



Making Social Care
Better for People

inspection report

CARE HOME ADULTS 18-65

Keepers Cottage

**Falcon Lane
Ledbury
Herefordshire
HR8 2JN**

Lead Inspector
Jean Littler

Unannounced Inspection
24th April 2007 11:00

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
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|---------------------------|---|
| Document Purpose | Inspection Report |
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| Audience | General Public |
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Adults 18-65*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

| | |
|---|--|
| Name of service | Keepers Cottage |
| Address | Falcon Lane Ledbury Herefordshire HR8 2JN |
| Telephone number | 01531 670772 |
| Fax number | |
| Email address | tony.lafford@saltershill.org.uk |
| Provider Web address | |
| Name of registered provider(s)/company (if applicable) | Salters Hill Charity Limited |
| Name of registered manager (if applicable) | Mr Anthony Gerald Lafford |
| Type of registration | Care Home |
| No. of places registered (if applicable) | 8 |
| Category(ies) of registration, with number of places | Learning disability (8) |

SERVICE INFORMATION

Conditions of registration:

1. Residents may also have a mental disorder or a physical disability

Date of last inspection 16.1.06

Brief Description of the Service:

Keeper's Cottage is a rurally based Care Home situated on the outskirts of Ledbury. It is one of a small group of services set up and managed by the Salter's Hill Charity. The Home is on two stories and provides accommodation in single bedrooms for eight younger adults, of either sex, with mild to moderate learning disabilities. The home will accept people who are over 18 years on admission and who have an interest in working with animals or on the land.

Information about the service is available from the Home. The fees are worked out on an individual needs basis and the current rates are between £410 and £575 per week. The residents pay a contribution towards these from benefits they receive. In addition to the basic fees the residents pay for their personal items such as toiletries and clothes, personal services such as chiropody and hairdressing, the cost of personal phone calls, and a contribution towards the TV licence and holiday costs.

SUMMARY

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

This inspection was carried out on a weekday between 11am and 3.30pm.

The manager was on duty and helped with the process.

The inspector looked around the house and spoke with two of the staff and some of the residents.

One resident showed the inspector her bedroom and they talked in private about her views of the Home.

Some records were looked at such as care plans, medication and money.

The manager sent information about the Home to the inspector on 22nd March 2007.

What the service does well:

The home only offers a place to someone if they can meet their needs.

Each resident is fully involved in planning his or her support.

The residents are supported to make decisions about their health care and medical treatment.

There is enough staff to support the residents with their chosen lifestyle.

The residents choose what activities, college courses or jobs they want to do.

The residents are supported to have friends and stay in touch with their families.

The house is homely, comfortable and safe.

The home is well run and the service users' views are listened to.

The staff team is small so they get to know the service users very well.

The staff are trained and supported to do a good job.

What has improved since the last inspection?

One resident's bedroom has been made bigger and a new shared bathroom built.

More residents are looking after their own medication.

The residents use photographs and videos more often to show their families their skills.

Better checks are in place to make sure the residents benefit from the service.

What they could do better:

More checks should be made on new staff before they start.

Staff should be better trained about medication.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

1, 2, 3, 4, 5.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service. Prospective residents are provided with the information they need to make an informed choice about moving into the Home. Their needs and aspirations are assessed and they have the opportunity to visit and try out the service. Each resident has a contract and a statement of Terms and Conditions of Residency.

EVIDENCE:

A Statement of Purpose is in place and has been kept under review. The manager agreed to send the Commission a revised version as required by the regulations. There is a Service User's Guide and each resident has a copy in a format they can understand. Each resident also has a copy of the Terms and Conditions of Residency that they have agreed to.

No new residents have been admitted since 2004. Should a vacancy occur procedures are in place for the assessment process and a Community Care assessment would be obtained from the placing Social Worker. At a previous inspection the admission and transition process for the most recent resident was assessed found to have been carried out comprehensively and with the full involvement of the resident and her representatives. All residents said in the questionnaires returned to the Commission that they were given useful

information before moving into the Home and they did have a choice about where they lived.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

6, 7, 8, 9.

Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service. The residents are enabled to be fully involved in planning and reviewing their support arrangements. They know what is written about them and they develop their own goals. They are supported to take reasonable risks as part of living independently. They are supported to make all decisions about their lives and are genuinely consulted about how the Home is run.

EVIDENCE:

Each resident has a person centred care plan and a selection of these have been seen over previous inspections. One was sampled on this occasion, which again showed that the information is detailed but concise, up to date and reviewed regularly. The residents continue to be consulted about the content of their care plans and the one sampled had been signed by the resident. Key workers meet regularly with the residents they support to assist them to make decisions about their lives and develop their personal goals. Together they prepare monthly review summaries and the residents can suggest changes to their current support and activity arrangements.

The plans contain risk assessments. Those seen reconfirmed past evidence that residents are consulted and supported to take risks as part of living lives as independently as possible e.g. using a bus alone, or staying away from the Home overnight. Sensible control measures are in place to give support and to help ensure the residents' safety. The care plans are stored in the office and only shared with those authorised to see them. The Organisation has a policy on confidentiality that all staff are made aware of. The care files are due to be reorganised and most of the current information is going to be held by the residents in their bedrooms.

Staff encourage the residents to be involved in writing a daily diary to record their activities and general wellbeing. Those sampled showed that appropriate information was being recorded but that entries were not made each day. The manager agreed to remind staff to do this to provide evidence that the care plan is being followed. The residents reported in their questionnaires to the Commission that they feel positive about how they are supported. The resident spoken with confirmed this view. Positive feedback was also received from relatives. One did feel she could be consulted more often about decisions affecting her child's life. An agreement should be reached about this with the resident, as they may want some things kept private.

Review meetings are held at least every six months. The residents are supported to prepare well for these e.g. deciding who to invite, preparing a photograph display to show their activities and achievements, allowing staff to video them at their jobs or activity sessions. The feedback from families after the reviews has been very positive and the videos have enabled them to really see their relative's skills. The residents have reportedly enjoyed their review meetings and have been very proud demonstrating their achievements.

The residents have a joint meeting each month where decisions are made about how the Home is run. The residents are consulted about the majority of decisions e.g. how some budgets are spent, the recruitment of staff, choices about replacement furniture and redecoration, and house rules and routines. Most residents attended a self-advocacy group, although two have decided not to go anymore, and all are encouraged to speak up for themselves and express their views in an appropriate way.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

11, 12, 13, 14, 15, 16, 17.

Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service. The residents have many opportunities for personal development. They make decisions about their lifestyle and the activities, further education or employment they access. Their rights are actively promoted and they are supported to be responsible adults. They are supported to develop and maintain their personal relationships. They enjoy their mealtimes and have influence over the food they eat.

EVIDENCE:

As mentioned above each resident has developed personal goals they are working towards. The residents are encouraged to make decisions about all aspects of their life and the way the Home is run. There is a relaxed structure to daily routines particularly on weekdays because the residents share responsibility for housework, including cooking, and the animal care on a rota basis. This shared approach enables all residents to develop their life skills and this helps their self-confidence. The task rota takes into account which

residents are at home on each day as all have busy personalised schedules. Some residents have part time employment or attend work experience placements e.g. repairing bikes. Sessions are accessed that link to the rural focus of the Home e.g. land and livestock; horticulture. Examples of leisure interests include arts and crafts, horse riding, swimming, line dancing, sailing, chapel and the gym. The residents open their own post and vote if they want to. They are supported to know their rights and advocate for themselves. The staff support them to resolve any differences that arise between them in an adult way.

Feedback from questionnaires confirms that the residents have a positive lifestyle. Examples of comments are, I like playing football at weekends; I like living here, we do our own ironing and staff help us cook and look after the animals; I am looking forward to seeing Aston Villa play; I am quite happy with everything. Keyworkers spend dedicated time each month with residents and support them to fulfil their personal aims e.g. one resident went to Crufts and is going to see Mr Bean at the cinema. Holidays are planned with the residents. Relatives gave positive feedback e.g. we are very happy all round; many and varied outings. The residents are supported to maintain and develop personal relationships with families and peers.

The residents plan the meals they share. The sample of menus seen showed a good range of meals are provided e.g. home made pies, fresh fruit and vegetables each day. The residents take turns cooking with staff support and use cookbooks to widen the variety of dishes tried. No oily fish was included on the menu samples seen. The manager should consider how an overview of the nutritional value can be assessed periodically as part of the quality assurance. Healthy living is promoted. The meals are relaxed and residents help themselves to snack meals and drinks during their daily routines. Some residents have personal food supplies of preferred items. Some have got their own fridges as issues have arisen where other residents have taken these provisions. This is being reviewed due to the extra energy used by the fridges.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

- 18.** Service users receive personal support in the way they prefer and require.
- 19.** Service users' physical and emotional health needs are met.
- 20.** Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
- 21.** The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

18, 19, 20.

Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service. The residents are provided with personalised support in a way they prefer. Their emotional and physical health needs are being met and they are fully involved in any related decisions. The residents are supported to administer and control their own medication where possible.

EVIDENCE:

Each resident's preferred ways of being supported are detailed in their care plans and they are consulted about the support they need. Goals are in place if needed to encourage independence and good personal hygiene. The care plans showed attention is paid to maintaining their privacy and dignity. Generally staff do not need to assist residents with personal care tasks. When this is needed the support usually provided by the two or three staff each resident prefers who are of the same gender. The residents confirmed in their questionnaires that they feel positive about how staff treat and support them. The residents buy their own clothes and are consistently well presented when seen at inspections or in the community. Relatives' feedback was positive about the care provided.

Care plans demonstrate that there is a good understanding of the residents' physical and emotional health needs. All residents have a health action plan and have an annual health check with their GP. Medication is reviewed at least annually and the residents' wishes are respected when they do not wish to continue taking a medication. Specialists have been appropriately involved and residents are supported to make decisions about any treatment options. Staff have attended training related to residents' health needs. Clear records are made about any medical problems and health appointments. Medical records are being re-organised so essential information is in one file should an urgent admission to hospital be required.

Very little medication is being managed and a flexible approach is taken. Some is stored in the office and administered by staff. Some residents have been assessed as able to manage their own medication and have had storage cabinets fitted in their bedrooms. The risk assessment for one resident had been changed when they had not managed to remember to take the daily dose. Other options were being considered to help develop the required skills. The central medication storage cabinet is appropriately located and the key is stored securely. Additional storage has been added to allow oral medicines to be stored separately from topical creams. The manager confirmed that the good practice recommendations from the last inspection had been implemented, although two staff still did not always check and sign hand written instructions on the charts. The charts seen were clear and showed that prescribed doses had been given.

The medication policy has recently been reviewed to incorporate guidance from one of the Commission's pharmacy inspectors. All staff undertake in-house medication training. This is not an accredited course but the training plan showed this was planned for all staff in 2007.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

22, 23.

Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service. The residents and their representatives feel their views are listened to and acted upon. The residents are protected from abuse and feel safe in their home.

EVIDENCE:

The Home has a complaints procedure and an accessible version of this is given to each resident. The residents indicated in their feedback questionnaires that they tell staff or the manager if they have a problem and some know to use a yellow form to make a more formal complaint. Eleven complaints had been recorded since the last inspection. These were from residents about a fellow resident who had upset them in some way. The complaints log showed what action had been taken to help the problem be resolved. No other complaints have been received by the Home and none have been made to the Commission. The service has a long history of enabling residents to voice their views and has always promoted self-advocacy. Feedback from relatives indicated that action is taken promptly if a concern is raised.

Policies are in place relating to the protection of vulnerable adults and the staffs' duty to report any concerns. These have been kept under review and the providers are aware of the local multi-agency protocol should an adult protection concern arise. No such concerns have been raised since the last inspection. Staff receive protection training in their induction and in a follow up course. The staff spoken with were clear of their role in protecting residents and the residents reported in their questionnaires that they feel safe in the Home.

One shortfall in the staff recruitment process was identified. This needs to be addressed to provide the residents with better protection.

Currently only some residents look after their own money tins and keys. It is positive that soon the others are going to trial taking on this responsibility with support if needed. There is some potential for financial abuse, as receipts are not obtained to evidence what residents use their money for. The manager agreed to complete a risk assessment to establish if the procedures in place are reasonable. The residents should also be consulted regarding the current arrangements, as some may prefer a higher level of financial monitoring to take place.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

24, 25, 26, 27, 28, 30.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service. The residents live in a homely, comfortable, clean and safe environment that meets their needs. The Home is being continually improved and the residents are consulted about any changes.

EVIDENCE:

The Home is situated in a very rural location with lovely views. The residents look after the farm animals that are kept in the large grounds. The house is on two levels and there are eight single bedrooms with sinks, a kitchen, laundry, dining room, lounge, office, sleeping-in room and communal toilets and bath/shower rooms. In the grounds is a large barn with a games area in it. A porta-cabin in the grounds is used as an administration office for the Charity.

The Home continues to be well maintained. There has been a high level of investment in the last few years and changes include a new large car park, fire safety improvements and a new sewage system. All the bedrooms are over the minimum size for able-bodied people. The smallest room has recently been extended and a compact communal bathroom with a toilet and shower over

the bath was also added. The resident whose bedroom has been extended is very pleased with the results. She has personalised it nicely and has entertainment equipment and a comfortable chair. Two other bedrooms are due to have new carpets soon and redecoration of all rooms is done on a cycle. The residents are involved in decisions about changes e.g. the planned replacement of the lounge furniture. There are plans to refurbish the barn over the next year to provide a new office for the manager, an administration office for the Charity so the porta-cabin can be removed, a better games room and a woodwork room. The Home was clean and the residents follow a cleaning rota to ensure all areas are cleaned regularly. Systems are in place to minimise the risk of infection and protective clothing is provided.

The manager provided information demonstrating that all equipment has been serviced regularly. Fire improvements were made since the last inspection following a fire inspection. A follow up inspection is scheduled for May 07. The fire risk assessment is currently being reviewed.

Staffing

The intended outcomes for Standards 31 – 36 are:

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

32, 33, 34, 35, 36.

Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service. The residents' benefit from support from an established, competent and effective staff team. The staff are appropriately qualified and trained and are well supported to meet the residents' needs. The residents are protected by the recruitment procedures but some areas for improvement were identified.

EVIDENCE:

The Home is staffed by a team of eleven support workers and the manager. Two staff have left since the last inspection and three new staff started during 2006. Unfortunately one of these has been off sick for several months. No bank or agency staff are used and the two staff spoken with reported that the team has worked flexibly to cover the shortfall. Staff turnover is generally quite low and the last two staff left for personal reasons. Staff have job descriptions and staff at each inspection have demonstrated they have a clear understanding of their role as enablers and positive attitudes towards their work. Interactions between residents and staff are positive and respectful.

Two staff are usually on duty and the manager works office hours in addition to this and is available if needed. One worker sleeps-in at night. Two volunteers are employed, both of whom have a background in teaching. One is a driver and supports residents to access activities.

The feedback received about the staff team was very positive. Some quotes from residents include; 'the staff do a good job', 'I like living here and the staff help everybody'. Feedback from relatives was complimentary and reflected that staff often go out of their way to give a good service. One less positive piece of feedback was discussed with the manager and he was already aware of the issue and was working to address it.

Two staff were interviewed and they felt they were well supported. They reported the staff meetings were productive and resident focused and felt the team morale was very good. Both understood the importance of the residents becoming as independent as possible. Examples of developments given included; one resident starting work in a café twice a week; one learning to use the bus alone after being closely supported to learn the route over many weeks. All staff have delegated additional responsibilities as well as their general duties and key work. This increases their skills and promotes joint ownership for the running of the service. Team building days are held and a country walk is planned for the next one. Staff supervisions are held regularly and one worker spoken with has also had a recent appraisal.

The manager has a good record of recruiting appropriate staff and ensuring they are suitable to work with vulnerable people. One recruitment file was sampled on this occasion. The records confirmed that a robust equal opportunity procedure had been followed. Appropriate checks had been carried out with two exceptions. One gap in the person's employment history had not been explored and the reason they left previous employment with vulnerable adults had not been established in all cases. The worker had started following receipt of a clear PoVA First check and before the full CRB check was returned. The worker only shadowed other workers for six weeks and did not support residents with their personal care until the CRB was received. Although this arrangement safeguarded the residents the manager should be aware that the regulations permit staff to only start on a PoVA First check in exceptional circumstances.

The providers have well organised training arrangements and encourage staff to develop professionally. A training plan is developed each year and workers have their own training record. All staff attend core safety training e.g. First Aid Appointed Person, Moving and Handling, Food hygiene. More specialised training including Autism, Bereavement, Managing Challenging Behaviours, Person Centred Planning is also provided. Staff are kept informed about changes in relevant legislation e.g. Mental Capacity Act training is planned. Five of the nine care staff (more than 50%) have an NVQ. Three other staff are currently working towards a level 2. Those who have gained level 2 award

are encouraged to work towards the level 3. One of the Business Plan aims for 2007 is to provide all staff with at least eight paid days training a year.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

37, 38, 39, 40, 41, 42, 43.

Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service. The residents' benefit from a well-run home and effective leadership that continues the Charity's person centred ethos. The residents and their representatives are fully involved in the review and development of the service. The policies and record keeping systems in place help protect the residents' best interests. The residents' health, safety and welfare are actively promoted.

EVIDENCE:

The manager continues in post. He is experienced and holds the Registered Manager's Award and a Diploma in Social Work amongst other qualifications. He has just completed the NVQ 4 in Care. The Home is running smoothly without a deputy manager and clear support arrangements are in place when the manager is on leave. The manager is full time but works half a day a week to provide management support to a small Supported Living service run locally

by the Charity. All feedback received confirms the view that the manager is professional, committed and approachable. He keeps himself well informed about professional developments and ensures these are implemented in the Home if appropriate. The manager has some administration provided by head office staff and the Organisation has recently appointed a new finance manager.

The Organisation has a comprehensive set of policies and procedures. These have been kept under review and the majority have been updated in the last year. The staff are aware of these and have access to copies. Some have been developed into a format more suitable to informing the residents and copies of these are kept in the dining room.

The records seen were being generally well maintained. Two areas for improvements have been mentioned under the relevant sections of this report e.g. staff recruitment.

The Organisation has been developing their quality assurance systems over recent years. The residents, relatives and staff are asked to complete annual feedback questionnaires and the information is included in an annual report for the Charity's Annual General Meeting. A Business plan is developed each year from this feedback and discussed at the AGM. The residents are fully involved in the planning process and each service ends up with their own business plan as well as the overriding one. These are presented in an accessible format. A newsletter for the Charity is periodically circulated to keep the stakeholders informed, which the residents are involved in. A Quality Assurance system that monitors how well the overall service is performing has been introduced recently. The impact of the service on the environment is being reviewed and a quality award E.M.A.S. is being worked towards. As part of this policies are being reviewed e.g. recycling and energy saving. The internal Health and Safety audits are carried out and no recommendations were made from the one completed earlier in 2007.

Health and safety arrangements continue to be given priority. The Charity has recently been awarded a Kite Mark for C.H.A.S. (Contractors Health and Safety Assessment Scheme). Appropriate training is provided; risk assessments are in place and safety equipment provided. Monitoring systems are in place and kept up to date e.g. weekly fire alarm checks. One of the residents shares responsibility for these with a worker. Work was carried out last year to improve fire evacuation routes, following an inspection from a Fire Safety Officer.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

| CHOICE OF HOME | |
|-----------------------|--------------|
| <i>Standard No</i> | <i>Score</i> |
| 1 | 3 |
| 2 | 3 |
| 3 | 3 |
| 4 | 3 |
| 5 | 3 |

| INDIVIDUAL NEEDS AND CHOICES | |
|-------------------------------------|--------------|
| <i>Standard No</i> | <i>Score</i> |
| 6 | 4 |
| 7 | 4 |
| 8 | 4 |
| 9 | 4 |
| 10 | 3 |

| LIFESTYLES | |
|--------------------|--------------|
| <i>Standard No</i> | <i>Score</i> |
| 11 | 4 |
| 12 | 4 |
| 13 | 4 |
| 14 | 4 |
| 15 | 4 |
| 16 | 4 |
| 17 | 4 |

| PERSONAL AND HEALTHCARE SUPPORT | |
|--|--------------|
| <i>Standard No</i> | <i>Score</i> |
| 18 | 4 |
| 19 | 4 |
| 20 | 2 |
| 21 | X |

| CONCERNS AND COMPLAINTS | |
|--------------------------------|--------------|
| <i>Standard No</i> | <i>Score</i> |
| 22 | 4 |
| 23 | 3 |

| ENVIRONMENT | |
|--------------------|--------------|
| <i>Standard No</i> | <i>Score</i> |
| 24 | 3 |
| 25 | 3 |
| 26 | 3 |
| 27 | 3 |
| 28 | 3 |
| 29 | X |
| 30 | 3 |

| STAFFING | |
|--------------------|--------------|
| <i>Standard No</i> | <i>Score</i> |
| 31 | 4 |
| 32 | 3 |
| 33 | 4 |
| 34 | 2 |
| 35 | 3 |
| 36 | 4 |

| CONDUCT AND MANAGEMENT OF THE HOME | |
|---|--------------|
| <i>Standard No</i> | <i>Score</i> |
| 37 | 4 |
| 38 | 4 |
| 39 | 4 |
| 40 | 3 |
| 41 | 2 |
| 42 | 4 |
| 43 | 3 |

Are there any outstanding requirements from the last inspection? N/A

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|-------------|----------------------|
| | | | | |

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

| No. | Refer to Standard | Good Practice Recommendations |
|-----|-------------------|--|
| 1. | YA20 YA35 | Provide staff with accredited medication training to further safeguard the residents. |
| 2. | YA6 YA41 | Keep a daily record of how the residents have been supported in line with their care plan. |
| 3. | YA34 YA41 | To further safeguard the residents all gaps in a job applicants' employment history need to be explored. The reason an applicant left previous work with children or vulnerable adults must also be established from the employer, prior to them starting in post. |

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