



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	20 Allington Way
Address:	20 Allington Way Maidstone Kent ME16 0HJ

The quality rating for this care home is:

two star good service

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

Lead inspector:	Date:
Jenny McGookin	0 1 0 5 2 0 0 9

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	20 Allington Way
Address:	20 Allington Way Maidstone Kent ME16 0HJ
Telephone number:	01622686681
Fax number:	
Email address:	allingtonway@mcch.org.uk
Provider web address:	

Name of registered provider(s):	MCCH Society Ltd
Type of registration:	care home
Number of places registered:	3

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	3	0
Additional conditions:		
The maximum number of service users to be accommodated is 3.		
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								
No 20 Allington Way is one of a group of registered care homes managed by MCCH Society Ltd in the south east of England.								
The home is registered for three adults (from 18-65 years) with learning disabilities. One of the current service users also has a physical diasability and uses a wheelchair.								
All three bedrooms are single occupancy. One of these is on the ground floor. There are two WC/bathrooms (one on each floor), a kitchen / dining room, and a lounge. The home's laundry facility is in the kitchen. There is ramped access to the front door and hand rails in the bathroom facilities. But the home is otherwise not suitable for wheelchair users, and the service user with a physical disability is effectively confined								

Brief description of the care home

to the ground floor.

In terms of access by visitors and community presence, there is parking space on site for three vehicles, and unrestricted kerb-side parking along Allington Way. The home is situated near the A20. Maidstone town centre is approximately 2.5 miles away, with all the transport and community resources that implies. But there is also a small row of local shops and amenities in Allington itself.

Information on the home's services should be detailed in the Statement of Purpose and Service User Guide. The fees do not cover personal items such as toiletries, clothes, magazines, leisure and social activities (though the fees do cover some staffing costs), extra furniture and fittings, the service user's own possessions or holiday costs.

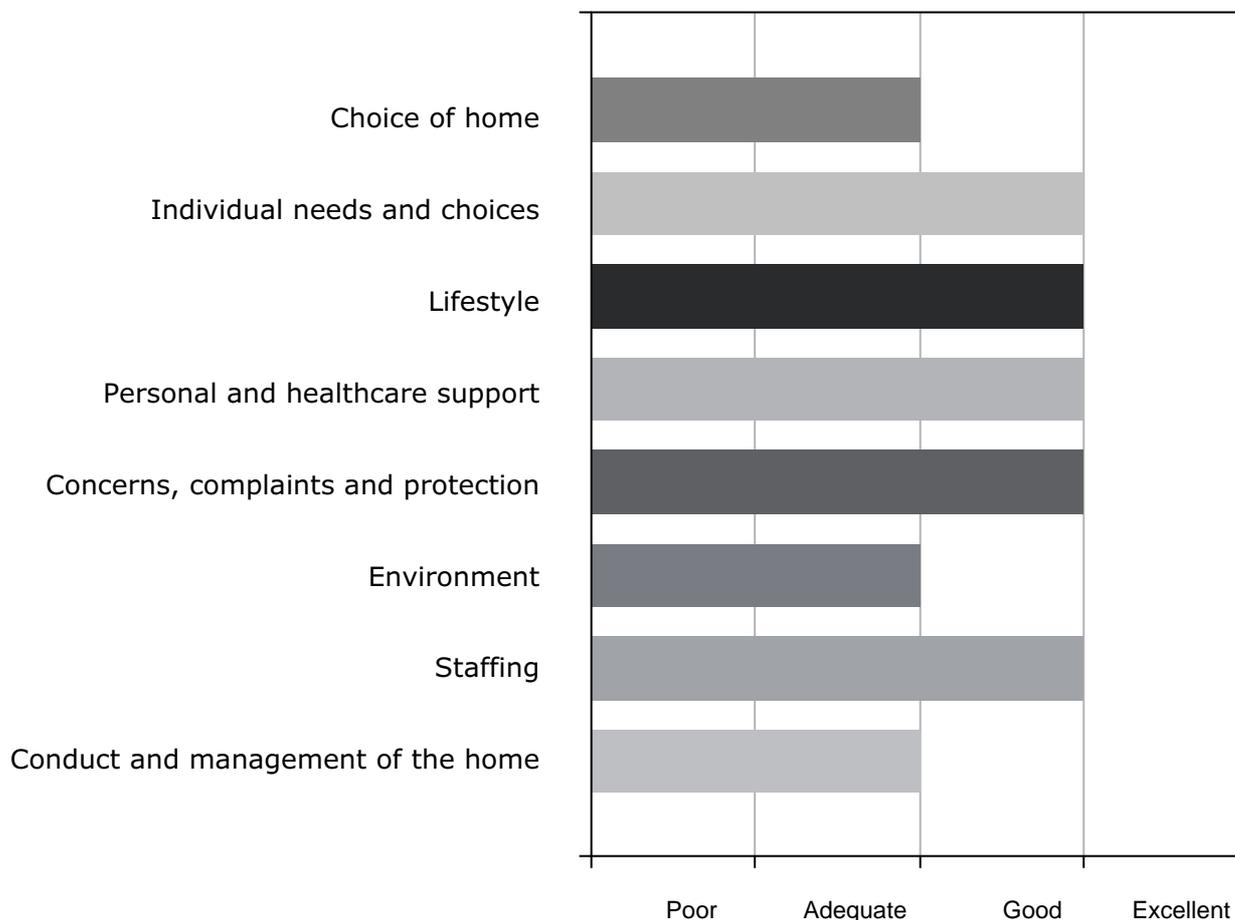
Summary

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:

This report is based on an unannounced site visit, which was used to inform this year's inspection process; to check progress with matters raised for attention at the last inspection visit (May 2008) and to review findings on the day-to-day running of the home.

The inspection took just over eight hours. It involved meetings with a service user, the manager, a support workers, a casual support worker and a visiting care manager.

We sent a selection of feedback questionnaires for distribution to service users, their advocates or relatives, staff and visiting professionals (health and social care). Feedback was not submitted in time for the issue of our report. Any responses will

therefore be used to inform the Commission's intelligence in due course.

The latest Annual Quality Assurance Assessment (AQAA) was not available because of a disputed due date and the manager's period of sick leave. The AQAA is a self-assessment that focuses on how well outcomes are being met for the people using this service. It also gives some numerical information about this service.

The inspection also involved an examination of records, and the selection of a service user's case files, to track their care. We were not able to assess this home's recruitment processes as these are managed centrally by MCCH's Human Resources department, which keeps the documentation at head office. But we did look at some staff training records, and interactions between staff and service users were observed throughout the visit.

All the bedrooms were visited along with communal areas and the garden.

What the care home does well:

Like other homes in the MCCH, this home was a domestic dwelling before it became a residential care home, which means that it blends in with the local community and has retained many of its original features. It is clean, tidy and largely odour free. It has been redecorated to reflect the service users' tastes, and there are homely touches throughout.

The way staff interact with service users is kind, friendly and caring. One member of staff told us, "This house is particularly nice to work inthere is more flexibility now. The service users do a lot more. The house is brighter. We go out more now. Service users are fed a lot better and their rooms are nice. It's a happy atmosphere".

What has improved since the last inspection?

We are aware of the way MCCH had reorganised its operation to try to ensure compliance with its duty to carry out its own unannounced inspection visits at least once a month.

What they could do better:

The registration of its manager was one matter requiring addressing as a priority at the last inspection, and we found this was still outstanding. We understand MCCH introduced a policy of moving managers and senior staff around to different settings, so as to refresh perspectives. This process was not complete, and has left some individuals feeling unsettled.

We found that very little progress had been made with matters raised for attention at the last inspection, notably in respect of the building.

We were told that attempts to run Quality Assurance feedback exercises had failed for want of responses. One source we checked, confirmed this. Although MCCH has a corporate business planning process, the home still does not have one of its own, so we were still not able to judge how it translated corporate objectives into local practice.

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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Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

This home needs to evidence that prospective service users and their representatives have all the information they need, in an accessible format, to decide whether this home will meet their needs.

Prospective service users can feel confident that their needs will be properly assessed, before or upon admission, and that they will be offered the opportunity to visit and try out the home before their placement is confirmed.

Each placement is confirmed by a range of contracts, which are intended to tell everyone involved what to expect which should be provided in appropriate formats.

Evidence:

At our last inspection visit (May 2008) we were told that this home's Statement of Purpose and Service User Guide were under revision, with a view to making them more accessible for the service users. This work was still on going at this inspection visit.

Evidence:

New service users are identified by care managers, and their applications must be approved by MCCH's own Nominations and Allocations Panel. Prospective admissions are invited to visit several times, including an overnight stay and assessments are carried out throughout this period. This process enables all parties to try out the placement. Upon admission, the assessment process is completed; a care plan is set up alongside the care manager's own care plan; and a key worker is allocated. A trial stay of one month is standard for MCCH homes, to help all parties decide whether this home is suitable for them.

A previous inspection (in December 2006) found that the latest admission had been properly introduced and supported to settle. There have been no further admissions since then and we were told none is planned. So this element of the National Minimum Standards was not inspected, other than to establish whether the existing service users were still content with their placement. We found that they were.

In common with other homes in the MCCH group, the placement of all three services is funded by Kent County Council, which has its own contractual arrangements, which are outside the scope of this inspection. Each placement is also subject to a range of other contractual documents, representing a tenancy agreement between the landlord (for whom MCCH acts as its agent) and service user; and a document detailing the support MCCH undertakes to provide; as well as spot contracts used to top up all of the above. None was fully accessible however we were shown one document which had been redesigned to make the terms of the tenancy more accessible. This work was not complete at the time of this inspection.

We evidenced that the home can demonstrate its capacity to meet the current needs of its service users.

Individual needs and choices

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Services users can be confident that the care they receive, is based on person-centred assessments of their individual needs, and that their perspective will be central to this process.

Services users can confidently expect to be treated with respect, dignity and privacy.

Evidence:

See section on "Choice of Home" for our findings in respect of pre-admission assessments.

On their admission, the home sets up a range of files for its service users - a finance file, a medication file, and two others, which are devoted to care planning.

This arrangement confirmed our findings from the last inspection (May 2008). That is to say, the care plans properly detailed the service user's health and personal care

Evidence:

needs as well as their preferences. There were documents detailing the service user's strengths and needs, and documents setting goals for the service user. These documents were underpinned by daily reports, instructions for staff and risk assessments, to keep people safe.

There was better evidence of reviews than we had found at our last inspection visit, though the home's own system often showed little or no changes. Reviews carried out by the funding authority recorded who was involved in each case. The home's own reviews (by staff) did not, to have done so would evidence how inclusive they had been.

A number of these documents (though not all) were written in the 1st person, to keep the service user's perspective central. We were evidenced one service user's "Listen to Me" workbook, which was designed to help her plan her life. It detailed who was part of their life, and their level of importance. It identified what were the great things about her, and what she liked and didn't like to do. It asked the service user to envisage what the best week day, week night etc would look like as well as the worst. It asked the service user to compare the best of their existing life with the worst and to establish what could be done to support them. It also showed how staff have been interpreting their behaviours. This is commendable.

When we asked one service user, we were reassured to hear that she clearly knew she had a care plan, where it was kept and confirmed that they had talked about it.

All the bedrooms in this home are used for single occupancy, which means support with health and personal care can be given in privacy. We observed interactions between the staff and the service users and judged them appropriately familiar and respectful.

Since the last inspection, work has been done to rearrange some personnel files more systematically (matter raised for attention at the last inspection). We were assured that isolated, more sensitive personnel documentation we came across was there because staff had requested it be kept on site. Service users' documentation was for the most part systematically arranged, but there were gaps, and documents were not always dated or signed.

The home's arrangements for keeping information confidential in other respects were evidenced appropriate. Storage facilities are lockable and computerised information is password protected. Confidentiality features in staff terms and conditions and as MCCH policies.

Lifestyle

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Service users are supported to make decisions and choices about their daily routines.

The social, cultural and recreational activities being offered by the home are tailored to the preferences of the service users, subject always to the availability of transport and staffing levels.

Service users can be confident the home will support them to keep in contact with family and friends.

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

Evidence:

The service users at this home all show some understanding of the spoken word. Two have very limited communication skills, though we were advised that since the last inspection, one of these had shown some improvements in their vocabulary. Staff interpret their responses and behaviours accordingly.

The home maintains weekly activities sheets for each service user. We looked at a selection of these, as well as day-to-day diaries for each service user and spoke to staff on duty, and all these sources showed a range of opportunities, separately tailored for each service user. Motivation can sometimes be a problem and choices are respected. One told us how she simply liked to relax on Sundays or when meals are prepared.

Activities organised by the home include games such as snakes and ladders, Bingo, Connect 4 and boules and staff offer direct support in some light practical daily living skills e.g. tidying, collecting laundry or crockery, shopping. We were told that one service user listens to music, watches TV and flicks through magazines. We were told about individuals' particular viewing preferences e.g. light hearted films, musicals, soap operas.

One has been attending two separate day services for therapeutic sessions and skills development, though we were shown a programme being set up by the home to replace this as these placements are scheduled to come to an end. There are also regular MCCH social events (called SURE) e.g. for karaoke.

One service user does not like crowds but enjoys meals out. There are occasional walks to the local shops, and trips to the cinema. Two regularly visit their parents.

One service user had access to her own mobility vehicle, but this was always subject to the availability of drivers among the staff group. We were told this vehicle had been taken away, and was scheduled for replacement. MCCH's policy of moving staff around has meant that the number of available drivers has been reduced from three to one, and the manager has had to use his time to fill in the gap. Alternatively, if service users do not have the funds for taxis, they do not go out, as housekeeping funds for public transport fares are no longer available. The availability of staff can also frustrate plans, e.g. where two would be required to support an individual on or off site.

One source told us, "**** doesn't have a car which makes it difficult to take her out, because **** is dependent on staff using their cars, and not many do".

Work experience opportunities have been accessed. One told us how much she enjoyed her work at Truck'n'Tuck three days a week.

Evidence:

The home has one communal TV, connected to Freeview, a video and DVD player. All three service users have their own TV in their rooms, so there is always a choice of viewing. One service user, who is confined to a wheelchair, uses a remote control. We were told a Loop systems for use with hearing aids is not currently warranted.

Service users are able to have visitors at any reasonable time. Car parking facilities are good (3 spaces on site and unrestricted kerb-side parking along Allington Way). The home is well placed for links with the community - local and Maidstone town centre. There are regular bus routes nearby.

There is a telephone in the hallway, kitchen and office. No charges are made for their use.

Catering needs are appropriately identified as part of the admissions process and are updated or amended thereon. Each service user has their own menu planning file, detailing what food they enjoy and don't like. The home maintains records of what each service user eats, as required. When asked whether she liked the food, one service user said "Oh yes!" and went on to tell us about the dishes she particularly liked. We were satisfied she was given a choice.

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.

Service users receive the personal and healthcare they need, and can be confident that their preferences will be taken into account as far as possible.

Evidence:

One visiting care manager assistant told us, "I find staff are very interactive, very caring". Speaking of one service user's special health care needs, she said ""It can be difficult to get ****'s fluids and food right, but they take it all on board. They are monitoring all the time and getting services in, keeping me informed. Their input is over and above and professional". And she gave, by way of example, the fact one service user's key worker had come in (from annual leave) specially for her review.

Our findings largely confirmed those from our last inspection visit. That is to say, we were satisfied that this home's care planning processes properly assess the extent to which each service user requires assistance with their own personal and health care, and their choice and control is being actively promoted by staff as far as possible.

Evidence:

One member of staff told us that whenever the service user she was key worker for went into hospital "I'm watching everything. She can't speak up for herself" and we were told about the work staff had been doing to ease one service user's dependency on their parents.

All three service users' bedrooms are single occupancy and we were evidenced sufficient number of toilet and bathroom facilities to guarantee their availability and privacy. None of the bedrooms has its own wash hand basin. Service users' privacy would be enhanced if they had their own facility.

We could evidence that service users can choose when to go to bed or get up, as far as they are able, and they were observed being supported to make some choices and decisions during our inspection visit. Staff are available on a 24-hour basis to support them. We were advised that the trialling of sensor mats are being considered to alert staff to movement overnight, so that service users could be as independent of staff as possible but remain safe.

MCCH has a comprehensive range of policies governing the health and personal care of its service users, but the home should establish a policy for continence promotion. This matter was raised for attention at the last inspection, as continence is being managed on a day-to-day basis at this home.

Records confirm that service users have access to a range of medical services e.g. several GPs at one practice, dentist, chiropodists, and physiotherapist. One service user with complex health needs is supported with regular hospital attendance and other health appointments. At our last inspection she had told us how much she enjoyed her trips to the hospital and the environment there and she spoke as enthusiastically about this on this inspection too.

The medication arrangements were compliant with expected standards and designed to minimise the scope for error. There is a medication cabinet, which is appropriately secured to a wall and kept locked when not in use. The home uses the monitored dosage system (MDS), which is colour coded, and each service user has a readily identifiable bag for medication taken off site e.g. for outings. Medication which cannot be blister-packed is kept in its original, labelled boxes on separate shelves (one for each service user) and there are separate administration sheets for non-MDS medication. Medication is routinely counted every day. There were no gaps or anomalies in the records we looked at, and we can confirm that there have been no medication errors reported to the Commission since the last inspection (May 2008).

All staff are trained to administer medication and are subject to competency

Evidence:

assessments

(most recently in January 2009), to prevent practice becoming variable and to keep people safe. We were assured that the home's list of signatures of staff authorised to administer medication had been updated, so that errors or omissions can be tracked, should they occur. Since the last inspection, MCCH has produced a new medication policy for all its residential care homes. The home also has a copy of the Royal Pharmaceutical Society Guidance and relies on information sheets issued with medication for reference.

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.

Service users can be confident that their concerns and complaints will be properly addressed, whether or not they use the home's formal complaints procedure.

Service users can feel confident that they will be protected from abuse.

Evidence:

In common with other homes in the MCCH group, this home has a complaints procedure, which was designed to be accessible for service users. We did not see any copies in the file we looked at.

The home's manager told us that there had been no formal complaints raised in the past twelve months. When we asked one of the service users she told us confidently that she knew who to speak to if she were unhappy about anything.

We were told that none of the service users has any independent advocacy. Staff, care managers or relatives would be relied upon to provide advocacy.

MCCH has a range of policies and procedures (including the local multi agency protocols) to ensure that service users are protected from abuse in all its forms. We were assured that since the last inspection, one member of staff had been given the duty to ensure all staff had certified having read these policies, as evidence of their

Evidence:

ownership. We understand that induction training for new staff covers safeguarding protocols as well as complaints management. We also understand staff would be required to cover adult protection as part of their NVQ training.

We can confirm that no adult protection alerts have been raised against this home since the last inspection.

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 **adequate** 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 homely and comfortable environment.

Some matters have been raised for attention year on year, but the physical design and layout of the home generally enable service users to live in safety, and encourages their independence.

Service users could benefit if bedroom furniture and fittings showed further compliance with the National Minimum Standards.

Evidence:

This home's location (in terms of access to community resources) and layout are generally suitable for its registered purpose, and measures are in place to keep the premises secure against unauthorised access, without compromising service users' freedom of movement, all have front door keys though they require support off site.

At the last inspection we identified the paintwork on the front aspect of the building needed refreshing. The rear garden is enclosed on all sides. This home does not have access to a gardener and the site has periodically become unkempt and inaccessible as a result. Access needs to be assessed to optimise the service users' lifestyle choices,

Evidence:

and as a precaution against the risk of accident. A link-wire fence down one side of the garden is still damaged and buckled. This matter was raised for attention at the last inspection and was reported to be the responsibility of a neighbour. This matter was found to be still outstanding, and is subject to the landlord's own cycle of refurbishment (Hyde Housing) i.e. outside the direct control of MCCH. MCCH is registered with the Commission as the provider of this service, and must show compliance with provisions of the Care Standards Act in respect of health and safety environmental standards.

One source told us, "It can be difficult to get redecoration done. (The home) can look shabby". Another source agreed, saying "the ceiling in ****'s bedroom could do with an overhaul" and both drew our attention to the staff sleep-in room as in need of refurbishment.

This is a two-storey property, so its layout is judged generally unsuitable for people with significant mobility impairment. One service user who relies on a wheelchair is effectively confined to the ground floor. MCCH will need to show that their access around the site is assessed against the provisions of deprivation of liberties legislation.

Access to this home for families and friends, however, is good. There are three parking spaces on site, and unrestricted kerb-side parking along Allington Way. There are four bus routes within easy walking distance, which link the home to Maidstone, with all the transport links that implies. There is a ramp to the entrance.

One source told us, "We can't really use the garden, because it's not really suitable. There is nothing there, so it's never really used in summer times. It would be lovely to sit or eat out there. Some homes used to have barbecues".

All areas of the home were inspected and found to be homely, comfortable and clean. With one exception, all areas were odour free. The furniture tends to be uniform and domestic in style. One service user tends to stay in their wheelchair. There are some adaptations in one bedroom and the ground floor WC bathroom to meet one service user's particular needs.

Comfortable lighting levels and temperatures were being maintained throughout however we found a number of radiators still did not have guards (matter raised by previous inspections). We were assured that this would be addressed over the current year.

In this home, the washing machine is sited in the kitchen/dining room. Though this is not ideal it is a domestic setting for this home. We were told that the home's COSHH

Evidence:

cupboard has, however, been relocated to a safer area within the kitchen, and is secured with a magnetic locking device when not in use.

This home is currently registered to provide care for up to three service users, and all the bedrooms are single occupancy, which means privacy can be assured. None of the bedrooms is en-suite.

All the bedrooms were visited on this occasion, and found personalised and generally well maintained but none had their own wash hand basins. We were assured that one service user's bed was subject to an Occupational Therapist assessment, to obtain more suitable provision. One sliding bedroom door was secured with a cabin hook device which would need to be forced to obtain access in an emergency. Each service user has a lockable cash tin, but these were not secured against a hard surface as a precaution against the risk of loss or theft.

Service users have a choice of bath, shower and WC facilities, and one bathroom had been redecorated since the last inspection. A significant crack in the surface of a bath seat shell remained outstanding from the last inspection, and was simply taped over to prevent it scratching skin. An assessment carried out by the manufacturer in March 2009 confirmed our own concern for the risk of cross contamination and injury. It is accepted that this particular model is obsolete but MCCH should endeavour to replace it.

All the service records seen (e.g. gas, electricity, fire safety etc) were up to date and systematically arranged, to facilitate access.

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.

The numbers of staff on duty at any given time may not be enough to reliably meet the aims and objectives of the home, or the emerging needs of the service users and should be kept under review.

Staff practice risks becoming variable without the checks and balances provided by regular supervision sessions.

Service users benefit from the staff training investments. But two further training needs (i.e. autism and dementia care) have been identified.

Evidence:

This home's working / waking day has been interpreted as 6.30am (e.g. to meet day service commitments) till 10.00pm. Staffing levels are applied flexibly by a range of shift patterns within that time frame to support service users' needs and activities.

That effectively means one should expect to find at least one member of staff on duty at all times, and two during more active times e.g. 8am till 4pm, 5pm or even 7pm. At nights there is one member of staff on sleeping duty from 10pm till 6.30am and MCCH has on-call arrangements, for advice and in the event of emergencies.

Evidence:

There are no ancillary staff. Support workers are responsible for cooking, laundry and cleaning as well as supporting the service users with light domestic duties. They are to be commended on the level of cleanliness we found.

At the time of this inspection, the home was two full time equivalent staff down, so existing staff had been working longer shifts to cover the shortfall, without recourse to using agency staff, so that service users have continuity of care. Both staff we spoke to identified the need for more staff. One said, "that would make so much difference". Another source told us, "staff shortages worry me a little bit, particularly if **** is going out in the community more", noting there were less drivers among the staff group.

MCCH management has taken the view that the overall establishment is adequate for this home, and we can confirm that since the last inspection, there have been no concerns raised with the Commission about the home's capacity to maintain the staffing levels described. However these service users would require 1:1 support at times, within the home and to go out is difficult to see how this can be achieved on a day-to-day basis without disrupting other service users' needs or activities. For example none of the service users attend any evening activities off site.

Recruitment is managed by MCCH's Human Resources department, which keeps the documentation at head office and simply notifies unit managers when checks have been satisfactorily completed and of each individual's start date. These records are subject to a separate inspection at MCCH's head office by one of the Commission's own senior officers and no major shortfalls have been reported through this route.

Feedback from staff confirmed a systematic recruitment process to comply with the key elements of the standard, including references, criminal records checks and to account for individual employment histories, to keep people safe.

Records confirmed feedback from staff that they had documented supervision sessions, but the frequency of these was variable (6 weekly to 6 monthly). The National Minimum Standard is six per year and is intended to ensure practice standards do not become variable.

We were aware that all staff are required to countersign policies as evidence of having read and agreed to comply with their provisions. A copy of the General Social Care Council code of practice was also readily available, so that manager and staff should know what to expect from each other. Staff spoke well of the manager and told us he had created a good atmosphere to work in. Teamwork was identified as a key

Evidence:

strength.

In discussions with us, staff described a comprehensive list of mandatory training opportunities, designed to keep people safe. They said they felt well invested in. Training in autism and dementia were identified as further training needs.

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

The home is run for the benefit of service users in that it is based on a culture of openness and respect.

A more business like approach is required to evidence service development and how feedback from all the stakeholders can influence this.

The service will benefit by having a manager registered by due process by the Commission.

Evidence:

In 2008 MCCH implemented its decision to move its homes' managers around, but Grahme Kennedy has remained in post as this home's manager since February 2006. He has yet to submit an application for registration to the Commission. This matter was raised at the last three inspections, and must be addressed without further delay as evidence of due diligence. It is an offence against the Care Standards Act 2000 to be in charge of the day-to-day running of a service and not be registered. A

Evidence:

requirement is being made that an application for registration be received by the Commission by the date given in this report.

There are clear lines of accountability within the home and within MCCH. Records showed that MCCH has been able to evidence a more sustained compliance with its duty to carry out formal documented inspection visits once a month (Regulation 26) since the last inspection.

There were, however, still no records available to evidence any formal quality assurance feedback exercises carried out by the home among the service users, staff or other interested parties (matter outstanding since June 2006). So we were unable to assess how feedback could influence the way services are delivered except on an individual basis, and through service users' group meetings. Independent verification continues to be recommended.

MCCH has a corporate business plan and an action plan for its West Kent operations for the current year. These properly set an agenda for reviewing and developing its operations within a budgetary framework. We did not see a business plan for this home to identify its contribution to this, though we were assured this was in progress. Issues relating to refurbishment must be addressed. There are limited documents to evidence that feedback from residents can influence the way services are delivered.

We wanted to know more about the diversity of this home's service user and staff group. The staff group reflects the ethnicity of the service user group - all are white British and both genders are represented on each. This means that same gender personal care should be achievable if that is a service user's preference. We noted that service users' files document each service user's stated preference, at least in the first instance. All MCCH staff are regularly trained on equality and diversity issues, to keep this aspect of the home's operation an active consideration.

The home makes provision for the proper storage and accounting of personal effects and small sums of pocket money.

The home's property maintenance certificates seen were up to date and systematically arranged to facilitate access. There are regular health and safety inspections around the home itself, but we found some potential hazards, in the kitchen/dining room, in one bathroom and in the rear garden (see section on "Environment" for details) which will need attention, 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
1	1	4(2)5(1)(2)	<p>The statement of purpose and service users guide need to be made available in formats accessible to service users.</p> <p>The registered person shall supply a copy of each document to the Commission, for assessment against the provisions of the National Minimum Standards.</p> <p>Per manager - this work has been started but incomplete. Agreed to complete and submit by end of May 2009. Not submitted by due date.</p>	30/06/2008
2	5	5 (c)	<p>The contract needs to be made available in formats accessible to service users.</p> <p>The registered person shall supply a copy of this document to the Commission, for assessment against the provisions of the National Minimum Standards.</p> <p>Some work been done but work incomplete.</p>	30/06/2008
3	30	13(3)	A wash-hand basin needs to be fitted in each service users bedroom.	31/07/2008

			<p>The requirement for the fitting of washbasins is repeated from the last two inspections - previous timeframe 28/02/07.</p> <p>Action plan to be submitted</p> <p>Matter outstanding. Per manager, this is included in the home's plans - no due date available.</p>	
4	37	9(2)	<p>The manager of the home must apply to the commission for registration.</p> <p>This requirement is repeated from the last two inspections. Last timeframe - 30/01/07</p> <p>Action plan to be submitted</p> <p>Matter outstanding. MCCH has adopted a policy of moving managers and senior staff around so this may have implications for his tenure at this home.</p> <p>Also, anticipated change to CQC' policy - re registering providers and allowing some flexibility on deployment of managers already registered.</p>	31/07/2008
5	42	13(4(a))	<p>The registered person shall ensure that all parts of the home to which service users have access are so far as reasonably practicable free from hazards to their safety</p> <p>In that radiator guards must be fitted or low-surface temperature models installed.</p> <p>Action plan to be submitted</p>	31/07/2008

			Matter outstanding. Manager has been authorised to buy in guards from petty cash this financial year (no MCCH funds available last year). No due date available.	
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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
1	37	9	The MCCH must ensure that a manager's application for registration is submitted to the Commission Original time frame 30/01/07 To be compliant with regulations designed to safeguard service users	30/09/2009

Recommendations

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

No.	Refer to Standard	Good Practice Recommendations
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