



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	101 Sutton Road
Address:	101 Sutton Road Maidstone Kent ME15 9AD

The quality rating for this care home is:

three star excellent 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:
Jenny McGookin	0 2 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 Older People 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.cqc.org.uk

Information about the care home

Name of care home:	101 Sutton Road
Address:	101 Sutton Road Maidstone Kent ME15 9AD
Telephone number:	01622671064
Fax number:	
Email address:	p.tompsett@mcch.co.uk
Provider web address:	

Name of registered provider(s):	MCCH Society Ltd
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 to be accommodated is 5.		
The registered person may provide the following category/ies of service only: Care home only - (PC) to service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Learning disability (LD)		

Date of last inspection								
Brief description of the care home								
<p>101 Sutton Road is one of a number of registered care homes managed by MCCH Society Ltd in the south east of England. The home offers 24-hour care to 5 service users who have a learning disability and are aged 50 years and over, with a strong emphasis on older persons care.</p> <p>The home offers accommodation on two floors with five single rooms. There is a small lounge/dining room and kitchen area, which is compact for five service users, and a large rear garden. The home has two call bells fitted and TV points in the bedrooms and lounge. The home is situated off a main road with local shops and amenities and is within easy reach of Maidstone town centre with a bus service close by.</p> <p>Service users are supported to attend a wide range of social, leisure and day activities that suit their ages and interests.</p>								

Brief description of the care home

The home has a small team of care staff, with the manager and senior support worker working together to cover a 24-hour roster. The home does not provide waking night cover but there is a sleep in staff member.

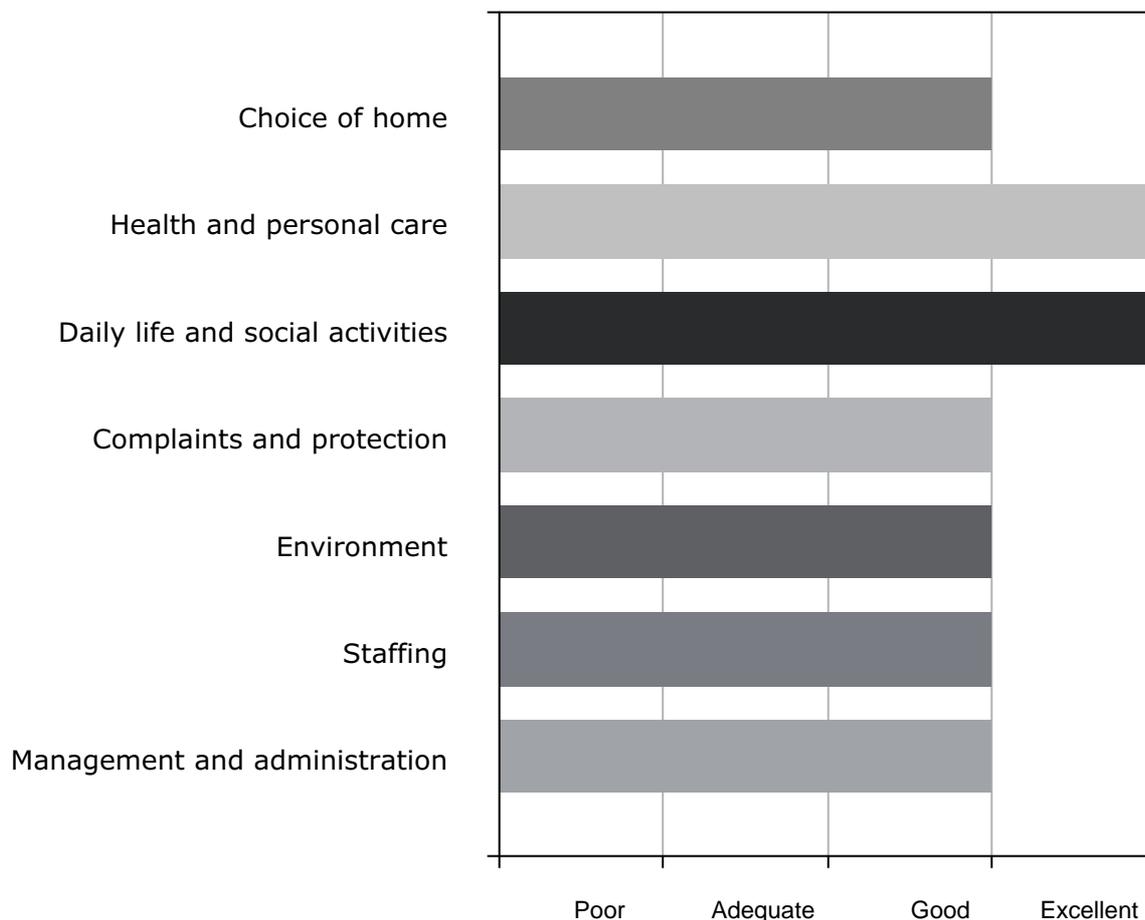
Summary

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

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

This report is based on an unannounced site visit which was used to inform this year's key inspection process; to check progress with matters raised from the last key inspection (April 2007); and to review findings on the day-to-day running of the home.

The inspection process took six and a quarter hours. It involved meetings with two service users individually, the manager, a support worker and a bank support worker. We also observed interactions between service users and staff at various stages throughout our visit.

We issued a selection of feedback questionnaires for distribution to the service users, their relatives and advocates, staff and visiting professionals (health and social care).

Feedback was obtained from three service users (facilitated by a senior support worker), three healthcare professionals and one member of staff in time for the issue of this report. Any other feedback received will be used to inform the Commission's intelligence in due course.

Consideration was given to the Annual Quality Assurance Assessment submitted by the manager in February 2008, ahead of its due date. The AQAA is a self-assessment that focuses on how well outcomes are being met for people using the service. It also gives some numerical information about the service.

The inspection involved an examination of records, including one service user's case files (cross checked against another's), to track their care and a selection of personnel files.

All the bedrooms and communal areas visited on this occasion.

What the care home does well:

This two-storey property is in many ways inconspicuous among the other domestic properties in the community, and it is close to Maidstone town centre, with all the community resources and transport links that implies. Its layout is suitable for its stated purpose, though one service user has, more recently, transferred to a bedroom on the ground floor where a new bathroom, shower and WC facilities have also been installed, to better meet her diminishing mobility. The home is well maintained and homely.

The last key inspection found that this home's strengths were in the way service users were supported to make decisions about their lives and to achieve independence. We found they had a wide range of activities and their health care needs were properly attended to and recorded.

Staff were well supported and invested in. They showed a good understanding of the individual needs of the service users.

All matters raised for attention as requirements and recommendations at the last key inspection were reported to have either been addressed or in the process of being addressed, indicating an intention to make good use of the regulatory framework.

What has improved since the last inspection?

The home's AQAA told us about a number of improvements since the last key inspection, as a result of listening to people who use the service. The home is using satisfaction questionnaires pro actively to guage how effectively it is meetings its stated aims and objectives.

More pictures have been introduced into the home's Service User Guide to make it more user/friendly, and a video version is being planned. Services users are involved in a consultation process to choose the next person to move into their home.

Care Plans have been updated with pictures to make them more user-friendly, and the home is committed to promoting the values and practice standards of person centred care planning. One service user has his own pictorial portfolio to help him put his views across and all service users have access to independent advocacy. Intimate care guidelines have been introduced, in direct response to identified need.

Activities. Regular house meetings are being used to plan activities, and the service users' activities programmes have been made more varied. Holidays have been arranged for three service users, but days out have been arranged for one to meet his stated preference. The plan is to encourage more community integration. One service user was finding activities off site too tiring so has been supported to relax at the home. The home now has a pictorial menu board to enable one service user who has no verbal skills to participate in the choice of meals. The home is committed to healthy eating and service users are supported with shopping and the preparation of meals and the home has started recycling.

Complaints and Safeguarding The home is trying to be more proactive about dealing

with complaints, and staff have had refresher training on safeguarding adults.

Environment One service user was having difficulties using the stairs so was supported to transfer to ground floor bedroom. She has had input from an Occupational Therapist to assess her mobility and any risks. A bathroom, with a bath hoist and separate wet room shower and hand rails have been installed on the ground floor. The 1st floor bathroom has been redecorated, and the 1st floor WC has had new flooring installed. One service user is being supported to choose the colour of his bedroom and carpet. Another is being supported to choose a replacement chest of drawers. The lounge has been redecorated. Service users were supported to choose new furniture and a new carpet. The plan is to have partition doors installed in the lounge / dining room to obtain discrete areas.

Staffing arrangements The manager was able to demonstrate that he has the relevant qualifications and experience to be registered by the Commission in August 2008. Staffing shortfalls have been addressed through recruitment and use of regular bank staff and the manager is placing more emphasis on deploying staff more creatively e.g. at weekends. Staff absences are reported to be low. Staff supervision sessions have been regularised, and all supervisions records are being signed and dated by both parties as evidence of their ownership of the issues discussed. Four of the seven staff are already NVQ accredited to level 2 or above, with another three in prospect. The plan is to ensure all the staff are NVQ accredited.

Barriers to continuous improvement are reported to include budgetary constraints, which the manager is off setting with longer term planning which properly takes account of changes service users would like to see happen. Expenditure is also reported to have been kept within budget.

Equality and Diversity

Both genders are represented in the service user group, in direct response to a service user's request. Service users can attend places of worship of choice, and are supported to maintain contact with service users from other homes in the MCCH group.

What they could do better:

Some matters have been raised in respect of the home's Statement of Purpose, Service User's Guide and tenancy agreement to obtain further compliance with this standard.

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.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

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.

Prospective service users and their representatives benefit by having access to most of the information needed to decide whether this home would meet their needs.

Prospective service users can feel confident that their needs will be properly assessed.

Each placement is subject to documented terms and conditions, though these could be presented in a format which would be more accessible to the service users.

This home does not provide intermediate care.

Evidence:

This home has a loose leaf ring binder to hold the master copy of its Statement of Purpose and Service User Guide. One would need to read both to obtain most of the information we would expect to find on the home's range of facilities and services. The

Evidence:

use of full colour digital photographs and icons was a key strength. Most of the contents are written in plain English, in a font size and style likely to suit most readers.

We have raised a number of matters for attention or consideration, to obtain further compliance with the provisions of this standard - these were reported back to the manager separately, to ensure that prospective service users or their representatives could be confident that they have all the information they need to reflect on, in order to make an informed decision.

The home was not able to evidence whether other languages or formats (e.g. large print, symbols, tape etc) were warranted.

The decision to come into this home was, in practice, made by health and social care professionals. But in the file we selected for care tracking we found good evidence of pre-admission assessments, care plans and reviews carried out by the funding authority. And our conversation with the two latest admissions confirmed that one had been able to visit the home before their admission, to meet the manager, staff and other service users. The other hadn't, but was able to choose another room to suit her better. In common with other homes in the MCCH group, a trial stay of one month is available.

As part of their admission process, the home properly carries out further assessments, including risk assessments.

Funding authorities have their own contract terms and conditions, which are outside the scope of this inspection. But each placement is also subject to MCCH's own shared tenancy agreement for supported housing with the landlord (Sanctuaru Housing Association) and the service users. This is a legal document but there is a separate simpler worded document listing the service users' responsibilities.

The home can generally demonstrate its capacity to meet the needs of service users - see the section on "Health and Personal Care" for a description of service provision. See also the section on "Staffing" for our findings in respect of deployment.

This home does not provide intermediate care, nursing care or emergency placements.

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

Service users can be confident that the health and personal care they receive, is based on their individual assessed needs.

Service users can be confident that the principles of respect, dignity and privacy are generally put into practice.

Evidence:

When asked what they thought this home did well, healthcare professionals told us, "They are very caring and as a team have good skills in managing (his patient's) anxiety levels and tantrums. They also seem very person centred in the care they give" "Individualised care. Appropriate but not patronising support".

One service user's files were selected for case tracking on this occasion, to represent the latest admission over the past 12-18 months. And our findings were cross checked against another service user's files.

Evidence:

Each service user has their own care plan file, which starts with essential personal details, key life events, and a pen picture of who they are and what their needs and future look like. This should provide useful talking points and help each new service user to build up a meaningful rapport with their allocated key worker.

The format of the care plans used by this home thereon focus on their strengths and needs; which are prioritised and followed through with goal setting and action plans, task analyses (to assess their level of proficiency), risk assessments and staff guidelines to ensure their safety and progress. A sequence of reviews (monthly, six monthly and care management) then legitimately celebrates their successes and achievements.

The home's care planning processes also properly identify a range of health and personal care needs which are supplemented by daily reports, assessments (also including risks), staff guidelines and records of contact with health care professionals.

All the documents that contribute to this process are written in the first person, to keep the service users' perspective central. Both of the service users we spoke to knew they had a care plan but did not show much understanding of what it stood for, other than (in one case) to list the people who were important to them. But we saw their comments and signatures recorded in some reviews so we were confident of an inclusive approach. Both service users we spoke to were generally pleased with their placement at this home and with the level of care they received. They confirmed that their daily routines were flexible. Their interactions with staff were observed and were evidenced appropriately familiar and respectful.

As with other homes in the MCCH group, records confirmed that service users have access to a range of medical services, according to need - they have a choice of GPs, and can access a chiropodist, dentist and optician. We were particularly interested to see how visits and appointments were in each case also recorded in the first person to keep their perspective and experience central.

We were told about input from an Occupational Therapist to assess one service user's mobility and need for equipment and adaptations. She had as a direct result been supplied with a walker, and transferred to a ground floor bedroom where she would have ready access to the home's new WC /bathroom / shower facility. All five bedrooms in this home are single occupancy, which means health and personal care can always be given in privacy.

The home uses the monitored dosage system for medication administration, which is dispensed over a 4-week cycle and we also saw some oral medication too. We

Evidence:

evidenced that medication is stored securely when not in use and there were no gaps or anomalies in the records we spot checked on this occasion.

We were shown a report of a recent inspection by an independent pharmacist, which should (if repeated periodically) help ensure expected practice standards are maintained. We are also aware that MCCH carries out its own in-house checks, to keep practice safe. Records confirmed that staff are trained to administer medication and that this training is topped up with competency assessments.

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

Service users are able to exercise choice over their daily life style, subject always to their assessed needs and the availability of staff.

The social, cultural and recreational activities offered by the home will meet, if not exceed, most expectations.

Service users can be confident that they will be supported to keep in contact with family and friends.

Service users can be confident that they will receive a healthy, varied diet according to their assessed requirements, and choice.

Evidence:

We often find that service users are not individually able to give many examples of any particular hobbies or activities promoted by their care home, without prompting by staff. We understand that sometimes their age, mobility or motivation can be a barrier. Staffing levels can, we were told, also frustrate some plans but the manager tries to deploy staff creatively to overcome this e.g. over weekends.

Evidence:

Each service user has an activities planner and staff were able to give us examples, so we were able to build up a picture.

House meetings are used to plan activities and the wide range of activities. We understand one service user with special communication needs is assisted to make choices with pictures of reference, and staff are able to interpret his gestures and body language.

Although MCCH organises a variety of social get togethers for its group of homes, one service user at this home does not like large social gatherings and this is catered for, however they do socialise with each other too. One service user likes horse riding and attends "Growing Concern" - a horticultural project run by MCCH. One attends "Keeping Active" classes (for people with severe walking problems) and also has exercises planned by her physiotherapist. They go shopping, stop off for coffee in cafes, and get involved in meal preparation and baking sessions. One told us with some pride about the work she did at "Table Talk" - how she layed the tables, loaded the dishwasher and did some washing up. They go bowling, swimming and attend day services for art and music sessions.

One service users told us how they went off to the market in Gillingham in a bus and said, "we do more here than we do at home".

Holidays are arranged, locally or further field. We were told that one service user had said s/he preferred to have daily outings rather than a block holiday and this was being planned. Staff take service users out in their own cars or on public transport. All the service users have their own travel permits.

The home has one communal TV, with Freeview, so there would be some scope for choice of viewing, if everyone is in agreement. Although each bedroom has a television point, none of the service users had chosen to have their own TV. The open lounge / dining room may not offer much scope for privacy or discrete activities but we were told about plans to section off each area from the other with partition doors, which should offer more scope.

The home's Service User's Guide gives an undertaking to support service users with religious services, but we did not pursue this aspect of the home's organisation on this occasion, other than to suggest including a directory of local outlets in its Statement of Purpose, as this might be of interest to prospective service users.

Service users can choose when to go to bed or get up, and are able to have visitors at

Evidence:

any reasonable time. There is a communal phone in the ground floor hallway. Assurances were given that service users could also use one of two cordless handsets if they wanted a private telephone conversation. No charge is made for calls. We were also assured that unless other arrangements have been agreed, their mail is delivered to them unopened.

See section on "Environment" for our findings in respect of this home's location and access to community resources.

House meetings are used to plan menus for the week ahead and we understand the home is committed to choice and healthy eating. There are several shopping trips each week, which help ensure there is always fresh produce and flexibility, and we understand service users always have a choice. A white board is used to display pictures of the meals chosen for lunch and the main meal each day of the week as well as a photograph of the service user who will be involved in their preparation - this is in fact one service user's goal. One of the service users we spoke to told us how she prepared her own breakfast and what she liked to have. Another told us how much she liked the meals she had in this home.

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.

Service users can be confident that their complaints will be addressed properly through the home's complaints procedure.

Service users can feel confident that they are protected from abuse.

Evidence:

MCCH has a clear complaints procedure, which is in a pictorial format so as to be accessible to the service users, and it is included in the Statement of Purpose, Service User Guide (along with directories of advocacy services) and on open display in the home's entrance hallway and in bedrooms. One of the service users we spoke to said she would tell staff if she had any complaints, but both said they were happy there.

There is a checklist for staff to sign to certify having read the complaints procedure and guidelines, most recently January 2009, to ensure its principles are owned by everyone. This evidenced sound practice.

Like other homes in the MCCH group, this arrangement is subject to audits and findings are included in MCCH's own unannounced monthly inspections, so the company should always be aware of emerging issues.

The AQAA told us there had been one complaint in the year predating it (February

Evidence:

2008) and the home's records showed the home's response. We were told that the complaints procedure is discussed regularly at service users' house meetings and in staff meetings.

Like other homes in the MCCH group, this home has a range of policies and procedures designed to ensure that service users are safeguarded from abuse in all its forms, including whistle-blowing. The AQAA told us that staff are trained in safeguarding principles.

In our meetings with two support staff they each confirmed their commitment to report any incidents of abuse, should they occur. In the event, we were told this had not been warranted. One told us how they used one-to-one supervision sessions to discuss practice issues, how he acted as the service users' advocate, and felt confident that they were kept safe

We can confirm that no formal complaints have been brought to the attention of the Commission against this home since the last inspection. The AQAA told us that an Adult Protection Alert was raised in response to one incident, which was resolved without regulatory intervention.

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.

Service users benefit from living in a safe, well-maintained environment, which encourages freedom of movement as far as they are individually assessed able.

Evidence:

This two-storey property is in many ways inconspicuous among the other domestic properties in the community. It is situated on a slip road off Sutton Road, where there are no parking restrictions, within easy reach of local shops and amenities. Maidstone town centre is a ten minute bus ride away, with all the community and transport links that implies.

The home has a small garden at the front and a larger garden at the rear, which is fenced on all sides. Most of the back garden is grassed over, but there are some shrubs and small trees across the centre. The front half of the rear garden has a patio area, troughs and garden furniture.

Measures are in place to keep the premises secure against unauthorised access, and we were assured that service users could come and go freely. The Service User Guide is prefaced with an undertaking to provide each service user with a front door key, as of right. The current service users are reported to want the support of staff or relatives to go out.

Evidence:

The layout of this home is generally suitable for its stated purpose, particularly since the recent installation of bath, WC and shower facilities on the ground floor. There is ramped access into the front entrance and at the back (with hand rails), and the property is otherwise level on each floor. All doorways on the ground floor are wide enough to allow the passage of the mobility aids in use at the moment. We understand there are two call bells, to summon help in an emergency.

This home has a small through room which is used as a lounge (at one end) and as a dining room (at the other end). This is not an ideal arrangement as there is very little scope for separation or privacy, if service users are using the lounge, and the kitchen is too compact to offer any alternative usable communal space. We were told that the service users chose the decor and seating in the lounge themselves.

Some specialist provision is in place, which (except for the external ramps and handrails) is not overly conspicuous. Internal provision includes grab rails (vertical, horizontal and angled), a swing out bath seat in the ground floor bathroom as well as a mobile bath seat, and wrist operated taps on most outlets. Electrical sockets in bedrooms were sited at hip height so that service users would not have to bend or ask staff to assist them to operate them, which is commendable practice.

This home has two communal WC/ bathrooms (one on each floor) and a separate WC on the 1st Floor. The ground floor facility includes a bath seat and a separate shower/wet room. All of these facilities are close to bedrooms and communal areas, so that people can exercise some choice. Since the last inspection, one 1st floor bathroom has been redecorated, and the flooring in the WC has been replaced

More refurbishment is planned. We were told, for example, that the carpet in the hallway, stairs and landing will be replaced.

This home is currently registered to provide care for up to five service users. All the bedrooms are used for single occupancy so that health and personal care can be given in privacy. There are four bedrooms on the 1st floor. The bedroom on the ground floor is clearly more suitable for people with mobility problems. All five bedrooms were inspected and found clean and personalised. The Service User Guide is prefaced with an undertaking to provide each service user with a key to their bedroom door, as of right.

We evidenced the home generally well maintained. All the maintenance records we looked for were on site, up to date and systematically arranged.

Evidence:

Comfortable temperatures and lighting levels were being maintained throughout our visit, and the home was odour free in all areas. Laundry has to be carried through one end of the kitchen to the washing machine in the utility area, which is not good practice. However, we were assured that red alginate bags are used to transport it through the house, and that continence was not an issue.

The windows were in need of attention and there should be suitable provision on all WC or bathroom windows to guarantee privacy.

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.

The numbers of staff on duty each day may not always be enough to support the range of activities, but the manager is deploying staff flexibly to best meet the aims of the home and the changing needs of the service users.

Staff and service users benefit by the training investments in staff, and these are checked to ensure expected practice standards are embedded.

Evidence:

This home's staffing arrangements are designed to ensure that (excluding the manager) one should expect to find:

- 8.30am to 4.00pm - one support worker
- 7.30am to 10am - the sleep in support worker from the preceding night remains on duty to support the service users to get up, breakfast and to get ready for the day ahead
- 12.30pm to 8.00pm - a second support worker (this shift is applied flexibly e.g. to enable individuals to attend evening events)

Evidence:

At night (i.e. from 8.00pm to 7.30am) there should always be a support worker on site, sleeping but on call.

The manager works from 8.30am to 4.00pm, though this shift is applied flexibly to provide cover / direct support.

This arrangement should ensure that there is always someone in charge, with an on-call system within MCCH as a back up, to keep people safe. The manager is also able to call on bank staff and, as a last resort, agency staff approved by MCCH for cover, but we were told he has been working to keep this to a minimum, so that service users can be assured of some consistency.

The home does not have dedicated cooking or cleaning staff. These duties are covered by support staff and service users, as far as they are assessed able. MCCH has a contractual arrangement with Sanctuary Housing Association (landlord) for the upkeep of the property and site.

We can confirm that no concerns have been raised with the Commission since the last inspection visit (April 2007) about the homes' capacity to maintain these staffing levels. Feedback indicates some activities or outings have sometimes been frustrated because of staffing shortfalls, but the manager told us he has been deploying staff flexibly to provide support where it is most needed e.g. over weekends.

We were told that staff turnover and sickness levels had been low, and that this was a long standing, committed staff team. Feedback from both service users we spoke to indicated they liked the staff in this home; that they received the care and support they needed; and that they felt confident they could tell staff if they had any concerns. We were told, "all staff are nice".

The recruitment of staff is managed by MCCH's Human Resources department, which retains the records at head office. This aspect of the operation is subject to separate periodic inspections by one of the Commission's senior officers, so is outside the scope of this report. But we understand service users are involved in this process, which is exemplary practice.

We looked at a checklist the manager keeps, to register key recruitment details and dates such as Criminal Record Bureau checks, identity checks, MOT and insurance dates for staff cars. This was sound practice, though we noted this was in need of updating in two or three respects.

A training matrix confirmed feedback from staff that they receive a range of relevant

Evidence:

training, both mandatory and specialist. Examples include: 1st Aid, medication, infection control, fire safety, manual handling, diabetes, dementia, and person-centred care. This list is not exhaustive and the manager showed us how competency assessments were used to top up key areas such as medication administration.

Staff told us they feel well invested in, particularly in respect of core training, though reminiscence, therapeutic techniques and dementia training were identified as further training needs. When asked what they thought the home could do better, one health care professional told us, "all staff would benefit from some kind of training around managing people with onsessional-compulsive disorders" and separately recommended training in behaviour management and mental health.

The home's AQAA told us that four of the staff (i.e. 50%) have obtained NVQ accreditation, with another three staff in prospect. See section on "Management and Administration" for our findings in respect of staff supervision.

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.

Service users and their representatives can be confident that this is a well run home.

Service users have benefitted from the refurbishment programme, which should be maintained.

Evidence:

The Commission's registration process has established that the manager, Paul Thompsett, has the relevant training and experience for his role. He is NVQ Level 4 qualified in care, has a Registered Managers' Award as well as a certificate in management development

There are clear lines of accountability within the home, and within MCCCH on a wider level - though see below for our findings in respect of its own inspection visits. The home has an open door policy and we evidenced the interactions we observed between the manager, staff and service users appropriately familiar and respectful.

Evidence:

MCCH has formal annual business planning processes, which the home contributes to with its own formal development plan. But this was, given the date of our visit, understandably not available for inspection as it was still in draft form and required signing off.

MCCH has not been able to evidence sustained compliance with its duty to carry out formal documented inspection visits every month (Regulation 26) in the past. There were three monthly visits not accounted for in the first half of 2008 alone, though we saw more sustained compliance thereon. The reader is advised that non-compliance with this regulation is an offence.

We wanted to know about the composition (ethnicity and gender) of the service users and staff groups. The home's AQAA told us that all the current service users and staff are white British. Two service users are male and two are female. The manager is male and there is one male support worker, but the staff team is otherwise currently female. Periodic checks against demographic information about the wider population will help ensure the service is reflective.

We evidenced that staff were being given individual supervision sessions with their line manager but not at the requisite frequency each year. Records indicate only 2-3 sessions a year. Compliance with the provisions of this standard is essential, to ensure standards do not become variable and to ensure developmental needs are being met. We saw some evidence of supervision contracts and some training request forms, but not in all cases.

All the home's property maintenance certificates seen were up to date and systematically arranged to facilitate access. There are regular checks, to keep people safe.

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
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Web: www.cqc.org.uk

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