



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Woodgate
Address:	Queens Road Maidstone Kent ME16 0JG

The quality rating for this care home is:

three star excellent service

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

Lead inspector:	Date:
Jenny McGookin	1 7 0 4 2 0 0 9

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

The Commission for Social Care Inspection aims to:

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

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

Reader Information

Document Purpose	Inspection report
Author	CSCI
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Woodgate
Address:	Queens Road Maidstone Kent ME16 0JG
Telephone number:	01622677235
Fax number:	
Email address:	woodgate@mcch.org.uk
Provider web address:	

Name of registered provider(s):	MCCH Society Ltd
Name of registered manager (if applicable)	
Mrs Ann Patricia Francis	
Type of registration:	care home
Number of places registered:	6

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	6	0
Additional conditions:		
The maximum number of service users to be accommodated is 6.		
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								
Woodgate is one of a group of small care homes managed by MCCH Society Ltd in the south east of England. It is a detached bungalow off the main Queens Road in Maidstone. There is a garden at the front and a patio at the rear.								
The home is registered for six adults over the age of 40 with learning and physical disabilities, and has a range of equipment and adaptation to meet their needs. All the bedrooms are single occupancy. There is an adapted bathroom and wet room, a kitchen / dining room, a lounge and a separate laundry facility.								

Brief description of the care home

The home has a manager, senior support worker and a small team of support staff working a 24-hour shift roster, which includes sleep-in duty overnight. The home does not provide waking night cover.

In terms of access by visitors and community presence, there is parking space on site for 5-6 vehicles (and up to 8 vehicles, if grassed areas are used). The home is close to a pub, and there is a shop approximately 1/4 mile away. There is a bus service directly outside the site into Maidstone town centre, with all the community resources and transport links that implies. Service users are supported with a range of activities in the community.

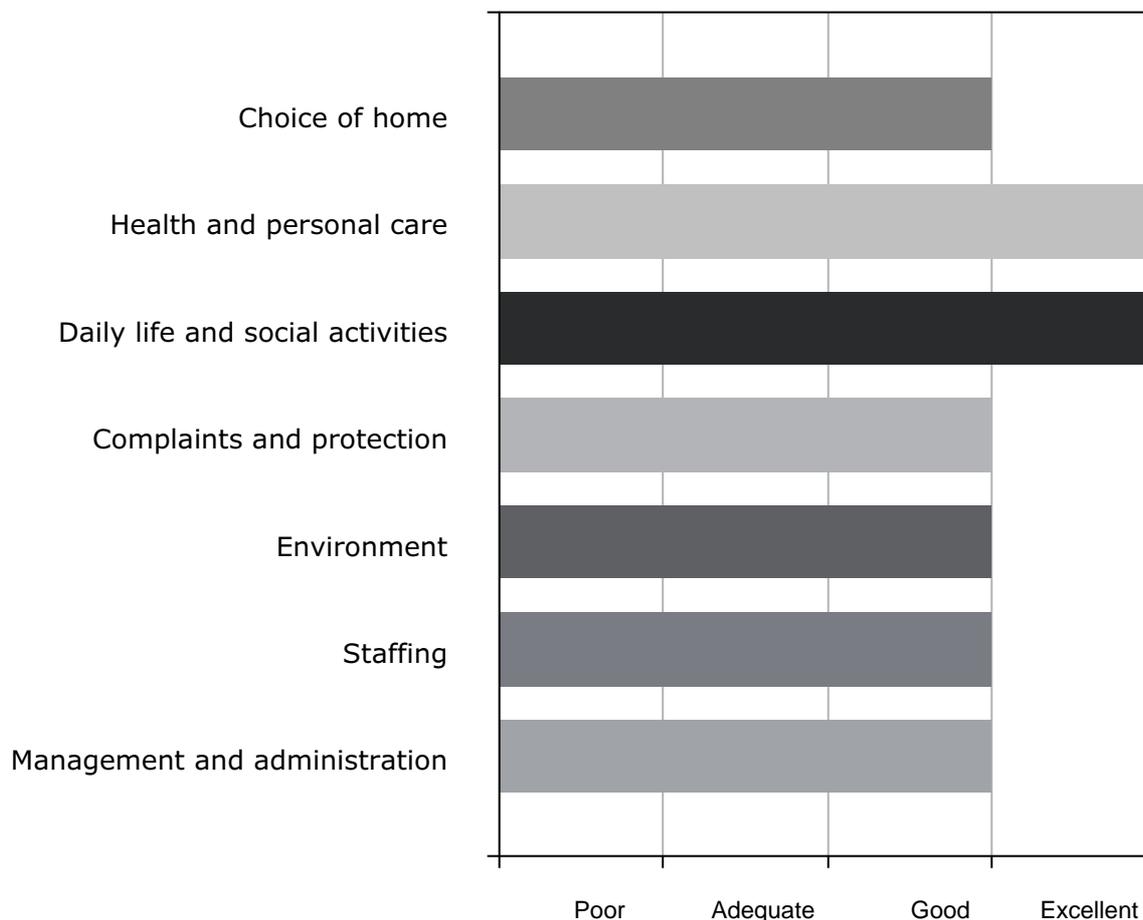
Summary

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 (April 2007) and to review findings on the day-to-day running of the home.

The inspection took seven and three quarter hours. It involved meetings with the senior support worker in charge, two support workers and a visiting senior physiotherapist assistant from the Maidstone Learning Disabilities team. The manager was not on duty that day. Conversations with available service users was only possible in one case, because five have significant communication difficulties, but interactions were observed between staff and service users.

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 obtained from three health care professionals, three care managers and six staff, in time for the issue of this report. Any other responses will be used to inform the Commission's intelligence in due course.

Consideration was given to the Annual Quality Assurance Assessment (AQAA) submitted by the manager in February 2009. 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 two service users' case files, to track their care. We were not able to assess all aspects of 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 of the records kept on site e.g. staff training records. A senior officer from the Commission carries out separate periodic inspections at head office level.

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

What the care home does well:

When we asked what this service did well, feedback questionnaires from staff told us,

- "Support team's interactions with service users and each other. Good team spirit developed in past which has benefited service users in various ways" - "identify and respond to (where resources allow) individual service users' needs" - "treat service users and each other with respect" - "Providing support and encouraging the service users" - "Woodgate provides a service that meets the needs of service users to a high standard. A very good quality of care, ensuring good communication with families and friends. Staff work collaboratively with all outside agencies" - "Good social events for service users" - "Overall a good service to work in and be part of"

And feedback from other professionals agreed. When we asked them what this service did well, they told us,

- "Communication with care management" - Care Manager
- "Good standard of care given to service user" - Care Manager assistant
- "Good team work" - GP
- "I feel that Woodgate provides excellent care. Our patients are treated with respect. We are asked to attend, or patients are brought to surgery when there are any health concerns. We are not called out unnecessarily" - GP
- "Most of the service users appear happy and healthy, and their social care needs are met. The staff are generally well informed and aware of the needs of the service users" - Senior Physio Support Worker

What has improved since the last inspection?

The AQAA told us about a range of improvements:

Although conversation with most service users is difficult as they are unable to give verbal responses, staff have been using observational and response tools to ensure each service user is supported individually and are committed to developing a person centred approach.

Service users have been actively supported to make choices e.g. trips out and holiday destinations. And they have been supported to attend day services and physiotherapy sessions, to develop their skills and promote their health and well being.

Staff have developed their own knowledge of the health and aging needs of the service users and have been completing Health Action Plans for each one and staff have been acting as the service users' advocates.

Recording systems, filing systems and care plans have been continually updated.

There have been improvements to the environment. The conversion of a shower into a wet room has been completed which everyone is benefiting from. All communal areas are to be redecorated, and service users will be involved in choosing the decor. Lighting will be improved. The garden had become quite overgrown. But we were told the shrubbery in the garden has been cleared, and the plan is to involve the service

users.

MCCH's current policy is to refresh everyone's perspective, by moving managers and senior staff around to different settings. Two staff have taken maternity leave and four new staff, including a new manager, have joined the staff team. This has been unsettling, but staff have worked positively with the service users to build up a rapport.

MCCH has set up an Equality and Diversity Group to keep this aspect of its operation on its agenda for action.

What they could do better:

The AQAA tells us that, notwithstanding the improvements listed above, there are things that could be done better.

We were told that the home recognises it needs to find ways of involving service users with limited communication skills in care planning meetings which they have already started.

We were told that sometimes the lack of funding and resources had restricted lifestyle choices.

We were told that work was being done on a staff training needs analysis and the home recognised there needed to be a greater investment in staff training e.g. NVQ, on the aging process and on person centred planning. And the team will be working towards specific objectives aimed to improve the service and to develop individuals.

When we asked what this service could do better, health care professionals told us "Staff training in medical observations"; and another said, "More staffing as usual. As recently I understand that hours have been reduced"

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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Requirements and recommendations from this inspection

Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

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

This is what people staying in this care home experience:

Judgement:

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

Prospective service users 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.

Evidence:

Like other homes in the MCCH group, this home has a loose leaf ring binder to hold the master copy of its Statement of Purpose and Service User Guide, and this was last updated in February 2009. One would need to read both to obtain most of the information we would expect to find on the home's range of facilities and services

The contents are written in plain English, in a font size and style likely to suit most

Evidence:

readers (e.g. families, advocates). The use of full colour digital photographs and icons is designed to make the text more accessible for the service users and is commended.

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.

In common with other homes in the MCCH group, the placement of all six 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 other contractual documents in place, representing a tenancy agreement between the landlord (for whom MCCH acts as its agent), and the support MCCH undertakes to provide as well as spot contracts used to top up all of the above. Only one of these has been reproduced in a more plain language format, which could be meaningful to the service users, but none is fully accessible.

A trial stay of one month is standard for MCCH homes, to help all parties decide whether this home is suitable for them.

We were able to evidence that the home can demonstrate its capacity to meet the needs of service users.

Health and personal care

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

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

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

Services users can be increasingly 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 preadmission assessments.

On their admission, the home sets up a range of files for its service users - a finance file, a medical file, and a care planning file. The care planning file also includes contracts, critical information, strengths and needs, goals and guidelines (i.e. detailed practical instruction for staff) as well as incident forms and risk assessments. These are intended to be read in combination with on-going monitoring checks, assessments (including risks) and records of contact with health care professionals to provide a

Evidence:

rounded picture of each service user's care needs. We evidenced that the scope of the care plans used by this home appropriately identifies a range of health, psychological / social and personal care needs.

In common with other homes in the MCCH group, a number of these documents (though not all) are written in the 1st person, to keep the service user's perspective central. We were particularly interested to see a "Personal Planning Pack" in one of the files we'd selected for case tracking. This was a fully illustrated plan for a review meeting, which looked at the previous action plan, special events and achievements etc since then, important people, new goals and changes - all from the point of view of the service user. This is exemplary practice. We were told the manager is committed to promoting the principles of person-centred planning. A number of staff have undertaken training in this, with more in prospect.

The AQAA told us that five of the six service users have communication difficulties, and staff use observation and response tools. One of the files selected for case tracking included communication guidelines, which allow anyone meeting them for the first time to understand how to speak to them and what kind of language to use. This should help empower service users.

Care plans and risk assessments are being regularly reviewed by staff and, in the two cases we case-tracked, this was monthly. Funding authorities rely on this. One senior practitioner told us, "none of the clients at Woodgate currently have care managers allocated to them however, as a service, they have always been very good at forwarding on review notes and communicating with the team in an efficient way".

All six bedrooms in this home are used for single occupancy, which means health and personal care support can be given in privacy. 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. Each file we looked at had a gender preference document, so that service users can feel comfortable with the support they receive with personal care. We observed interactions between the staff and the service users and judged them appropriately familiar and respectful.

The AQAA told us how service users were being supported to become more involved in the day-to-day running of the home, this included house meetings and 1:1 sessions with their key workers, choosing activities, holidays and meals as well as light household tasks. This demonstrates the service having an inclusive and empowering approach.

Each service user's medical file s prefaced with critical information about them, for use

Evidence:

in an emergency. This file includes information on their medical history, a planning matrix for medical appointments, charts (e.g. weight, seizures etc) and records of contact with medical professionals, this is being followed through with individual Health Action Plans.

Records confirm that service users have access to a range of medical services: generic (e.g. GP, dentist, chiropodists, community nursing, physio therapy etc), complimentary (e.g. hydrotherapy) and specialist (e.g. epilepsy nursing, speech and language, catheter care, surgical appliances and wheelchair clinics, psychologist and psychiatrist). This list is not exhaustive.

Feedback from health care professionals was generally very positive. We were told, "I feel that Woodgate provides excellent care. Our patients are treated with respect. We are asked to attend, or patients are brought to surgery when there are any health concerns. We are not called out unnecessarily" - GP. "Any concerns by our department are acted upon by the staff at Woodgate in relation to the service users' health needs. For example, if (which has happened in the past) we feel a service user needs to have an Xray for decreased mobility, then this was actioned. Staff have supported a service user through a hip operation and have adhered to advice after discharge from hospital" - GP. "The staff are proactive in meeting the needs of service users' health care" - Senior Physio Support Worker.

Since the last inspection, MCCH has produced a new medication policy for all its residential care homes, and has made The Royal Pharmaceutical Society Guidance available on-line to them all, as reference material. Records showed that the home's arrangements were also subject to an inspection by an independent pharmacist - this is recommended practice, as a precaution against practice becoming variable, and to keep people safe.

All care staff receive training in medication administration, and that this is then subject to periodic observation and competency assessment, to ensure staff practice meets expected standards. The home's medication was being kept properly secured when not in use. Notwithstanding all these measures, we were aware of one recent medication error involving two service users' medication being swapped. The home demonstrated that advice was sought and that the wellbeing of the service users was not compromised.

We evidenced that this home's arrangements for keeping information confidential. Storage facilities are lockable and computerised information is password protected and each service user has a key to their bedroom door and front door, as standard practice. Confidentiality features in staff terms and conditions and as MCCH policies.

Evidence:

When asked whether the service respected individuals' privacy and dignity, three health care professionals said this was always the case. One told us, "I have always found that staff are respectful when discussing service users. If the service user is present, they are included in conversation and their thoughts are always taken into consideration. Staff inform us on a need-to-know basis".

Daily life and social activities

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

Service users are 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 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 home uses house meetings and 1:1 meetings between service users and their key workers to plan activities, and maintains activities planners for each service user. We spoke to staff on duty, and all these sources showed a range of opportunities, on and off site, separately tailored for each service user.

Evidence:

Examples of recreational activities included bowling, "Keeping Active", gym, "Fitness is Fun" sessions (e.g. for football, tennis). There have been trips out to the pub, Priory, Mote Park. One service user has a particular interest in airplanes so was taken to the spitfire exhibition at Manston. We chatted with him about this. Residents have holidays at destinations of their choice, two went to Ireland, one to Jersey and other venues (Devon and the New Forest) have been looked into. One service users has their own mobility vehicle which the others can share (service users contribute to petrol costs) and some have blue parking concession badges.

There are therapy classes, pampering / nail care sessions, music sessions, and one service user has hydro therapy. There are regular Club Connect events, and occasional parties and social events organised by MCCH's own activities co-ordinators at one or other of the houses (each one takes it in turns to host an event). Two residents attend Growing Concern (a garden centre where the service users work as volunteers). Activities also include service users being supported to take on some domestic responsibilities like changing bedding, tidying up, shopping and banking.

We were told that plans can be frustrated by mobility and resourcing problems. One service user, for example, does not like walking. One service user no longer goes horse riding because of balance problems and trampolining sessions were discontinued when the instructor was replaced. Outings and activities are always reliant on staffing levels, which we were told can be stretched e.g. when only one service user wants to go out, or where two staff are required to support an individual with their wheelchair, walking frame or toileting. We were told the service users have to take it in turns to attend church services, for want of available staff. Three attend Salvation Army meetings every week for hymns sessions. The Providers are recommended to ensure staffing levels are reviewed regularly to ensure activities are not compromised.

The home has one communal TV, linked to digital Freeview, a video and DVD player, one of the service users has their own TV in their rooms, so there is some scope for choice of viewing. We were told a Loop systems for use with hearing aids is not currently warranted (one service user refuses to wear their hearing aid).

Service users are able to have visitors at any reasonable time, but on-site car parking facilities are limited (5 spaces - up to 8 spaces if grassed area are used and there is no parking on the busy road outside. The home is reasonably well placed for links with the community.

There is a communal telephone in the kitchen, hallway and office but only one service user uses it (staff dial out for him). We were assured that service users' mail is delivered to their key workers who support them to open and manage it.

Evidence:

Catering needs are properly identified as part of the admissions process and are updated or amended thereon. Some special equipment is in use such as plate guards, large or angled cutlery and one service user has a beaker which can be turned over without spilling. The home maintains records which detail what each service user eats, so that trends can be tracked. A photo album of illustrated menus has been introduced to ensure service users exercise a choice over what they eat.

Complaints and protection

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

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

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

Service users can be confident that their 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 is available in an accessible format for service users.

The home's AQAA told us that there had been no formal complaints raised in the past twelve months, and an examination of the home's register showed the last recorded complaint was in June 2007.

Given the communication difficulties of five of the six service users, staff or relatives would need to 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 and we understand that MCCH induction training for new staff covers safeguarding protocols as well as complaints management. Staff would also be required to cover adult

Evidence:

protection as part of their NVQ training. In our meetings with individual staff they confirmed their commitment to report any incidence of abuse, should it apply.

Environment

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

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

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

Service users benefit from living in a well-maintained, homely and comfortable environment.

Evidence:

This home is on a bus route into Maidstone, with all the transport and community resources this implies. Access to this home for families and friends has limitations. There are only five parking spaces on site (up to eight - only if cars use the grassed areas). All the staff use cars to get to work. Visitors would not be able to park along the busy main road outside the site.

This home does not have access to a gardener and has been reliant on staff for its day-to-day upkeep. The garden provides a pleasant space for outside recreation, but would benefit by more pathways to improve access (given the home's registration for physical disabilities as well as learning disabilities). The AQAA told us that the plan is to encourage service users to become more involved in gardening.

Measures are in place to keep the premises secure against unauthorised access. External lighting and decor could be improved. None of the service users would be able to go out without an escort.

Evidence:

As a bungalow this home is on one level throughout, so its layout is generally suitable for people with some degree of mobility impairment. There is some specialist provision in this home but it is not overly conspicuous, to detract from its homeliness. There were homely touches everywhere.

The AQAA told us about a number of improvements to the property that have been undertaken or planned. Examples are detailed throughout this section.

This home has one lounge which is reasonably spacious. The furniture there was domestic and there was a choice of one and three seater chairs to give people a choice. The furniture was of good quality. One stain on the ceiling (attributed to a repaired leak). The AQAA told us all communal areas are to be redecorated, and that service users will be involved in choosing the decor. Lighting is also scheduled to be improved.

There is also a kitchen/dining area, where usable floor space and access can become constrained e.g when service users are seated at the table. One lowered sink unit would not be accessible to someone in a wheelchair, which could frustrate skills development.

This home is currently registered to provide care for up to six 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. Scuffing on one wall - see comment re AQAA above.

We understood all the service users are given had keys to their bedroom doors and the front door, as standard. This is good practice as it provides indicators that choice, independence or privacy are being promoted. It was difficult to see how those with physical disabilities would access the lockable facilities sited at floor level, under sink units in their bedrooms.

This home's communal bathroom (which includes an adapted bath with a hoist) and WC facilities are all reasonably close to bedrooms and communal areas. The AQAA told us that the conversion of a shower into a wet room had been benefiting everyone. The surface of the bath, however, was pitted where taps had fallen onto it and will requires attention, to obtain an impervious, easily cleaned surface.

With one exception (attributed to the home's cat) the home was odour free in all areas inspected. All the maintenance records seen were up to date and systematically

Evidence:

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 staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

The numbers of staff on duty at any given time has been redesigned to more reliably meet the aims and objectives of the home, and the emerging needs of the service users.

Service users benefit from the staff training investments.

Evidence:

This home's staffing arrangements have been redesigned to ensure that (excluding the manager) the working / waking day starts at 7.00am (with one member of staff on duty) and ends at 10.30pm (with one member of staff on sleep-in duty). During the day there should be 3-4 staff working a range of shift patterns and 2 on duty every evening. MCCH also has an on-call system, in the event of an emergency, to keep people safe.

There are no additional staff to cover the cleaning, laundry or cooking duties - support staff are responsible for this and are to be commended for the standards we saw. There is, however, no dedicated gardener and the maintenance of the property / site is managed by MCCH at head office level.

Since the last inspection, there have been no concerns raised with the Commission

Evidence:

about the home's capacity to maintain the staffing levels described, but two matters were, however, raised for attention. One GP recommended "staff training in medical observations" and staffing availability was raised by Senior Physio Support Worker, who told us "(meeting health care needs) cannot always be met due to health needs of some of the service users (being) quite high, and staffing levels affect attendance at some of the mobility classes our department runs". It is hoped that the redesign of shift patterns will address this.

In common with other homes in the MCCH group, feedback from staff indicated that MCCH has a systematic recruitment process to comply with the key elements of the standard, including references, criminal records checks to account for individual employment histories, to keep people safe. This aspect of the home operation is managed by MCCH at head office, and is subject to separate inspections by a senior officer from the Commission. No significant shortfalls have been reported.

The home's AQAA told us that most staff already have NVQ accreditation to Level 2 and two have been working towards NVQ Level 3 and 4. In discussions with us, staff described a comprehensive list of mandatory training opportunities, designed to keep people safe. When asked, they told us they felt well invested in and did not identify any unmet training needs. The AQAA told us the manager recognised there needed to be a greater investment in staff training e.g. NVQ, on the aging process and on person centred planning and the team will be working towards specific objectives aimed to improve the service and to develop individuals.

Management and administration

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

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

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

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 Ann Francis is currently the manager for Woodgate. The Commission's registration process had already established that she had the relevant qualifications, training and experience for her role at another MCCH home, but will now need to formally confirm her registration at this one.

There are clear lines of accountability within the home, and within MCCH. There were records of a formal quality assurance feedback exercises carried out by the home in July 2008. So we were able to see how feedback could influence the way services are delivered.

Evidence:

MCCH has a corporate business plan and an action plan for its West Kent operations for the current year. These appropriately 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 but the AQAA indicated the manager has been reorganising the operation in terms of team guidance and work practices, activities, effective communication, involving other stakeholders such as relatives. Staff have been given targets and goals to inform individual appraisals and a number have co-ordinating roles such as Health and Safety checks, fire safety tests, control of substances hazardous to health (COSHH), daily checks of medication. We wanted to know more about the diversity of the service user and staff groups. The AQAA told us that with one exception, the staff group reflects the ethnicity of the service user group - all are white British. Four service users are male - the rest are female. The gender of the staff group is also split. 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. We understand that MCCH has an equality and diversity agenda, to keep this aspect of its operation an active consideration.

The home makes provision for the proper storage of records and personal effects however as reported earlier, we wondered how accessible the lockable facilities in bedrooms were, given the level of physical disability of some service users.

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
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Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
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Recommendations

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

No.	Refer to Standard	Good Practice Recommendations
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Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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