

Key inspection report

Care homes for adults (18-65 years)

Name:	88 - 90 Offham Road
Address:	88 - 90 Offham Road West Malling Maidstone Kent ME19 6RD

The quality rating for this care home is:

three star excellent 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.

Lead inspector:	Date:
Jenny McGookin	2 5 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 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 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

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Information about the care home

Name of care home:	88 - 90 Offham Road
Address:	88 - 90 Offham Road West Malling Maidstone Kent ME19 6RD
Telephone number:	01732874295
Fax number:	
Email address:	offham@mcch.org.ukora.francis@mcch.co.uk
Provider web address:	www.mcch.co.uk

Name of registered provider(s):	MCCH Society Ltd
Name of registered manager (if applicable)	
Mrs Jennifer Mary Parrott	
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		
88/90 Offham Road is one of a number of registered care homes managed by MCCH Society Ltd in the south east area. The home is registered to offer 24-hour care to a maximum of 7 service users who have learning and physical disabilities and who are aged 50 years and over.		
The home is accessible for 3 wheelchair users on the ground floor, with a further 4 bedrooms on the first floor, there are 4 bathrooms. Ground floor bathrooms are		

Brief description of the care home

equipped with specialist equipment to assist people with physical disabilities. The premises are not equipped with a lift; consequently not all areas of the home are accessible to wheelchair users or those with limited mobility.

Each service user has their own bedroom. There is open plan communal space on the ground floor comprising of a living and dining area leading into the large kitchen. The home has a large mainly lawned, fenced rear garden. The premises are within a few minutes walk of West Malling town centre, which offers a range of local facilities and services.

Service users have opportunities to take part in activities at the home and in the community, and activities are geared to ages and abilities.

The staff group is well trained and knowledgeable about the service users individual needs.

Fees are on an individual basis and assessed according to need, information on the cost of the service can be gained by contacting the organisation.

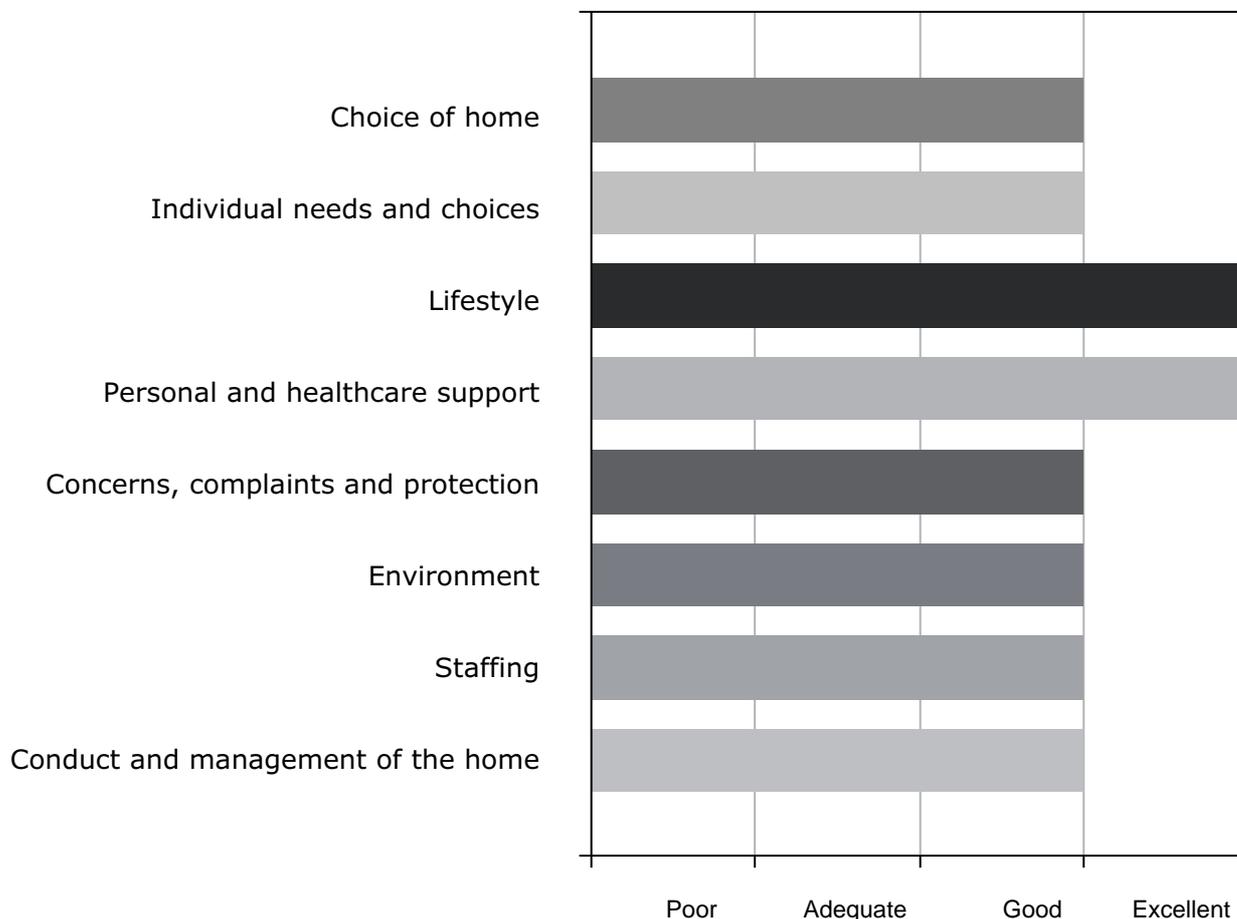
Summary

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

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

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

The inspection took just over eight hours. It involved meetings with two service users after lunch, two senior support workers, two support workers and a visiting community nurse. The manager was not on duty that day.

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.

We looked at the home's latest Annual Quality Assurance Assessment (AQAA), was submitted in May 2009, ahead of its due date. 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 and supervision records, and interactions between staff and service users were observed throughout the visit.

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

What the care home does well:

Like other homes in the MCCH, this home was a pair of 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 odour free, and there are homely touches throughout.

The way staff interact with service users is kind, friendly and caring. One healthcare professional told us, "It is a very homely, loving environment. the clients interact well with staff and like them. It's the sort of place you feel welcome in i think staff know their clients exceptionally well".

Staff told us,

- "I think we've a good staff team. We are like minded in our thinking. It's a lovely environment - bright and airy. Some people would find a diverse group of needs daunting. I think it makes it more interesting ... I enjoy working here".
- "I think the setting and layout is quite conducive ... (the service users group) is a mix but it works well".
- "the ethos of care is very good. Staff are very person centred in terms of service users' needs - mental, pastora

What has improved since the last inspection?

The home has been redecorated to reflect the service users' tastes, and work has been done to embed the principles of mental capacity legislation in work practices to ensure people are empowered appropriately. Team working continues to be identified as a key strength.

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 challenge will always be to obtain the right balance between empowering people to make lifestyle choices for them selves (including independent living), and recognising their need for support, boundaries and company. As one healthcare professional put it, "not many people in society are happy living on their own".

Paperwork has been identified as an area for more systematic attention, without compromising staff commitment to focus on the service users.

Two sources told us that they felt staffing levels needed bringing up to full complement.

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.

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 **good** 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. But they are not all user friendly.

Evidence:

This home maintains a master copy of its Statement of Purpose and Service User Guide, along with an old brochure, all of which should be read in conjunction.

The admission of 4/7 service users predate the emergence of the national minimum standards, so their admission process was not assessed against the provisions of this

Evidence:

standard. But our own findings confirmed those of the last two inspections (in May 2006 and August 2007) - that each admission had been properly introduced and supported to settle. We spoke to the most recently admitted service user, and were satisfied that she was content with her placement.

In common with other homes in the MCCH group, 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 the home 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 support 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.

In common with other homes in the MCCH group, the placement of all the service users is funded by partnerships between health authorities and local authorities (in this case Kent County Council), which have their own contractual arrangements, which are outside the scope of this inspection.

But 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 - not all of which are fully accessible.

See section on "Individual Needs and Choices" for our findings on the quality and development of care plans; and sections on "Environment", "Personal and Healthcare Support" and "Staffing" for other key findings.

We were satisfied that the home can demonstrate its capacity to meet the 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 two files for each service user - a medical file, and a care planning file.

The support plans we looked at properly detailed the service user's personal care needs as well as their preferences. There were documents detailing the service user's strengths and needs, as well as their goals. These documents were underpinned by

Evidence:

daily reports, guidelines for staff and risk assessments, to keep people safe.

A visiting community nurse told us about the special challenges of working with people who, after years of institutional care, had become so reliant on clear directions on what to do, that, without a proper understanding of mental capacity, they could lose all motivation when presented with choices. He told us how he had worked with staff at this home to assess one individual's mental capacity and how they had put together a care programme of specific attainable goals to build up the service user's capacity.

There was also evidence of reviews which appropriately identified who was involved in each case, so we could judge how inclusive the process was, a number of these documents were written in the 1st person, to keep the service user's perspective central.

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.

We evidenced that the home's arrangements for keeping information confidential. 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 **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Service users are 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.

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 AQAA told us that the service users at this home all show some understanding of the spoken word, but three have special communication needs. Staff interpret their

Evidence:

responses accordingly.

The home maintains weekly activities planners for each service user. We looked at a selection of these, as well as an overall activities diary, spoke to staff on duty, and all these sources evidenced a good mix of group and one-to-one activities to cater for diverse interests. One member of staff told us that motivation can sometimes be a problem, but a visiting community nurse told us how that was being managed with some early successes in respect of one service user.

Activities organised by the home off site include regular trips to the local village for shopping, banking and meals out. One service user is able to go on his own every day, and uses a sliding device on a board to signal when he does so. Another attends evening Quercus drama groups for singing and dancing sessions. And there are regular clubs such as Club Connect for crafts and music (run by MCCH) and two service users attend Gateway (run by Mencap). Bowling is a weekly group event. One service user enjoys attending a Salvation Army community social club for the over 60's (for singing and quizzes) and is supported to attend church and to visit an old friend. There are visits to and from service users living at other homes in the MCCH group as well as relatives. One service user had access to their own vehicle, and the home also has the use of another vehicle left in trust by a previous service user.

Activities on site include Ludo, dancing, making biscuits, colouring, occasional ball games and keep fit sessions, arts and crafts, puzzles, Bingo, and there are regular music sessions every Friday (which can involve visiting performers). And staff offer direct support in some light practical daily living skills (e.g. tidying, collecting laundry or crockery, shopping).

The home has one communal TV, CD, video, DVD, and cassette player and all the service users have their own TV in their rooms, so there is always a choice of viewing/listening. Although three service users have impaired hearing, we were told a Loop system 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 (5 spaces on site, though two are taken up by the service users' own vehicles) and there is unrestricted kerb-side parking along Offham Road). Two service users have parking badges, and another is in prospect. The home is reasonably well placed for links with the community - the local West Malling village is ten minutes walk away and there are regular bus routes from West Malling village into Maidstone town centre, with all the community and transport links that implies.

Evidence:

There is a telephone in the office phone with an extension in one corridor, which service users can use. There is also a communal phone in the kitchen, and a mobile phone. There are no charges for the use of any phone.

Catering needs are properly identified as part of the admissions process and are updated or amended thereon. The home maintains a menu planning file, detailing what food the service users enjoy and don't like. We were satisfied they were 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 **excellent** 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:

We evidenced that this home's care planning processes appropriately assess the extent to which each service user requires assistance with their own personal and health care (including gender preference documents, signed by the service users), and their choice and control is being actively promoted by staff as far as possible.

All the service users' bedrooms are single occupancy and that there were enough toilet and bathroom facilities to guarantee their availability and privacy. Since the last inspection, wash hand basins have been installed in all bedrooms, so service users are no longer reliant on the communal facilities.

We evidenced that service users can choose when to go to bed or get up, and they were observed being supported to make some choices and decisions during our inspection visit. This home provides a sleep-in night shift, and an on-call arrangement, so staff are effectively available on a 24-hour basis to support them.

Evidence:

MCCH has a comprehensive range of policies governing the health and personal care of its service users, including the disposal of clinical waste, and has access to a continence advisor. One of its two washing machines has a sluice cycle so that continence can be being managed at this home.

The AQAA told us the home has improved its liaison with its GP and district nurses and service users have access to a range of other healthcare services to meet their special needs e.g. epilepsy and dementia specialists, speech and language therapist, audiologist, psychiatrist, and a behaviour psychologist.

During our visit we met with a visiting Community Nurse who spoke about the phased work he was doing with the home to motivate one service user in particular, and to raise practice standards more generally in respect of mental capacity and empowerment. He was able to report how team work had already achieved some progress and momentum in their programmes.

Since the last inspection, MCCH has produced a new medication policy for all its residential care homes. The home uses the monitored dosage system (MDS) which is designed to minimise the scope for error. One service user has controlled drugs which are delivered separately. There is a medication cupboard, which is only accessible by staff and is kept properly secured when not in use. The medication is routinely checked every day by sleep-in staff from the night before.

All staff are trained to administer medication and are subject to competency assessments to prevent practice becoming variable, and to keep people safe. The home maintains a list of signatures of staff authorised to administer medication, so that errors or omissions can be tracked, should they occur. 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 (August 2007).

For reference, the home has a copy of The Royal Pharmaceutical Society Guidance as well as guidance on the MDS system from its dispensing chemist and the current year's directory of drugs.

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 and will have their legal rights protected.

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.

The AQAA told us that there had been no formal complaints raised in the past twelve months.

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. Records confirmed that induction training for new staff covers safeguarding protocols and that this training is updated every three years thereon. We also understand staff would be required to cover adult protection as part of their NVQ training.

In meetings with individual members of staff, they each confirmed their commitment to report any incidence of abuse, should they occur. But this had not in practice been warranted. Two told us staff could use supervision sessions with their line manager to

Evidence:

raise any concerns.

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

Service users benefit from living in a homely and comfortable environment.

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 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, with one exception, they would all require support off site. Two service users have concessionary parking badges, with another in prospect.

This home comprises two adjoining two-storey properties. The ground floor layout is in each property suitable for people with significant mobility impairment. There is, moreover, a ramp to the entrance of one of the properties and another ramp from the kitchen into the rear garden. The first floor in each property is not suitable for people

Evidence:

with significant mobility impairment.

Access to this home for families and friends is good. There are five parking spaces on site (though two are taken up by two vehicles for use by the service users), and there is unrestricted kerb-side parking along Offham Road. There are no bus routes along Offham Road but West Malling village is within easy walking distance, and there are bus routes from West Malling to Maidstone, with all the community and transport links that implies.

The rear garden is enclosed on all sides, and has a well stocked raised kitchen vegetable bed, as well as pots and troughs planted with flowers, two sheds and garden furniture, indicating it is well used.

All areas of the home were visited and found to be homely, comfortable, clean and odour free. Comfortable lighting levels and temperatures were being maintained throughout. There is some specialist adaptation in place (e.g. sleigh base dining chairs, adapted baths and bath seats as well as grab rails and ramps) but the furniture otherwise tends to be uniform and domestic in style.

There is a separate cupboard for storing substances likely to be hazardous to health (e.g. cleaning materials), which is kept locked when not in use, to keep people safe. And there is a washing machine in each property, in each case separate from kitchen and dining facilities. One washing machine, moreover, has a sluice cycle, and red alginate bags are in use, as a precaution against cross infection.

This home is currently registered to provide care for up to seven service users, and all the bedrooms are single occupancy, which means privacy can be assured. None of the bedrooms is en-suite but they each have a wash hand basin, so that service users are not reliant on communal facilities.

All the bedrooms were visited on this occasion, and found to be personalised and generally well maintained however it was not clear whether the service users had bedroom door keys.

Service users have a choice of four WC / bathrooms, including two walk-in shower cubicles. Significant flaking on the surface of a one bath surround (matter raised for attention at the last inspection) requires attention as a precaution against cross infection.

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

Evidence:

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.

Service users benefit from the staff training investments. The numbers of staff on duty at any given time is sufficiently flexible to reliably meet the aims and objectives of the home, as well as the emerging needs of the service users.

Regular staff supervision sessions help ensure that practice standards do not risk becoming variable.

Evidence:

This home's working / waking day has been interpreted as 6.30am (e.g. to meet daytime commitments) till 9.30pm. Staffing levels are applied flexibly by a range of shift patterns within that timeframe to support service users' needs and activities.

That effectively means one should expect to find at least two members of staff on duty at all times during the daytime, and up to four at peak times. At nights there is one member of staff on sleeping duty from 9.30pm till 6.30am, and MCCH has on-call arrangements, for advice and in the event of emergencies.

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 found.

Evidence:

At the time of this inspection, the home was two full time equivalent staff down, so the home was relying on existing staff, from this home and other homes in the MCCH group, or bank staff to cover the shortfall, without recourse to using agency staff.

Two sources told us that they felt staffing levels needed bringing up to full complement. One told us, "so as to give more individual time to service users. I think it can get really busy. We don't get two days the same" but we were also told, "it keeps (life varied and interesting, and it keeps staff stretched". We were assured "the basic structure is there".

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.

Recruitment is managed by MCCH's Human Resources department, which keeps the documentation at head office, and 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 (we understand there have been delays) and to account for individual employment histories, to keep people safe.

Records confirmed feedback from staff that they had documented supervision sessions, but although the frequency of these was variable (4-8 weekly) this is compliant with the National Minimum Standard (six per year) and, combined with annual appraisals, is intended to ensure practice standards do not become variable. Staff spoke well of their new manager. MCCH's policy of periodically moving its managers around appears to have worked well in this home.

Records confirmed a comprehensive list of mandatory and specialist training opportunities, designed to keep people safe. Staff told us they felt well invested in. Two identified training in mental capacity as a further training need, but no other training needs were identified.

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.

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

Evidence:

In 2008 MCCH implemented its decision to move its homes' managers around, and Jennifer Parrott had been this home's manager for several months at the time of our visit. She was formally registered by the Commission in May 2009.

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) over 2009.

There were 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. 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

Evidence:

meetings.

MCCH has a corporate business plan and an operational plan for its West Kent operations for the current year. These set an agenda for reviewing and developing its operations within a budgetary framework. In the absence of the manager we did not see a business plan for this home to identify its contribution to this.

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 staff are regularly trained on equality and diversity issues, to keep this aspect of the home's operation an active consideration.

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, 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

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
1	37	18	<p>Care Standards Act 2000 Part 2 (11) Requirement to register (1) Any person who carries on or manages an establishment or agency of any description without being registered under this Part in respect of it (as an establishment or, as the case may be, agency of that description) shall be guilty of an offence.</p> <p>A suitably person shall apply to be the Registered Manager within the timescale given. If this is not done the provider shall give good reason why this has not been achieved.</p>	25/09/2009

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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