



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

Allens Mead

**11 Allens Mead
Gravesend
Kent
DA12 2JA**

Lead Inspector
Wendy Mills

Unannounced Inspection
25th April 2008 01:30

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

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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	Allens Mead
Address	11 Allens Mead Gravesend Kent DA12 2JA
Telephone number	01474 325190
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Mrs Isabel Mabhena
Name of registered manager (if applicable)	Ms Sifiso Ndlovu
Type of registration	Care Home
No. of places registered (if applicable)	2
Category(ies) of registration, with number of places	Learning disability (0)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category/ies of service only:

Care home only - (PC) to service users of the following gender:

Either M/F

Whose primary care needs on admission to the home are within the following categories:

Learning disability (LD).
2. The maximum number of service users to be accommodated is 2.

Date of last inspection N/A

Brief Description of the Service:

Allen's Mead is a small residential home providing care and support for up to two people with a learning disability. It is part of a group of four homes for people with a learning disability run by Meadow View Residential Homes. It was registered as a care home in accordance with the Care Standards Act 2000 in October 2007.

The home is a mid-terrace town house. It is situated in a quiet residential area on the outskirts of the busy town of Gravesend in Kent. There are many convenient amenities including a resource centres with special needs provision, a leisure centre, park and plenty of shops, pubs and restaurants.

The accommodation is arranged over three floors. On the ground floor there is a garage, utility room, toilet and shower room and office that also serves as the staff sleepover room. On the middle floor there is a good-sized kitchen/diner and a pleasant lounge. The service users' bedrooms are on the top floor and each has ensuite facilities. One room had a bath and the other has a shower.

Outside there is limited off road parking to the front and a small, safe and enclosed garden to the rear.

The weekly fees for this home are based upon the needs of the individual service user. Fees may range from £750 to £2000 per week.

SUMMARY

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

This was the first inspection of Allen's Mead. The home was first registered last October. This visit was unannounced and is called a "Key Unannounced Inspection". This forms part of the inspection process of the Commission for Social Care Inspection (CSCI) under the Regulations of the Care Standards Act 2000. This report has been compiled using information gained during this visit and information supplied prior to the visit from a variety of sources, including notifications of incidents, the views of relatives and health and social care professionals and the home's Annual Quality Assurance Assessment (AQAA) that is required by the CSCI.

During the visit time was spent with a service user, staff and the registered manager, talking to them in private and in a group. In-depth discussion was held with the registered manager.

A tour of the home was made and documentation, including staff files and care plans, was examined. Both direct and indirect observations were made throughout the visit and the responses from relatives' surveys were considered.

The home meets the National Minimum Standards. The service user and relatives say that they are very happy with everything about the home. They say they are able to make choices and that they lead very busy and interesting lives.

The service user, staff at the home and the registered manager are all thanked for the welcome they gave and their help throughout this visit. Relatives and health and social care professionals are thanked for the information they supplied prior to this visit.

No requirements were placed as a result of this visit.

The overall outcome for users of this service is good.

What the service does well:

There are sound pre-admission assessment procedures to make sure that the home can meet the needs of the individual service user and that the service user.

The home ensures that a care package is specifically designed for each service user. Care planning is person centred and independence is promoted.

The service users are supported to maintain appropriate contact with relatives and friends.

The home promotes the health and well-being of the service users.

Service users lead very busy, interesting and fulfilling lives. Each service user has a weekly planner that gives them clear information about what they will be doing. This is continuously monitored against realistic objectives.

Staff training is proactive. The home ensures that specialist training is undertaken before any service user is admitted with specialist needs.

There is a welcoming, warm, relaxed and friendly atmosphere in the home.

What has improved since the last inspection?

This was the first inspection of the home since it was registered last year.

What they could do better:

The home should review the storage of medicines. Whilst this is satisfactory at present, should any more medicines be prescribed for service users, the present cupboard will not be large enough.

The one-to-one staff supervision that currently takes place should be made more formal and should be recorded in writing and signed by both the supervisor and the supervisee.

The home should fit a lock to the office door and to the cupboards in the utility room.

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

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The home gives the service users and their supporters the information they need to make decisions about living in the home.

Residents are properly assessed before a place at the home is offered. This ensures that only those people whose needs can be met are offered a place.

EVIDENCE:

Statement of purpose is comprehensive. This document outlines the home's philosophy and tells service users and their supporters what they can expect from the home. Relatives gave very positive feedback about the information they received prior to the placement being made.

Written contracts are in place. These explain the rights and responsibilities of the service users whilst living in the home.

There is a comprehensive pre-admission assessment procedure in place in place and there are opportunities for a trial period. Care plans contain detailed assessments of ability, health care needs, choices and lifestyle preference.

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 & 9

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The home understands the needs of the service users and makes proper provision for them to make informed choices and to take appropriate risks.

EVIDENCE:

Each service user has a comprehensive care plan. Care planning is person centred. This means that the plans are drawn up with the full involvement of the service users and their supporters. They take into account the need for equality and diversity and put the individual at the centre of all decisions that are made.

Examination of the care plans showed that there a wide range of choice on offer from what to eat, whether to take a shower or a bath to how time is spent both in and out of the home.

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):

12, 13, 15, 16 & 17

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The service users engage in activities that promote their independence and encourage them to live meaningful and interesting lives.

EVIDENCE:

Each service user has a weekly activity plan. This includes time for activities such as going to the leisure centre or to a gardening project, household chores, shopping and indoor games, such as cards and jigsaws. A service user was very enthusiastic about life in the home and talked about a variety of interests including music. One comment was, "I like it here, it's nice, there's plenty to do."

Service users can choose what to eat and there are weekly menu planning sessions in conjunction with staff. Healthy eating is encouraged. The main meal is taken in the evening to allow more time for activities during the day.

In response to surveys, relatives said they are very pleased with the home and noted and the way contact is maintained. One commented, I'm very pleased with how we are kept informed "

There is a wide range of activities on offer such as swimming, trampolining, use of sports and leisure facilities, use of the library, bowling, gardening, cooking, art and crafts and visits to places of interest. There are also educational opportunities offered by local resource centres and mainstream colleges.

Comprehensive care plans are in place. These set out very clearly how care and support should be provided, likes and dislikes, choices and activities as well as important details such as next of kin.

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 **good**. This judgement has been made using available evidence including a visit to this service.

The home promotes the health and well-being of the service users.

EVIDENCE:

There are sound policies and procedures in place for confidentiality, privacy and dignity and the management of medicines. Healthy eating, fresh air and exercise and good personal hygiene are all positively encouraged.

Arrangements have been made to register service users with local General practitioners and dentists. Specialist nurses have visited the home and reviewed some prescribed medicines to ensure that they are being effective and are at the right dose. The home is also accessing other local health care facilities such as well person clinics on behalf of the service users.

Medicines are stored safely in a small locked safe. This is sufficient at present but it is recommended that a new cabinet be purchased. This is because the limited storage could lead to confusion if there is an increase in medicines used in the home.

There are sound systems for ordering and monitoring of medicines. The home uses a monitored dose system. This means that the pharmacy supplies the prescribed medicines in blister packs, properly labelled so there is less chance of medicine administration errors being made by staff.

The medicines administration records (MAR) are in good order. There have been no medication errors since the home opened.

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 **good**. This judgement has been made using available evidence including a visit to this service.

There are sound policies and procedures for the handling of comments, complaints and protection. This means that the service users are protected in as far as possible, from all forms harm.

EVIDENCE:

There is a complaints policy and procedure in place. This has been translated into a simple format with pictures so that it is easy for the service users to understand.

There have been no complaints since the home opened. Staff say that the manager operates an “open door” policy and that they feel free to express their concerns and ideas to her at any time. They said she listens to their ideas and acts upon them if appropriate.

A service user said, “If I am worried, I just talk to the staff. I don’t have any complaints - I like them (*the staff*) all”.

Staff have received POVA training and clearly understand the need to protect the residents from harm

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 & 30

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The environment is comfortable, clean and safe. This gives the service users a pleasant place in which to live and develop their independence.

EVIDENCE:

The home is arranged on three floors. The office, utility area, garage, cupboards and a toilet and shower room are on the ground floor. There is a kitchen diner and lounge on the middle floor and two service user rooms with ensuite facilities (one with shower and one with bath) on the top floor.

The home is well decorated, well furnished and light and airy. All areas were clean and uncluttered on the day of inspection.

No health and safety hazards were noted during this visit and there are sound health and safety policies and procedures in place.

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, 34, 35 & 36

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

This judgement has been made using available evidence including a visit to this service.

Staffing levels, staff training, staff moral and recruitment practices are all good. This means that the service users are supported by a committed and well-qualified staff team.

EVIDENCE:

During the day there is one senior carer and the registered manager on duty. Recruitment is now taking place for more staff. At night there is one carer on duty. These staffing levels meet the current needs and provide for one-to-one support for most of the time. More staff are being recruited at present.

All staff files were examined. There is good evidence that all appropriate pre-employment checks have been made. Criminal Records Bureau (CRB) checks, references and fully completed application forms are on file.

Staff files show that they have undertaken a good level of both mandatory and specialist training. There is a training matrix and the registered manager was very clear about training needs. There is a proactive approach to training and the company ensures that training for specific service user needs is in place before a service user is admitted to the home.

There are twice weekly meetings between all the staff at handover times. Staff supervision is in place. One-to-one supervision is somewhat informal at present and would benefit from being made more formal

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 & 42

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The home will be well managed and run in the best interests of the service users.

EVIDENCE:

Discussion with the registered manager showed that she is very knowledgeable about best practice in care. She has many years experience caring for vulnerable people. She is a Registered Mental Nurse (RMN) who has maintained her continuing professional development.

There is a warm and friendly atmosphere in the home and staff said that the registered manager operates an "open door" management policy. They say she is easy to talk to and open and honest in her approach.

The documentation is well organised and stored appropriately. The registered manager was able to put her hand to all documentation requested during this visit.

The home is well maintained. There are sound health and safety policies and procedures in place and H&S training has taken place. No H&S hazards were noted on the day of inspection.

The home is part of a small group of homes for people with learning disability called Meadow View Residential Homes. The registered provider maintains close contact with the registered manager and the home.

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	X
4	X
5	X

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

LIFESTYLES	
<i>Standard No</i>	<i>Score</i>
11	X
12	3
13	3
14	X
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
<i>Standard No</i>	<i>Score</i>
18	3
19	3
20	3
21	X

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

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

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

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

N/A

Are there any outstanding requirements from the last inspection?

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	OP20	It is strongly recommended that a larger medicines cupboard be provided to ensure adequate space to store medicines to avoid confusion.
2	OP36	It is recommended that the one-to-one supervision that currently takes place is put on a more formal setting with written records of each session.
3	YA42	The home should consider fitting locks to the cupboards in the utility room and to the office.

Commission for Social Care Inspection

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