



Making Social Care  
Better for People

Inspecting for better lives

# Key inspection report

## Care homes for older people

<b>Name:</b>	Medihands Clifton
<b>Address:</b>	17 Bodley Road New Malden Surrey KT3 5QD

<b>The quality rating for this care home is:</b>	two star good service
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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.

<b>Lead inspector:</b>	<b>Date:</b>
David Pennells	0 5 0 2 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 Older People can be found at [www.dh.gov.uk](http://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](http://www.tso.co.uk/bookshop)

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- 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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## Information about the care home

Name of care home:	Medihands Clifton
Address:	17 Bodley Road New Malden Surrey KT3 5QD
Telephone number:	02089493581
Fax number:	02082412664
Email address:	
Provider web address:	

Name of registered provider(s):	Mrs Jayashree Sawmynaden
Name of registered manager (if applicable)	
Marion Grubb	
Type of registration:	care home
Number of places registered:	14

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	14	0
old age, not falling within any other category	0	14

Additional conditions:	
The maximum number of service users who can be accommodated is: 14	
The registered person may provide the following category 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: Old age, not falling within any other category - Code OP Dementia - Code DE	

Date of last inspection									
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Brief description of the care home
Medihands is a small private organisation providing residential services predominantly to adults with mental health issues in three homes and, in the case of this home, Clifton Medihands, providing care for older people (now a maximum of thirteen, all in single occupancy accommodation), including a number of people with dementia or related conditions. Clifton Medihands is a small and pleasantly domestic house in an pleasant ordinary street in New Malden, quite close to the main road (A3) and the town

### Brief description of the care home

centre of New Malden. The home provides bedrooms on both the ground and first floors, and all the communal areas are situated on the ground floor. The main lounge is extensive, providing substantial space, and there is a smaller sitting area / diner, close by the kitchen. The lounge overlooks a small, domestic garden, and the front door and ground floor bedrooms face out into the street, which is open, wide and remarkably quiet; parking is easy, either in the horseshoe driveway of the home itself, or, at no charge, on the street itself. There are good transport links, by bus and train, quite close by.

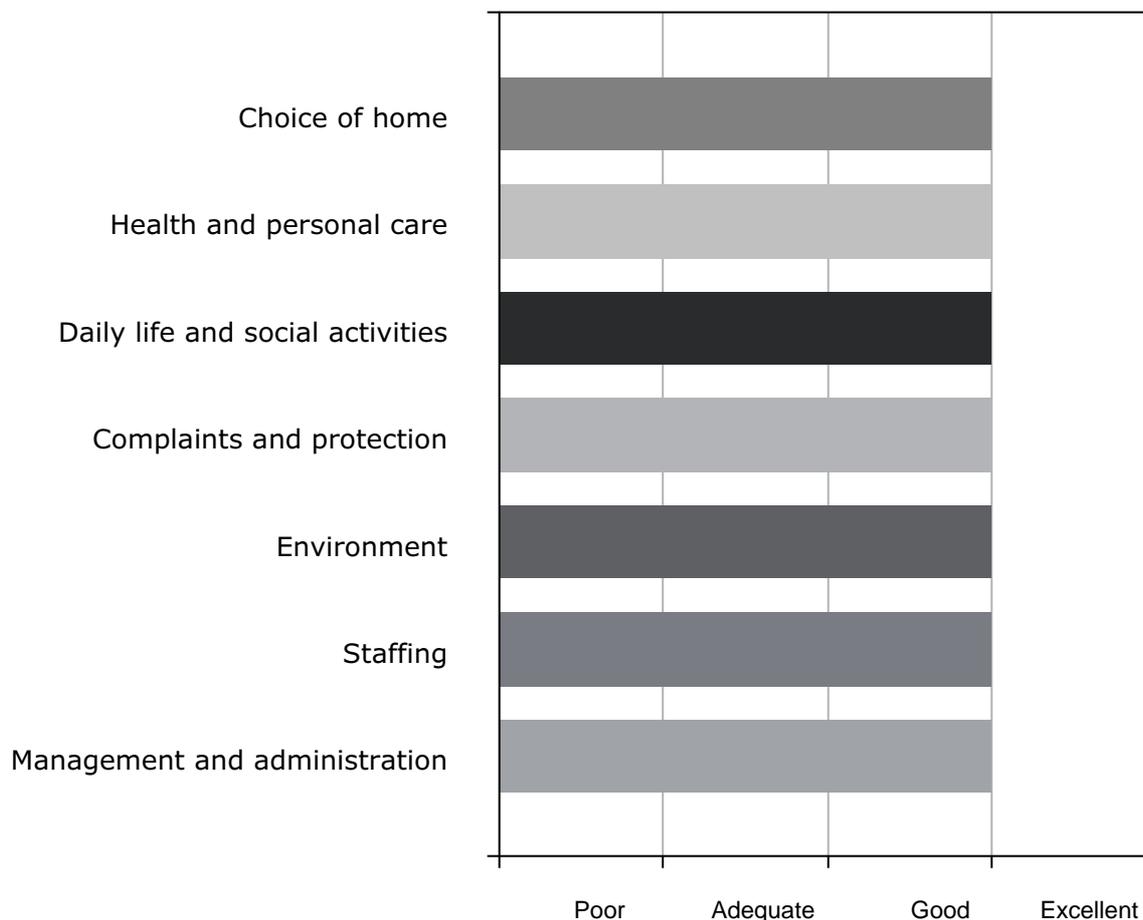
## Summary

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 inspection process commenced on 4th February 2009, with the manager and registered provider being interviewed on the telephone, this due to the problematic situation caused by heavy snow across the nation.

This was followed by a visit to the home the following morning, on 5th February 2009 at 10.15am, to inspect the home and to meet with people who used the service. The key inspection visit was conducted from middle morning to middle / late afternoon on an ordinary working day, with the cooperation of the people using the service, the staff and the homes currently registered manager, Marion Grubb. The latter assisted us in reviewing the requirements set at the previous inspection visit in 2007, and also to review more recent progress. We are grateful to all at the home for their warm

welcome, their cooperation, and the hospitality shown.

### **What the care home does well:**

The service is a pleasant, large family-sized community, provided in a quite secure environment for service users, and provides an ordinary community living experience by being in touch with local services and community-based church / voluntary / school groups.

Staffing at the home remains very stable, encouraged by the present manager, who has enthusiasm and commitment to the home. It is clear that she, and the proprietor, are keen to see the future of the home secured, though issues raised at previous inspection visits indicated substantial commitment of resources to bring the establishment up-to-standard. A significant number of items raised have progressively been addressed, and we are confident that this approach will continue - and provide a good living environment.

The general constancy of the staff, and ongoing improving qualifications within the staff team (especially NVQ qualifications) leads to the general quality of service to people improving, though the focus on working with people with, or showing signs of, dementia must be further developed, alongside an assessed need for more safeguarding training.

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

Related to the premises, the home has had upstairs bedrooms redecorated and is currently having the entire hallway and landing areas redecorated, this to be followed by the communal rooms and bedrooms downstairs being similarly refreshed. A carpet shampooer has now been provided to ensure that the new(er) carpets are kept fresh.

The kitchen flooring has been replaced, and other aspects of hygiene in the kitchen have improved. Gas appliance test recommendations and electrical appliance testing has been completed, to ensure the highest safety of people resident at the home. A new boiler has been installed to ensure copious supplies of hot water throughout the home.

A power-assisted bathing seat has been provided to assist both people using the service and also staff to safely negotiate having a bath. The home now has a suitable sluice-cycle washing machine available to ensure that cross-contamination issues related to laundry processes are minimised.

The proprietor has now commenced regular unannounced inspection visits to the home, these being recorded and evidencing conversations between the registered manager and herself as the registered provider.

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

Premises-wise, the home continues to invest time and effort into a project to research, have authorised, and provide and install a stair lift to ensure access to the first floor accommodation of the home. Recommendations include a suggestion that a review of the staffing levels be undertaken, now that the number of people at the home is increasing; that a training budget should be established to assist in essential training; that staff are all put through the local authority safeguarding training; and that the

lounge should have a new television set to replace the rather poor pictured set that is currently used.

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](http://www.csci.org.uk). You can get printed copies from [enquiries@csci.gsi.gov.uk](mailto: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 and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. 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 them 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 **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People using the service can expect to be provided with adequate information about the home, including a fully detailed contract that will reassure them that they have some a clear understanding of the tenure of their room and the home.

People can be assured that their needs will be fully assessed against the service available at the home, prior to their admission being agreed.

People can expect the home to competently meet their care needs, with the home continuing to focus on the needs of service users with dementia, or those now with a dementia-like condition.

Evidence:

The home has been previously commended for its Statement of Purpose and Service User Guide; these elements are still fully and actively in place. The service users

## Evidence:

contract is also acknowledged to be fully up to standard. Placements at the home are currently supported by the London Boroughs of: Kingston upon Thames, Merton and Wandsworth. Two people are privately placed at the home and have separate contracts.

Key standard 3 was again examined - as the key standard - and the four elements within this standard were again early addressed, initially through the undertaking of a review of the comprehensive assessment provided by the referring agent, and also through using the homes own assessment documentation, completed at the point of a visit to meet the prospective person. Documentation seen included assessments of history of falls, foot care, continence, mental wellbeing, and various other essential strands needed to provide an adequate assessment of need for the older person dementia focused category. This information is then translated into a daily plan of care for each individual.

Of the current eleven service users at the home, it was noted that the majority were definitely within in the dementia scale category, ranging from a full diagnosis to some degree of pleasant or mild confusion. There is also one person who remains mentally competent and travels into Kingston on a long-held routine every afternoon.

Requirements concerning the development of a full activities programme and another regarding training for staff in dementia care are being met by staff being better trained, and providing a more dementia-friendly focused care approach; this being encouraged by the NVQ training underpinning best practice.

The home has seen a dip in resident numbers in the past year, with the maximum of 14 last summer dropping to 8 before a rise in numbers has been seen again. This has had implications for the funding of some of the refurbishment work, as financial viability at one point was close to being doubted. The manager described, in the AQAA, the fact that there was a level of tightening of their belts during this low occupancy period. She is now confident that the restoration of numbers will hold up.

The home does not provide intermediate care, and therefore Standard 6 is not applicable to Clifton Medihands.

## Health and personal care

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 health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they 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. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them 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 using the service can expect to have their needs, goals and aspirations mapped out in a care plan specifically identifying their own needs. The advent of person-centred planning will provide for a more personalised plan in future.

People can expect their health care needs and subsequent medication / treatment regimes to be well supported by the home staff, who follow appropriate procedures.

People may expect their privacy and dignity to be respected, through the staff providing sensitive and appropriate personal care.

Evidence:

Care plans guide and inform the care given by staff, and also act as a benchmark for assessing the progress of each individual. The plans clearly demonstrated the care required, and the goals and aspirations set. Regular written monthly reviews of each person are maintained, looking back at the previous four-week history and informing any appropriate care plan revisions. The home has just started to build up person-

## Evidence:

centred plans for people using the service; this will result in a more individualised approach in future.

The care plans folder and associated health care records were found to be up-to-date. Risk assessments were also found in place relating to all actual and projected situations - and all such strategies receiving, minimally, quarterly reviews.

All service users seen on the day of this unannounced visit were in good heart, were well dressed, and pleasantly, appropriately groomed. Relations between service users and staff were observed to be friendly and familiar. The hairdresser visits regularly to provide a service at reasonable prices.

Access to general healthcare includes the use of a specific local GP based at New Malden Health Centre and associated district nursing services. The regular, house GP has previously returned a questionnaire to the Commission indicating their overwhelmingly positive views on the service - and good comments on their relationship with the home. The GP Practice has a positive working relationship, providing a summary health care plan, which is kept on file, this being completed after regular reviews.

We inspected the medication routines and records at the home, and they were found to be in good and well organised order. No service user self-medicates, this due to the individuals generally having limited mental capacity. Medication administration sheets were consistently and well kept up-to-date, all having photos attached for safe identification of service users. Medication Profiles were also up-to-date.

## Daily life and social activities

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 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. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

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 using the service can expect the home to be sensitive to their individual needs and aspirations and choices - recognising social, religious and cultural needs - and encouraging engagement with and the involvement of relatives and friends.

The home provides wholesome and nutritious food provided in an environment conducive to people enjoying this service.

Evidence:

The routine in the morning tends to be relaxed and TV / newspaper focused. The house has a daily newspaper delivered. Reminiscence cards and artwork are also being used to stimulate both individuals and small groups. Dominoes, Puzzles and Books (including local authority Mobile Library resources), and activity cards are available. Ball games and music are also popular. It was recommended that a new (and slightly larger and brighter screened) television set is provided to replace the present failing equipment.

Activity observed at the home by staff and people using the service was informal and relaxed, but conveyed an unthreatening, warm, familiar ambience, and was also

## Evidence:

positive, engaging and respectful. One more mentally competent person actively travels into Kingston every afternoon by public transport, this being a daily routine of theirs.

Previous steps to recruit a designated activities worker had been unsuccessful and the solution to appoint a current staff member to an Activity responsibility ensures a gentle focus on mental stimulation each afternoon. The manager continues to monitor activity to ensure the sustaining of this initiative.

The local Anglican Church of St James has connections with the home, and two newcomers to the home who are both Roman Catholics, received Holy Communion regularly. A local school, Beverley Boys School, has an arrangement for student placements / seasonal events (at Harvest & Christmas) at the home. Trips out have included visits to Richmond Park and Hampton Court. The people there do not appreciate long distance journeys.

Relatives and friends are clearly positively welcomed at the home; this was endorsed through questionnaires previously returned to the Commission by relatives, and by relatives seen on the day of the visit.

A choice of menu is available everyday, with individual likes and dislikes acknowledged and accommodated. A couple of service users still assist with making drinks and snacks in the kitchen on an escorted and supervised basis; but most, for health and safety reasons, are not encouraged to use this area. People using the service and relatives have confirmed that the food served is good, including fresh vegetables and choice being respected.

## 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. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

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 using the service and their advocates can be assured that the home has a positive attitude towards concerns and complaints and that their comments / complaints will be actively listened to, and appropriately handled.

The home acts appropriately to ensure that people resident at the service are recognised as vulnerable adults, and suitably protects them from exploitation or abuse.

Evidence:

The home has a complaints procedure which is made available to people living at the service and to their contacts. Relatives have previously indicated their awareness of the said policy. All relatives / advocates are very clear that they may approach the manager, Marion Grubb, at any time to express a concern. No complaints were received by the home since the last inspection, neither has the Commission been contacted in this negative regard relating to care practices.

The home has adopted the Royal Borough of Kingston Vulnerable Adults policy and procedures, and most staff members have been duly trained in this area (though some are still to attend the Kingston training). The home also has a whistleblowing policy. The manager is clearly well aware of issues of vulnerability / the need for safeguarding - and also the rights of an individual to their own expression of self and their right to

Evidence:

privacy.

## 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, 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.

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 premises provide generally clean, safe and suitable accommodation for service users, with a homely, comfortable ambience being maintained.

The absence of a stair lift or similar restricts the use of the house, due to the physical frailty and need for this extra assistance by some potential residents.

People can expect generally to have pleasant and comfortable bedroom surroundings, provided to promote their sense of belonging, and both their privacy and dignity - though the provision of single occupancy rooms.

Evidence:

The home is an pleasant, ordinary-looking house in an pleasant street in New Malden, quite close to the main road (A3), and the town centre of New Malden. Transport links, by bus and train, are also relatively close by.

The home provides bedrooms on both the ground and first floors, and all the communal areas are situated on the ground floor. The main lounge extends from the entrance hallway, providing substantial space, and the smaller dining area is situated closer to the kitchen. The lounge and a number of bedrooms overlook a pleasant,

## Evidence:

small, domestic garden, which it is hoped to redesign this summer (2009), and the front of the house faces out through the small front garden into Bodley Road, a relatively quiet and tranquil backwater of New Malden. The front door, for fire safety reasons, is openable without the use of a key; an key pad electromagnetic door release mechanism having been fitted, which is wired into the integrated fire alarm system.

A requirement set at a previous inspection that a (power- assisted) bath seat / chair be provided in the downstairs bathroom has been met. Clearly with the frailty, both mental and physical, of many service users, this essential item of equipment is a boon both to people using the facility and to ensure the safety of staff members.

Plans relating to installing a stair lift have stalled, due to the financial prudence of the home during the downturn of resident numbers. The manager confirmed that the commitment to ensuring that people could have an assisted journey up the stairs is now back on the cards and the stairlift company were due imminently to prepare plans for Fire Safety Officer approval.

Other improvements to the premises / facilities over the past year or so include:

All upstairs bedrooms have been repainted with new basin units installed; the downstairs bedrooms were next to be renovated. The hallway and landing have also been redecorated; the communal areas will be decorated once the bedroom works have been completed.

The arrival of the all-single room feature of the house (the final sharing couple of friends having moved on), this promoting the privacy and dignity of each individual.

Toilets and bathrooms have been provided with effective hot air hand driers and liquid soap containers.

The kitchen has had a new flooring surface laid, and the extractor fan filters above the hob were clean.

A new heating boiler has been installed to guarantee adequate hot water for the entire home.

The flooring of the laundry area has been strengthened to allow for the sluice-cycle machine which is now provided to address the incidents of incontinence encountered within the home and to minimise the chances of cross-infection.

Evidence:

The home now has a carpet shampooer - an essential item of equipment to ensure a high standard of hygiene and cleanliness for this category of home.

## 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 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 to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

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.

Staffing at the home is provided to meet the care needs of people using the service, however - to fully respond to the growing number of people with specialist needs at the home, staffing input at ancillary level for cooking and cleaning must be reviewed and modified.

The staff team provides a service that is based on constancy, familiarity and a good developing knowledge of each individual need and aspiration.

People can be assured that the recruitment and employment practices of the home will ensure both appropriate support and protection for them.

Staff members are receiving increasing training input on providing a focused dementia care service, which will ensure appropriately sensitive service delivery for the future as the home population grows in numbers.

Evidence:

Care staffing is provided at a continuous level of three care workers on duty at all times during the daytime hours, with two staff at the home during the night time hours. Staffing is provided by thirteen permanently employed staff, six being full time workers and seven working part time hours. Of the thirteen staff, four are males and

Evidence:

nine female.

All the workers continue to have the task of cleaning the home, and also undertaking some catering duties; this severely impeding the possibility of active focused care work with people at a number of strategic times during the day. Whereas the care staff rota at first examination appears adequate, now that the number of people using the service is again rising, there is clearly a need to re-review, and to adjust, the provision, including considering the appointment of kitchen and cleaning staff.

Staff training continues to be seen as a real priority at the home; the home will soon have about 90% care staff qualified to NVQ at Level 2 in Care (one at Level 4, four at Level 3, and six completed at Level 2 with another to complete later in the year, this out of the thirteen care staff). The Registered Manager has also completed her NVQ Assessors Course (A1), this promoting the possibility of NVQs as a living reality at the home.

Staff training continues has also covered in the past: Medication / Dementia Care / Health & Safety / Fire Safety / First Aid / Moving & Handling / and an Introduction to Caring for the Mentally Ill, and also Eating Disorders, and Infection Control. Two thirds of the staff team have now undertaken training in working with people with dementia. Training of staff in First Aid ensures 24 hour cover; Duty officers during the daytime shifts are qualified, to ensure the rota is covered at all times. It is recommended that a formalised staff training budget be established to ensure that all aspects of necessary training is provided, without the management having to rely on awaiting free courses.

The General Social Care Council Code of Practice for Social Care workers is provided during induction to emphasise to staff members the standard to which they are expected to operate. CRB checks have been previously seen for employees and the recruitment process has been conducted in a suitably organised way. Some staff members have long histories at the home going back sometime, this accounting for the stable feel of the establishment. The most recently recruited staff member working at the home started at the home in 2004. The stability of the staff team, with the attendant benefits this produces, must to be noted.

## Management and administration

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 led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate 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. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

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 management input at the home is reliable and skilled; the manager ensuring consistent management supervision and encouraging staff development.

The home benefits from the quality assurance surveys; this feedback of views being fully incorporated into plans for the development of the home.

People using the service can be assured that financial aspects of their stay will be managed and protected as appropriate, through the home having a clear policy of encouraging external representatives direct involvement.

People can expect their general health and safety to be protected by the maintenance activity and servicing contracts established by the home.

Evidence:

The home is currently managed by Mrs Marion Grubb - the registered manager, and

## Evidence:

overseen by Mrs Sawmynaden (known as Mrs Sammy), the sole registered provider. The proprietor is a regular visitor to the home alongside the other Medihands registered services in her ownership.

Mrs Grubb has worked at the home for the past fourteen years, the past six being in the management role. Completing her Registered Managers Award last year, she is now seeking a new challenge, and is intending to move onto managing another of the homes belonging to the proprietor. The current deputy manager, Mrs Elizabeth Evans, who has worked at the home for the past six years, is now planning to step up and take over the manager role, once registration with the Commission is completed.

The manager has a clear concept of best practice in the home and is openly committed to the welfare of people using the service. More recently, whilst spending some initial induction time at the new home she will manage, she has found herself missing some staff supervision session. These have now been delegated to senior staff at Clifton, and are now on track to be regularised again. This will remain a shared responsibility until she moves from the home.

Mrs Sawmynaden is obliged under the Care Homes Regulation 26 to conduct regular monthly visits to the home to assess the conduct of the home and to report on this visit to both the Commission and the manager. These visits are now taking place and are recorded; the completed template was seen.

The home does not engage with the finances of people using the service, preferring relatives / next-of-kin / solicitors / care management to take on this responsibility. The manager again confirmed that neither she nor the proprietors act as appointee to any person at the service.

Health & Safety issues were again generally in good order; all records were available for inspection as declared in the Annual Quality Assurance Assessment document, which the manager had (belatedly) provided to the Commission. Evidence was available that all maintenance and servicing of equipment within the home has been continued. Statutory records such as accident & incident records, and notifications to the Commission under Regulation 37 - are also fully maintained and well kept.

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
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## 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
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### 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
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### 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	12	That the present television in the lounge, which has a poor and indistinct picture, should be replaced by a larger and brighter screened television.
2	18	That the remaining staff attend the Royal Borough of Kingston Safeguarding training, in order to receive the local perspective on this issue.
3	36	That staff supervision should be maintained at its (minimally) two-monthly frequency by delegating this responsibility, where appropriate, to other senior members of staff.

## Helpline:

**Telephone:** 0845 015 0120 or 0191 233 3323

**Textphone:** 0845 015 2255 or 0191 233 3588

**Email:** [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk)

**Web:** [www.csci.org.uk](http://www.csci.org.uk)

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

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