

## Key inspection report

### Care homes for adults (18-65 years)

<b>Name:</b>	1-2 Downer Court
<b>Address:</b>	1-2 Downer Court Wilson Avenue Rochester Kent ME1 2SA

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

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

<b>Lead inspector:</b>	<b>Date:</b>
Eamonn Kelly	1 8 0 6 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

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.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) 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)

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

## Reader Information

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
Internet address	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>

## Information about the care home

Name of care home:	1-2 Downer Court
Address:	1-2 Downer Court Wilson Avenue Rochester Kent ME1 2SA
Telephone number:	01634848535
Fax number:	
Email address:	t.mateer@mcch.org.uk
Provider web address:	www.mcch.co.uk

Name of registered provider(s):	MCCH Society Ltd
Type of registration:	care home
Number of places registered:	7

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	7	0
Additional conditions:		
The maximum number of service users to be accommodated is 7.		
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
1-2 Downer Court provides accommodation for up to seven people with learning disabilities and significant dependency needs. Five residents may presently be accommodated. Information about its range of services may be obtained from the MCCH website. All of the accommodation is situated on the ground floor. The premises comprise two houses that have a common entrance.; one has two bedrooms, the other has three. Information about weekly fees and other charges may be obtained from the manager. Information about services and facilities are contained in a guide available also from the manager.

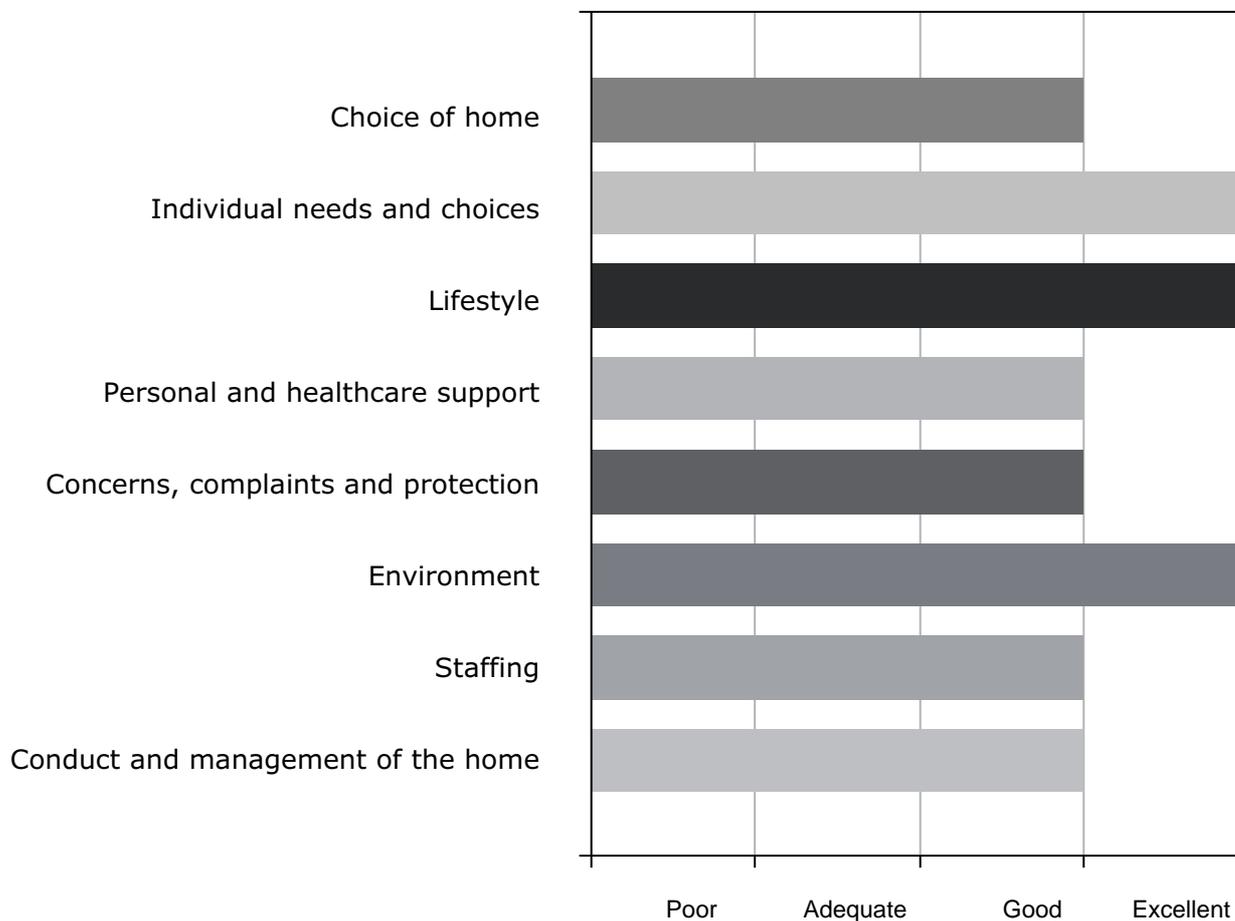
## Summary

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 that people who use the service experience good quality outcomes.

The inspection took place on 18 June 2009. It comprised discussions with the deputy manager and two support workers. A "case tracking" exercise relating to five residents was carried out to assess how they were being supported.

Care practices were discussed and all parts of the premises were visited. Some records were seen during the visit principally those addressing the personal and healthcare support of residents.

The Commission received an annual quality assurance assessment (AQAA) from the manager. This provided information about how residents are currently supported and how the service is being developed.

The previous inspection report was checked as part of this inspection. The requirement (refurbishment of laundry facilities) contained in that report has been addressed.

The evidence of this inspection visit and that contained in the AQAA (annual quality assurance assessment) indicated that progress is being made in the interests of resident welfare and comfort and towards meeting the overall objectives of the service.

This report contains no recommendations or requirements.

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

Care guideline records reflect the needs of residents and their aspirations. These contain extensive information about how residents are progressing, aims of care identified by staff and agreed with residents, their health requirements and risks associated with their daily living and activities. The service provides a good structure for residents all of whom have considerable physical and sensory disabilities. Staff specialise in supporting residents with such considerable disabilities.

Each resident has a range of opportunities for progressing their education, leisure and social skills. Residents are helped to lead an active life.

The premises, internally and externally, are suitable for the care of residents. The garden is currently suitable for their needs and plans for its upkeep and conversion to a sensory garden will benefit residents and staff.

Each resident has a personal contract that details what is provided in the service, fees charged (and what these cover) and details of additional charges.

The complaints procedure is in written and picture format.

It was clear that members of staff had in-depth knowledge of how to meet resident's support needs.

Medication procedures have recently been reviewed and updated and new storage facilities installed. This is complemented by good staff knowledge of how to administer medicines safely.

Appropriate recorded risk assessments are in place for the safety of clients. An example of safe procedures observed involved the support of residents who have epilepsy.

All members of staff hold a NVQ level 2 or above. A member of staff is planning to undertake Level 3. The AQAA stated that all members of staff must avail of personal development necessary for the support of residents and that progress is carefully recorded in staff files.

On the basis of observations during the inspection, staffing ratios during the day are appropriate to resident's support needs. At night, two members of staff are on duty.

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

The AQAA referred to an on-going commitment to ensure that each individual is valued and listened too. It stated that the resident's guide has been updated to clearly set out the aims, objectives and philosophy of the home. It referred to the emphasis on visitor questionnaires to obtain feedback as part of quality assurance measures.

The garden is suitable for use by residents, staff and visitors and further work to improve it is underway.

Emphasis is placed on enabling staff to administer medicines safely.

The AQAA stated that there has been a full review of all recruitment procedures to contribute to the safety of residents and, where necessary, procedures have been updated. These included training records, qualification certificates and individual staffing files that include completed applications, references, CRB check, supervision records, induction records, probationary records, appraisal records, team meeting minutes, recruitment paperwork, rotas.

The AQAA stated that the staff group intend to continue to develop ways of encouraging residents with communication difficulties to contribute effectively. Staff provided examples of these developments during the inspection visit that have the purpose of helping residents say what they want and for staff to understand these and anticipate potential problems. These examples were described well in care plans including where risk assessments indicate how resident's actions should be anticipated and ways of coping with issues that arise.

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

This report contains no recommendations or requirements.

During the inspection, the deputy manager indicated that alternative forms of transport were being considered for residents. Options include the use of Motability vehicles within agreed rules, use of staff cars and purchase of a company vehicle suitably equipped for transporting people who use wheelchairs.

The service continues to be conducted by a manager who is not registered with the Commission.

The Commission accepts the declaration in the AQAA that the premises will soon be redecorated.

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 on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

### Contents

Choice of home (standards 1 - 5)

Individual needs and choices (standards 6-10)

Lifestyle (standards 11 - 17)

Personal and healthcare support (standards 18 - 21)

Concerns, complaints and protection (standards 22 - 23)

Environment (standards 24 - 30)

Staffing (standards 31 - 36)

Conduct and management of the home (standards 37 - 43)

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

Prospective residents and their representatives are given information in a variety of ways to help an informed choice to be made. Residents have their individual aspirations and needs assessed before they enter residential care.

Evidence:

The AQAA stated that the service provides a Statement of Purpose and written guide for advocates and families. These contain the aims and objectives of the service, an outline of services and facilities and details of fees and other possible charges. It stated that MCCH has a procedure to be followed when a referral is made; new residents will only be admitted on the basis that a full assessment has been completed and that the service can fully meet his/her support requirements. The need for specialist equipment is assessed at this preliminary stage. Arrangements are made to obtain any specialist equipment needed.

Advocates are also able to obtain information about the service and other associated services provided by the group from the manager.

## Evidence:

The evidence from resident files seen during the inspection and discussion with the deputy manager and support workers was that a range of checks are included in the initial assessments including, for example, recorded observations to enable staff to compile guidelines for care and support. Risk assessments were seen during the inspection for two residents and these covered a number of areas relating to safety and health of the residents.

From the examples of records seen and individual profiles discussed, it was evident that these are subject to amendment as the needs of resident are re-assessed over time and corresponding care guidelines and risk assessments are refined.

Each resident is provided with a contract that outlines the main aspects of the responsibilities of both parties.

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

Residents are helped to make decisions and to express themselves as part of developing their confidence and quality of life.

Evidence:

Guidelines for the care and support of each resident are drawn up from the original and subsequent assessments of their needs at pre-admission stage. Profiles of all residents were discussed with members of staff and it was evident that each resident is encouraged to make their own decisions and choices. Because of the physical and sensory dependency needs of residents, members of staff have detailed knowledge of their assessed needs and this helps them to initiate highly customised support for each resident. The support workers on duty and deputy manager provided an insight into how this is being achieved.

Two resident's files seen during the inspection outlined the support needs of residents and included information all areas of their lives. A support worker explained how the staff team have the skills and ability to support and encourage residents to be

## Evidence:

involved in the ongoing development of their plan. The personal development they receive from the owner organisation, they said, contributes to this professionalism for the benefit of residents.

The support worker outlined a variety of ways used to help residents communicate their aspirations and difficulties. New communication methods are being implemented to assist residents and staff in this objective. It was evident that this is an important area of support for residents because of their physical and sensory support requirements.

From the evidence of individual profiles discussed, it was clear that members of staff have a good knowledge of the types of support residents need and, from the evidence of the care guidelines seen, the staff team are succeeding in helping residents exercise choice and make plans for the future.

The support workers referred to the information they are able to provide to GP's and district nurses to help with appropriate treatment. Clinical files and information packs for potential hospital admission are being developed to enhance this aspect of resident care. Residents are supported to take reasonable risks to allow them to participate in a range of activities. Risk assessments within care plans indicate how relevant risks are assessed and kept under review. Care guidelines seen were up-to-date and reviewed regularly. There was evidence of involvement of care managers in reviews of care.

The examples of risk assessments discussed address safety issues whilst aiming to maintain good qualities of life for residents.

The AQAA suggested that the staff group intend to continue to develop ways of encouraging residents with communication difficulties to contribute more effectively. It contained statements about each individual having a care support plan that includes strengths and needs and that includes aspects of their daily living and personal skills/needs. Examples of these were "health, communication, hygiene and personal care support, eating and drinking, mobility, relationships, sexual and emotional expression, religious and cultural beliefs, age identity, material possessions, house and garden, food preparation, community presence and social skills". These are reviewed regularly: when able to do so the individual has full involvement.

Members of staff complete daily records of health care, personal care and social needs, activities and events of the day that had an affect on residents.

Evidence:

The AQAA further stated that each individual is given a choice of what they want to do, where they would like to go, and what they would like to eat or drink. Each individual, the AQAA declared, has a well balanced diet and is weighed monthly or more if required.

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

Routines and activities developed with each resident give them opportunities to exercise preferences on a day-to-day basis. They are helped to take part in activities they enjoy and to be a part of community life.

Evidence:

The AQAA refers to how members of staff work towards ensuring that activities are age appropriate, accessible for residents with particular challenges and reviewed so that they are in step with changes agreed during resident's meetings or progressive changes to routines agreed for their individual benefit.

The AQAA described how, for example, activities are discussed and plans are made for additional ones. Each resident has an agreed full weekly timetable of activities and efforts are made to enable these to be carried out. The activities record was a little out of date but, with activities subject to change, this is understandable. Residents kindly

## Evidence:

provided an opportunity for a visit to their bedrooms.

Current activities include trips out on the bus (most of which are able to accommodate residents with wheelchairs), trips to the local pub for a meal, music and activity sessions, 1-1 with staff support to go to the local town and places further away. Members of staff are keeping a note of the best ways of helping residents to travel to events. A trusted taxi service is often used as well as local busses. Options such as use of staff cars and Motability cars are under discussion.

Each resident has his/her bedroom maintained in a way they prefer and they receive differing levels of staff support in keeping their rooms safe and well maintained.

There was evidence that daily routines are flexible to suit the different needs of residents and of how residents are helped in keeping touch with family and friends. When a resident is settling in to a new environment, observation records are maintained to enable skills to be determined, to see how the resident copes and to check the outcome of risk assessment procedures.

There is a varied menu and examples of how residents are included in meal preparation and planning were witnessed during the inspection. The AQAA stated that there is emphasis on providing balanced meals that reflect individual taste and preference as well as healthy eating.

The AQAA outlined how staff awareness of lifestyle issues has been raised through training, staff meetings and coaching sessions. It also indicated that weekly menu meetings have been introduced for residents to ensure they have contributed effectively.

## 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.

Residents receive good physical, emotional and personal support.

Evidence:

The evidence from care guideline records and discussion of individual profiles of two residents indicated that residents receive good healthcare and personal support.

This includes access to GPs and NHS healthcare facilities.

Regular appointments are seen as important and systems are in place to ensure they are not missed. The home arranges for health professionals to visit residents at home when necessary.

There is good quality planning and support in place for residents. The support plans seen during the inspection had good information for carers in the event of having to deal with, for example, epilepsy. An example of a newer intervention plan was seen. There is useful information about how to support residents in individual risk assessments. Support workers outlined how they assist residents safe who have epilepsy when they are bathing. Emphasis is placed on keeping residents and

## Evidence:

maintenance of their privacy and dignity.

Support workers have a high level of awareness of resident's emotional needs and they explained how they help them to retain individual identity. The staff supervision process, from the examples discussed, contribute to helping staff in this important area of practice.

Medication is stored in a (new) locked cupboard and MAR sheets are updated when medicines are administered. Procedures have been recently reviewed and support workers were confident that current procedures are effective. The AQAA stated that there have been no identified drug errors for some considerable time and, in the event of such an error, there are procedures in place to protect residents. Administration errors and how these were addressed have been notified to the Commission.

Resident's individual plans record their personal and healthcare needs and outline how these are being met. Members of staff ensure that personal support is flexible and able to meet the changing needs of residents. They provided examples of how they know and respect resident's preferences.

The home has a detailed policy, procedure and practice guidance to help staff when caring for residents with high physical and sensory support needs. The service specialises in the provision of such support. Members of staff said that they receive practical support and advice and have opportunities to discuss any areas of anxiety and concern they may have about how residents are developing or otherwise. The support workers on duty demonstrated an in-depth knowledge of resident's support needs and how these are being met.

There was evidence that the staff team reviewed all aspects of resident's personal and healthcare needs over the past six months. There was input from care managers in this process. This was evidenced through discussion of resident's profiles.

The AQAA outlined how changes have been made over the past six months to improve medication procedures. The medication system has in the opinion of support workers reduced the likelihood of errors. Frequent medication audits are carried out and a tracking system for medicines taken out of the premises and for PRN is maintained. The supplying pharmacist recently carried out a full review of how medicines are stored, administered and recorded: staff training accompanied this review.

The AQAA declared that daily records of resident's health, personal and social care are completed and examples of some were seen during the inspection. It referred to how

Evidence:

risk assessments have been updated and to how these form part of individual support plans. Information is outlined in the AQAA on how staff training in health matters and individual health action plans is seen to be giving residents more control over their own health with the support they need.

## 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.

Residents are protected from abuse by procedures practiced by staff.

Evidence:

According to the AQAA, no complaints were received since the previous inspection visit. The service has a complaints procedure and residents are encouraged to express themselves about how they feel and what they want.

Policies and procedures for safeguarding adults are available to all members of staff and these give specific guidance to those using them. Staff working at the service said they know when incidents need external input and who to refer the incident to for guidance. Support workers, from the examples discussed during the inspection, understand local authority procedures for Safeguarding Adults. The deputy manager indicated that she would obtain information about the Independent Safeguarding Authority (ISA) and advise all members of staff as to how the work of this agency could affect them.

The Commission is notified of incidents that have had a direct impact on residents and of how these have been addressed. Reflection on these is reportedly used as part of quality assurance measures for the protection of residents. The recruitment procedure contains the checks (including CRB checks) necessary to help contribute to the protection of residents and all members of staff receive training for their responsibilities under current POVA arrangements.

## Evidence:

The AQAA stated that all members of staff are aware of the rights of residents and of how their interests must be identified and promoted. It outlines how the company's quality assurance system focuses on issues consistent with current care standards with emphasis on making resident's quality of life progressively better.

The AQAA declared that the service has an effective a complaints procedure and that members of staff know how to deal with complaints or comments about how the service is run. A complaints book is available to all visitors. All incidents and accidents are rcoreded and repted. Behaviour management support plans are in place.

It also stated that a Local Authority acts as an appointee in relation to some resident's finances and that all the necessary checks are in place. The deputy manager showed how the procedure for keeping track and accurate records of resident's finances is followed including how an MCCH Senior Finance Officer audits all accounts. The service has a good system in place for ensuring that resident's monies are fully accounted for and examples of further reviews carried out by a care manager were seen.

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

The premises are suitable for the support of residents.

Evidence:

The AQAA stated that essential refurbishment is carried out routinely. This is supplemented, according to the AQAA, through documentation of health and safety checks, maintenance, repairs, cleaning rota, PAT testing and electrics checks and gas safety check. A declaration was made in the AQAA that all necessary checks are carried out and that the necessary safety certificates are in place.

All bedrooms are single occupancy. These are suitable for the needs of residents. The rooms are well decorated and personalised with with resident's own belongings. Residents are not able to keep door keys for their bedrooms due to their physical condition.

Residents are able to use the garden easily. Wheelchair ramps are in place at the rear of both premises. There are currently good garden facilities and plans for provision of a sensory garden are underway.

The premises were clean throughout. Laundry facilities and some food storage are in an adjacent building. This part of the premises has been recently upgraded.

Evidence:

There are suitable bathroom/shower/en-suite facilities at the premises.

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

Residents are in the care of members of staff that are skilled in meeting their support needs.

Evidence:

The Commission is satisfied that residents are protected in a number of ways including via the required recruitment procedures. The AQAA contains the declarations necessary for this conclusion to be reached and the deputy manager stated that the necessary procedures continue to be carried out within the company.

According to a support worker, the manager and members of staff of each service is involved in recruitment procedures. Managers ensure that CRB checks are taken up in every case and there was evidence that an up-to-date record is kept. It is the policy of the company to require staff to declare convictions or cautions received after appointment and all members of staff are required to undertake a new CRB check every three years.

All new members of staff have induction and foundation training based on standards recommended by Skills for Care. According to the AQAA, all support workers are trained to NVQ Level 2 or above and others are completing NVQ training.

## Evidence:

Based on discussion with support workers and deputy manager, it was evident that the manager undertakes formal supervision in a planned way with all members of staff. The stated purpose is to identify practice standards relevant to the needs of residents and staff and to progress the objectives of the staff team and aims of the service.

From discussion with the deputy manager, it was possible to conclude that all relevant recruitment checks are carried out, there is a process for involving some residents in the recruitment process and support workers receive good guidance and on-going support. The AQAA, for example, stated that in addition to the statutory training provided for every member of staff specific training to meet the needs of each resident is given. Examples of the knowledge and skill levels needed by staff were discussed during the inspection and it was clear that all staff receive specialist training as needed according to the changing needs of residents. The deputy manager also provided access to staff training records.

## 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.

Residents and members of staff benefit from the way the service is conducted.

Evidence:

The AQAA stated that policies are gradually all being updated with more accessible formats being introduced. Quality assurance questionnaires have been developed and are completed by resident's families and health/social care professionals with an annual report compiled from the results.

The deputy manager said that managers in branches of the organisation and the registered responsible person for the overall service make assessments of this feedback and use it to progress the quality of the service.

Other procedures include reviews of care plans, staff meetings and regular 1-1 supervision. The service has a development plan and environmental risk assessments are regularly conducted to ensure the safety of service users. Risk assessments for individuals form a key part of support in place for residents.

## Evidence:

The medication system has been reviewed by staff and audited by the pharmacy supplier.

During the inspection visit, there was evidence of health and safety audits affecting the safety of premises and individuals. All staff are working to improve services and to provide an ever-improving quality of life for residents.

Care plan and healthcare records seen indicated that there are procedures for meeting the needs of respective residents.

Declarations are included in the AQAA about the required checks to premises and associated procedures and safety certificates.

The manager has the experience and qualifications to run the care home in line with current legislation and standards but the service continues to be conducted without the manager being registered with the Commission.

The AQAA contains a declaration that there is a twice daily hand-over of issues associated with client's monies. All finances are recorded and each resident has an individual finance book. Medway Council finance officers control and audit resident's main account; residents receive their monthly personal allowance. The AQAA stated that detailed procedures are in place to ensure that financial irregularities do not occur. The deputy manager demonstrated the accuracy of the current procedures.

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
1	30	13(3)	The laundry floor must be impermeable and easy to clean, to meet with Infection Control guidelines. (Outstanding requirement - timescale of 01/09/06 not met).	31/10/2007

## 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

### 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

## Helpline:

**Telephone:** 03000 616161

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

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

Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.