the service.

We looked at staff training records to see when staff had attended training in food hygiene. There are currently four part time working at the service, records showed that one staff attended food hygiene training in 2008, one staff attended food hygiene training in 2007, one staff attended food hygiene training in 2006 and the other member of staff attended food hygiene training in 2001. It is recommended that two staff attend refresher training on food hygiene.

Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People can be sure that their health care needs are met because medication is well managed and they have good access to appropriate healthcare professionals.

Evidence:

People are registered with a local General Practitioner. Peoples care plans indicate how people prefer to be supported with personal care.

Medication is supplied in blister packs from Boots the Chemist. Medication is stored in a locked medication cabinet fixed to the wall in the office, on examination of the cabinet all the medication was found to be in order, there were no gaps on the recording sheet and there were photographs of the people in place.

The acting manager told us that the pharmacist visits the service on an annual basis to offer advice and support on medication procedures. They produced a report from the pharmacists last visit in January 2009.

Two relatives of one person told us that they had concerns that their relative had not been attending health care appointment with their General Practitioner, dentist or

Evidence:

chiropractors. The person was usually supported by family to attend these appointments however they would not always be around to support them. The acting manager told us that there were difficulties as this person often refused to attend health care appointments with members of staff.

This person's refusal to attend health care appointments with staff had been discussed in review meetings and the registered manager had sought support from health care professionals. However there were no guidelines in place for staff to follow in order to support this person to attend health care appointments. There were no risk assessments in place indicating the risk to the person's health should they not attend health care appointments. The acting manager and staff were not sure if this person had the capacity to understand the risk to their health should they not attend health care appointments.

The registered manager must make sure that guidelines are in place for staff to follow in order to support one person to attend health care appointments.

The registered manager must make sure that risk assessments are in place indicating the risk to one person's health should they not attend health care appointments.

It is recommended that the registered manager contacts an independent mental capacity advocate to ascertain if this person has the capacity to understand the risk to their health should they not attend health care appointments.

Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People can be sure that their complaints and concerns are listened to because there is a complaints procedure that they can understand.

Staff need to attend training or refresher training on safe guarding adults.

Evidence:

A requirement was set at the last key inspection that there must not be any delay in dealing with and reporting suspected abuse as delay in reporting abuse would cause people to continue being harmed unnecessarily.

The service has kept the Commission informed of incidents relating to people who use the service and any changes occurring at the service. There have been no incidents where the service has suspected abuse.

The service uses the London Borough of Bromleys complaint procedure. People being dissatisfied with how complaints had been managed had been a reoccurring theme at previous inspections. It was recommended at the last key inspection that the new manager should take the opportunity, being a new broom, to improve the way that the service dealt with complaints and build better relationships with relatives that had been dissatisfied with the way complaints have been managed in the past.

We spoke to two relatives about complaints. They told us that there had been an

Evidence:

improvement in this area especially since the new manager took over. They told us that communication was better and they could speak to the manager about their concerns and that they felt that they were listened to. The new manager would also respond in writing to their concerns. They still felt that it took a long time for complaints to be fully resolved but had more confidence in the way complaints were being managed.

Safeguarding policies and procedures are in place and the acting manager and staff we spoke to demonstrated a good understanding of them.

We looked at staff training records to see when staff had attended training on adult protection. Records showed that one member of staff attended training in 2006 and another member of staff attended training in 2004 however there was no evidence available to indicate that the other two members of staff had attended training on adult protection. The registered manager must make sure that all staff attends training and or refresher training on safeguarding vulnerable adults.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The building is well maintained so that people can live in a clean, comfortable, homely and safe environment.

Evidence:

As required at the last key inspection carpets throughout the house have been replaced and as recommended the vacant room has been made to look ready and inviting so that people thinking of moving in can better appreciate what it would be like to live there.

The living room was well decorated and had comfortable furniture and very nice pictures painted by people who use the service had been hung on the walls.

There was a large kitchen and dining area with good quality furniture. The cooker and the sink can rise up or down for the benefit of those who may need it. There is water damage in one corner of the kitchen that requires treating and redecorating. There are appropriate laundry facilities separate from the kitchen and the preparation of food.

There is a large well kept garden to the rear of the house with good quality garden furniture.

Evidence:

There are sufficient numbers of bathrooms and toilet facilities. Records showed that hot water temperatures currently fluctuate between 38 and 48 degrees centigrade. The acting manager told us that hot water temperatures are currently checked on a monthly basis. The registered manager must make sure that hot water temperatures are checked on a daily basis until the hot water thermostat has been fixed to limit the hot water temperature to 43 degrees Celsius. This will reduce the risk of people who use the service being scalded.

The acting manager showed us a list of minor repairs needed at the house including limiting the temperature of the hot water and treating and redecorating the water damage in the kitchen.

The premises were clean, bright and well ventilated throughout on the day of the inspection.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff are supported and supervised however more could be done to make sure that all staff attend training relevant to the needs and safety of the people who use the service.

People can have confidence in the staff because checks have been done to make sure that they are suitable to care for them.

Evidence:

This service has an established staff team, some of whom have been working with the people living there for many years. There are currently four part time staff working at the service. We met one member of staff, it was apparent that the member of staff had a good knowledge of the needs of people with learning disabilities.

As previously stated in this report we looked at staff training records. Records showed that one staff attended food hygiene training in 2008, one staff attended food hygiene training in 2007, one staff attended food hygiene training in 2006 and the other member of staff attended food hygiene training in 2001. It has been recommended that two staff attend refresher training on food hygiene. One member of staff had received medication administration training in 2006 however there was no evidence available to indicate that the other three staff had attended training on medication

Evidence:

administration. A requirement has been set that all staff must attend training and or refresher training on the administration of medication.

One member of staff attended training on adult protection 2006 and another member of staff attended training in 2004 however there was no evidence available to indicate that the other two members of staff had attended training on adult protection. A requirement has been set that all staff must attend training and or refresher training on safeguarding vulnerable adults.

Records showed that one member of staff attended training on fire safety in 2007, one member of staff attended training on fire safety in 2006 another member of staff attended fire safety training in 2003 there was no evidence available to indicate that the other member of staff had attended training on fire safety. The registered manager must ensure that all members of staff attend training and or refresher training on fire safety.

It is recommended that the registered manager reviews the training needs of the whole staff team and develops a training programme relevant to the needs and safety of the people who use the service.

Only one member of staff has completed an NVQ level 2 in care therefore the service does not have the required percentage of staff qualified at NVQ level 2 or above. It was recorded in the last inspection report that the service had the required percentage of qualified staff and it would be good practice if the service worked towards all of its permanent staff gaining a care qualification. However since the last inspection a member of staff with an NVQ qualification has left. The registered manager must ensure that 50% of the staff team are qualified at NVQ level 2 or above.

No new staff have been employed at the service since at the last key inspection. Staff records examined at the last key inspection indicated that the service had obtained criminal record checks and references and all of the other appropriate documentation needed when recruiting staff to make sure that people who use the service are protected from harm and abuse.

It is usual for staff to work alone. The service has a lone working risk assessment that is generic to all staff. A requirement was set at the last key inspection that in order to keep people safe when there is only one staff member on duty lone working risk assessments must be carried out for each staff member individually. They must take into account their skills and experience as well as their health needs, also the differing needs of the people should be considered. The risk assessment must also consider

Evidence:

health and safety issues particularly relevant to working alone.

The acting manager produced lone working risk assessments for two members of staff that have medical conditions. These are kept in a file on a shelf in the office and therefore accessible to anyone. In order to maintain confidentiality staffs lone working risk assessments should be kept on their personnel files in a locked cabinet.

Records showed that staff are receiving regular supervision, have an annual appraisal and attend regular team meetings. Staff members expressed positive comments on their experience of working at the service.

Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People can be sure that their needs are met and wishes are taken into consideration because the service is well managed.

People can be sure that they are protected from harm because good health and safety arrangements are in place.

Evidence:

The new registered manager was not present on the day of the inspection however they have completed the registered managers award and NVQ4 in care so is suitably qualified to run the service. Staff told us that the service has improved under their management.

One person's relative told that there had been vast improvements at the service since the new manager took over. People were getting out more, people were better supported with their personal care and appearance, the house looked cleaner and fresher, people who use the service and staff seemed a lot happier and communication had improved between them and the service.

Evidence:

As previously stated there are plans to move three people from Devonshire Road, another service run by the London Borough Bromley, into St Blaise and relatives have been invited to meetings to discuss the London Borough Bromleys plans.

People who use the service and relatives regularly attend family and carer meetings. The acting manager showed us minutes from the family and carer meetings held in January and March 2009. Quality assurance questionnaires are given to people who use the service and their relatives annually.

The service has kept the Commission informed of any significant incidents that happen. The acting manager was asked to produce copies of reports from regulation 26 visits, they could not locate these however assured us that these visits take place on a regular monthly basis. The registered manager must make sure that copies of reports from regulation 26 visits are kept at the service and available for inspection.

The acting manager produced evidence of regular monthly health and safety checks carried out at the service, the fire alarm system and fire fighting equipment had been serviced and tested. The acting manager produced certificates indicating that portable appliances and gas safety had been tested by engineers.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	1	4	<p>The registered manager must make sure that a Statement of Purpose and Service Users Guide is developed for the service. People who use the service must be given a copy of the Service Users Guide and a copy of the Statement of Purpose must be sent to the Commission.</p> <p>So that people planning to use the service can be provided with information that would enable them to make an informed decision about whether or not the service can meet their needs.</p>	26/06/2009
2	19	13	<p>The registered manager must make sure that risk assessments are in place indicating the risk to one persons health should they not attend health care appointments.</p>	05/06/2009

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			In order to make sure that this persons health care needs are met.	
3	19	13	<p>The registered manager must make sure that guidelines are in place for staff to follow in order to support one person to attend health care appointments.</p> <p>In order to make sure that this persons health care needs are met.</p>	05/06/2009
4	23	13	<p>The registered manager must make sure that all staff attends training and or refresher training on safeguarding vulnerable adults.</p> <p>To reduce the risk of people being placed of harm or abuse.</p>	30/06/2009
5	32	23	<p>The registered manager must ensure that all members of staff attend training and or refresher training on fire safety.</p> <p>To make sure that all staff recieve training relevant to the needs and safety of the people who use the service.</p>	29/05/2009

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
6	32	18	<p>All staff must attend training and or refresher training on the administration of medication.</p> <p>To make sure that all staff receive training relevant to the needs and safety of the people who use the service.</p>	24/07/2009
7	32	18	<p>The registered manager must ensure that 50% of the staff team are qualified at NVQ level 2 or above.</p> <p>To make sure that the staff team has enough qualified staff to meet the needs of the people who use the service.</p>	30/09/2009
8	39	26	<p>The registered manager must make sure that copies of reports from regulation 26 visits are kept at the service and available for inspection.</p> <p>To make sure that peoples views about the service are being considered and provide evidence that the service is being monitored by the registered providers.</p>	29/05/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	17	It is recommended that two staff attend refresher training on food hygiene.
2	19	It is recommended that the registered manager contacts an independent mental capacity advocate to ascertain if one person has the capacity to understand the risk to their health should they not attend health care appointments.
3	32	It is recommended that the registered manager reviews the training needs of the whole staff team and develops a training programme relevant to the needs and safety of the people who use the service.
4	34	In order to maintain confidentiality staffs lone working risk assessments should be kept on their personnel files in a locked cabinet.

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