

Random inspection report

Care homes for adults (18-65 years)

Name:	26a Sussex Avenue
Address:	26a Sussex Avenue Canterbury Kent CT1 1RT

The quality rating for this care home is:	two star good service
The rating was made on:	

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 review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:							
Robert Pettiford	0	4	0	6	2	0	1	0

Information about the care home

Name of care home:	26a Sussex Avenue
Address:	26a Sussex Avenue Canterbury Kent CT1 1RT
Telephone number:	01227768845
Fax number:	01227478896
Email address:	acorn@mcch.org.uk
Provider web address:	www.mcch.co.uk

Name of registered provider(s):	MCCH Society Ltd
Name of registered manager (if applicable)	
Mrs Janet Rita Castle	
Type of registration:	care home
Number of places registered:	10

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	10	0

Conditions of registration:								
The maximum number of service users to be accommodated is 10.								
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								
The home is purpose built and has some minor adaptations and alterations to meet the requirements of a residential care home catering for people with physical difficulties. The home is currently registered to accommodate ten residents and is effectively two similarly constructed units that are joined together providing residents with a wide								

Brief description of the care home

range of facilities. There are ten bedrooms for the residents use arranged on one floor. All of the facilities are accessible to persons using wheelchairs. The home is well equipped with apparatus to assist with all the residents needs. There are good communal facilities and the home benefits from a reasonable front garden and a secluded patio area that provides residents an opportunity to pursue leisure and social activities or horticultural hobbies. The homes fees are according to need and assessment. Extra charges are payable for personal items such as: clothes, toiletries, magazines, leisure and social activities, extra furniture, personal T.V. music system. Also for service users own holiday costs. Information on the homes services and the CQC reports for prospective residents should be detailed in the Statement of Purpose and Resident Guide. The e-mail address for this home is acorn@mcch.co.uk

What we found:

We visited the home at 8.15 AM and observed the residents having their breakfast and getting ready for the day ahead. The purpose of this random inspection was to monitor compliance with the Care Standards Act 2000 and Care Home Regulations 2001.

A number of key standards of the National Minimum Standards for Younger Adults were inspected to gauge continued compliance.

It was observed during the inspection process that staff are sensitive to changing needs of residents. When ever possible, residents are able to have choice about who delivers their personal care. The care plans fully documented all physical and emotional health care needs and where able residents filled in or were supported to fill in appropriate forms. Within the care plans records of health care provided by G.P, chiropodist, dentist, and opticians were evident. All residents have the opportunity to have regular health care check ups to ensure a proactive approach to health care is achieved. It is evident through records that the emotional health support is of a high priority to this home and the staff are pro active in maintaining and supporting residents with their emotional needs in order to maintain their quality of life. We viewed the storage arrangements and some records including Medication Administration Record (MAR) sheets, and the protocols for the administration of PRN as Required Medication within the home. The manager confirmed that all staff who dispense medication have received the appropriate training. The MAR sheets (drug record sheets) were being completed properly. MAR sheets did have a signature list to evidence who gave the medication signed for on the MAR sheet. Two staff were observed dispensing medication at the dining table. Good practice was observed up to the point where one of the staff proceeded to prepare another residents medication without administering the first pot of medication. Medication practices must ensure that during the dispensing of medication not more that one residents medication is prepared at any one time. This is required to ensure that risks of giving to wrong medication to the wrong resident is minimised. No statutory requirements have been made at this time as the Commission is confident that the manager will review the homes medication procedures.

There is daily monitoring of peoples general health and any concerns are addressed as soon as they arise. They keep full records of all appointments in the form of Professional Consultation reports. These outline the reason for the consultation together with any treatment prescribed, advice given and any follow up visits required.

A copy of the complaints procedures was reviewed. The procedure included details of how to complain, timescales for response and information for referring a complaint to the service provider. The procedure is widely distributed, and highly visible within the service and readily available in different formats. Residents within the service have an understanding of how to make a complaint as their capacity and understanding allows. The homes Policy for the Protection of Residents and staff Whistle blowing procedure was discussed. These include procedures for the reporting of suspicion or evidence of abuse with a format for the recording of any allegations and action to be taken. Full training has been provide for all staff.

The home promotes an open culture where Residents feel safe and supported to share any concerns in relation to their protection and safety. Policies and procedures regarding

protection are in place.

The AQAA states All staff receive Protection of Vulnerable adults training as part of their induction. They are trained in recognising the many different forms of abuse and how to proceed should they suspect abuse is taking place.

What the care home does well:

It is evident talking to members of staff that the emotional health of the residents is of a high priority to the home and that staff are pro active in maintaining and supporting residents with their emotional needs in order to maintain their quality of life.

The home and its staff are committed to supporting the residents in accordance with their needs and goals.

The manager has the required qualification and experience, is competent to run the home and meets its stated aims and objectives. Evidence supports that she puts the needs of the residents first and is very supportive of staff.

Residents are able to enjoy a full and stimulating lifestyle with a variety of options to choose from as there needs and capacity allows. The home has sought the views of the residents through their own methods of communication and considered their varied interests when planning the routines of daily living and arranging activities both in the home and the community. Routines are very flexible and residents can make choices in major areas of their life. Evidence of this was gathered by talking to residents, staff and management. Completed comment cards received contained many positive comments about the service and the steps it takes to provide good quality care.

The AQAA (Annual Quality Assurance Assessment) was completed by the manager and was seen to be of a high quality. This gave us a greater insight into what the home considers it does well, what we could do better, what has improved within the last 12 months and plans for improvement.

What they could do better:

The home needs to ensure that it has available for staff a copy of the latest guidance for safeguarding adults issued by the local authority.

Medication practices must ensure that during the dispensing of medication not more than one resident's medication is prepared at any one time. This is required to ensure that risks of giving to wrong medication to the wrong resident is minimised. No statutory requirements have been made at this time as the commission is confident that the manager will review the homes medication procedures.

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 2.

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, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, 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

Reader Information

Document Purpose:	Inspection Report
Author:	Care Quality Commission
Audience:	General Public
Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or got 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

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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