



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Cornford House

**Cornford Lane
Pembury
Tunbridge Wells
Kent
TN2 4QS**

Lead Inspector
Ann Block

Key Unannounced Inspection
25th April 2007 09:15

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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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 Older People*. 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	Cornford House
Address	Cornford Lane Pembury Tunbridge Wells Kent TN2 4QS
Telephone number	01892 822079
Fax number	01892 822796
Email address	
Provider Web address	www.cornfordhouse.co.uk
Name of registered provider(s)/company (if applicable)	Cornford House Ltd
Name of registered manager (if applicable)	Mrs Linda Margaret Wenham
Type of registration	Care Home
No. of places registered (if applicable)	30
Category(ies) of registration, with number of places	Old age, not falling within any other category (30)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 25th January 2006

Brief Description of the Service:

Cornford House is a care home with nursing and is a detached property standing in 10 acres of gardens on the outskirts of Pembury. There is a bus stop approximately 100 yards away with buses to Tunbridge Wells and Tonbridge. On site car parking is available. A new build project is well underway with stage 1 of the build nearing completion. The existing home will then be demolished and stage 2 will commence. The new build will provide 80 places in large modern and specially equipped premises.

The home is arranged on three floors and there is a shaft lift. There are 30 single bedrooms, two of which have en-suite facilities. Each room has a staff call point and a television point.

OMF international who support evangelistic work oversees previously owned the home; the home was originally opened to meet the needs of retired missionaries. Cornford House therefore has a strong religious focus with prayer meetings being central to life in the home.

The home employs qualified and care staff who work a roster to give 24-hour cover. Additional staff are employed for catering, domestic and maintenance duties.

At the time of writing the report, fees ranged from £500 to £725.00 per week with hairdressing, chiropody, magazines and persona toiletries charged at cost. Fees for residents admitted to the service after the transfer to the new building will be set in line with the enhanced facilities and staffing.

SUMMARY

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

A key inspection was carried out by Ann Block which included an unannounced visit to Cornford House on Wednesday 26 April 2007. This is the first inspection of 2006/2007 and will determine the frequency of visits/inspections hereafter.

The day was spent talking to residents, a visitor, the manager and staff and looking at a sample of records including residents care plans and daily records, concerns records, staff recruitment and training records, accident and incident records.

Feedback was given to the manager during the visit. Information from a pre inspection questionnaire completed by the manager was also used to inform judgments of service provision. Where judgments made at previous inspections remain the same, these have been included in the assessment of standards in this report.

On this occasion timescales did not allow for surveys to be sent to residents, families or professionals. Since the site visit a supply of surveys has been sent to the home and will be used as information for future inspection planning. The manager provided a report from an independent quality assurance audit carried out in February 2007 where the views of stakeholders were fully taken into account. The high scores given to Cornford House by Laing & Buisson plus comments from residents and staff during the site visit and previous knowledge of the service indicated that telephone contact with relatives or professionals was not required for this inspection.

The manager, staff and residents gave their full cooperation to the process of gathering evidence for service provision and were keen to demonstrate the professionalism of the service they provided. Judgements made from observation, conversation, the quality assurance survey and records indicate that the service is well managed giving residents an excellent quality of care at the home.

The existing home is to be demolished and a new 80 bed modern home is being built. The 30 current residents will move into stage 1 of the building which is nearing completion, the existing home will then be demolished and stage 2 will be built. A number of requirements relating to the fabric of the home had been carried forward from previous inspections. These requirements have therefore been removed from the report.

What the service does well:

Residents and staff appreciate the management of the home which they say makes for a well run home and good place to live.

Residents say they are well looked after by staff who are competent, well trained, kind and caring. They know that any requests for care or support will be responded to promptly.

Residents physical and mental health needs are well met with access to health professionals both in house and externally. They know that at the end of their lives they will be well supported and as far as possible free from pain and discomfort.

Visitors are welcomed to the home and value being a part of their relatives lives if they choose. They feel that the home recognises the importance that continued contact with families and friends means to many older people.

Residents have food that they enjoy, which is home cooked and nutritious and where their dietary needs are met. They appreciate the choice of menu.

Residents appreciate the provision to be themselves, to be able to keep their independence, to be private if they wish, to join in social events, have places to have a chat with other residents or watch TV. Those who moved in to follow their Christian faith like being able to join in prayers and being with people with similar values.

Residents know there are people who they can talk to about any concerns, who will listen and who will take action to improve the situation.

Staff know they are valued as individuals and will have their potential recognised and developed. They appreciate being able to access a range of training including NVQ certification.

Staff appreciate the staff team, the training they receive and the positive attitude of the manager.

How well the home is performing is regularly monitored through meetings, time for one to one talk with the manager and proprietor, and comprehensive professional quality assurance systems.

What has improved since the last inspection?

Recommendations from previous inspections have either been met in full or are well under way to being met in full. From conversation with the manager

and evidence from residents and staff there is a clear commitment to continuing this work.

Improvements of note include:

Recarpeting of an area of damaged carpet.

Ensuring the temperature of hot water at outlets used by residents is at a safe temperature through monitoring the temperature on a weekly basis and risk assessing risk areas.

Setting up a record to track the staff recruitment process.

Ensuring medication is safe including when the drug trolley is being used around the home.

Purchasing a covered linen bin to reduce the risks of cross infection.

What they could do better:

The manager is fully aware that no service can ever be 'perfect'. She welcomes comments that could enhance the lives of residents. Minor recommendations which could improve an already excellent service to residents will be actioned as discussed during the site visit. These include:

Ensuring residents agree to sharing of information.

Ensuring staff remain suitable to work with vulnerable people by disclosing any cautions or convictions since their criminal records bureau check.

Setting up better systems for reviewing staff fire safety awareness, especially for night staff.

The new build should address areas of concern regarding the current building and some of its facilities such as the lift.

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 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

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

1,2,3,4,5 & 6

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

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

Residents' choice and suitability to move into Cornford House benefits from good admission and assessment practices.

EVIDENCE:

A statement of purpose which includes the service users guide is available and is updated when there are changes. The service users guide gives good detail about the home, staff and services provided. Copies of inspection reports are also available. Residents considered they had good information about the home although few had used the service users guide as a reference, relying more on their own or others judgment. Some had visited the home before they moved in others had families or friends view the accommodation on their behalf.

One resident said that she and her family had looked at a number of homes in the area but liked Cornford House as soon as she walked in there. Another resident said that her former residential home had closed and this made her worry that anywhere else could be as good as that home was. She felt she was lucky to have found Cornford House which was not only a friendly and suitable home, but also where she could follow her Christian principles.

Prospective residents are fully assessed before admission with as much information as possible obtained from the resident, relatives and professionals. Wherever possible the manager or deputy visits the person in their current place of abode. A comprehensive assessment record is in use and will inform the subsequent care plan. Emergency admissions may be accepted providing there is sufficient evidence that the home is suitable. The admission is then always provided on a trial basis. Great care is taken to ensure that, at the point of admission, the assessment process indicates that the home is suitable and can meet the resident's needs. The manager not only considers whether the home can meet needs at the time of admission but monitors that the home continues to do so when there is a decline in physical or mental wellbeing. Consideration is also given to the needs of close family members.

As a safeguard to both the resident and the service, each stay starts with a trial period. During this time the resident and staff at the home can decide whether the home is right for the resident. Wherever possible the home aims to care for people until the last stage of life.

Each resident has a statement of terms and conditions which sets out their rights and responsibilities.

Respite care can be provided if a room is available and the service can meet the resident's needs. There is no specific accommodation for short term care, the resident is free to join in with daily life in the home. When the new build is fully completed the home may admit people for intermediate care.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

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

7,8,9,10 & 11

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

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

Residents' care and health needs are well met and evidenced in a dignified and personalised manner.

EVIDENCE:

The home uses a comprehensive care plan system which has sections to cover a range of physical, social, psychological, spiritual and health needs. Detail is recorded to maintain residents' skills as well as areas of need. Elements of the care plan are regularly reviewed with changes noted the plan

Each resident has such a plan of care which is based on a computer database system with some records printed out in hard copy and given to the resident.

The database system is easy to use and has the ability for staff to track events for each resident.

Where possible residents or their advocates sign they agree with the care plan. Current practice is to periodically send a copy of the care plan to the relative or next of kin and ask them either to sign they agree to the plan and/or to make any comments or changes they think are necessary. These changes are then incorporated into the care plan. Whilst it was evident that this was done to improve care, there is currently no system to record that the resident is happy for information to be shared this way. Most residents spoken with had little interest in documentation about their care, they were more interested in how it was provided.

Staff on duty said they can be allocated to any of the floors, hence they will get to know most of the residents. Staff demonstrated during the site visit that they had a good understanding of residents in their care, likewise residents felt that most staff were very good at knowing what was needed and doing it. That staff have this knowledge is not only from getting to know the resident but also by the detail recorded in care plans which is at a personal level rather than generalised statements. For those residents case tracked there was an excellent corroboration between records, practice and what the resident said they needed.

Whilst residents weren't overly concerned about documentation, the manager has high expectations that staff will be diligent in recording care and support properly and that they recognise their professional accountability. Carers record events occurring during the shift but the RGN on duty has to log the record as accurate.

Care plans include risk assessments which detail how a risk will be reduced or removed. General practice includes a risk assessment being carried out where an incident or observation indicates a risk. Where necessary, agreement from others is sought when making a decision. Risk assessments were seen to cover issues of potential restraint or restriction of rights. Professional assessments including pressure wound risk and management, nutritional screening and moving and handling are carried out. Suitable action is taken suggesting that staff are aware of how the resultant scores link to a risk assessment or care plan.

Individual mental and physical health needs are identified and recorded, including reference to support from other specialist services. Residents spoke of their own health issues and how these were met. One resident case tracked spoke of her needs regarding breathing and how these were met by hospital visits, outpatient appointments, equipment provided and staff skills. She spoke of how her preferences were met and the care plan confirmed this detail.

Reference was made to attendance to the chiropodist, dentist and optician. A domiciliary optician service visited the home during the site visit. Records of weight are held and any loss or gain will be assessed to identify whether action needs to be taken. Where there are nutritional issues these will be monitored through food and fluid records and appropriate foods provided, including food supplements.

There are two separate secure medical rooms with adequate storage for current, stock and controlled medication. One RGN has overall accountability for medication. Records of medication and observation of practice indicated that medication is given as directed by the prescriber and follows good practice in administration. Any errors or omissions in recording are taken seriously and includes formal discussion with the RGN concerned. Currently care staff administer some creams but don't record that they have done so. The manager agreed that they would record administration in the daily record in future. There is a secure system for the recording and disposal of medication no longer required. The drug trolley can be locked onto handrails when in use but not in sight.

Residents made frequent references to the excellent qualities of staff. There was evidence throughout the site visit that privacy and dignity was well maintained and residents agreed this was standard practice. Staff felt that each person must be treated as an individual and respected this individuality with patience and understanding. Lockable doors where needed provide additional privacy. There are phones which can be used in private with some residents having their own phone line or mobile phone.

Residents in the last stages of life are well supported. There was evidence that pain relief is well managed in liaison with the local hospice. Wishes in respect of death are recorded. A friend of a former resident considered the home was excellent in the care they provided at this stage of life. She spoke of how a member of staff presented the body of her friend so that she could pay her last respects with dignity. Issues regarding resuscitation are recorded where properly discussed and agreed. This is an ongoing process.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

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

12,13,14 & 15

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

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

Residents have a relaxed comfortable lifestyle with opportunities to occupy themselves with a range of interests.

EVIDENCE:

Cornford House is a place where residents can live a life as much as possible to their own choosing and where they can welcome friends and family.

Whilst there are the expected routines of a well managed service and residents understand this, as far as practicable residents can make their own choices about their day. Residents case tracked spoke of their preferences such as whether to join in with activities, when they wanted to go to bed, whether they liked to be left alone, where they wanted to sit and when their preferred bath day was. Residents said that where they wanted to remain independent staff helped them to continue managing in those areas. One resident said she was

planning to go on holiday to the Baltic with her sister as she was very independent and wanted to remain so.

As mentioned in the previous section some information is shared with families without there being evidence that residents agree to it being shared. This compromises residents rights to choice and confidentiality which in all other areas is well maintained.

A range of activities are provided some of which are arranged by staff using designated activity coordinator hours, others by residents themselves and others by volunteers. One resident spoke of how another resident facilitated the exercise class. During the site visit a prayer group meeting took place. A resident said that when she couldn't get downstairs for prayer meetings someone would come up to pray with her in her room. Residents spoke of a recent outing to a farm where they were able to hold the lambs. A trip out into the country is planned for early summer. Residents said that anyone could go and that staff would use their own transport or a minibus could be hired. External speakers visit the home and an occupational therapist is employed by the home to assist with activities and maintain mobility and dexterity. There is a library with many books available in large print. Daily papers are provided by the home for use in the lounge, a number of residents have their own daily paper delivered. Residents said they have plenty to occupy themselves with and like being able to stay in their rooms reading or watching TV yet still have somewhere where they can have company if they choose.

Residents spoke about the St Georges day celebrations which they thought were 'wonderful' with the dining room decorated, a red rose on their breakfast tray and roast beef for lunch.

Visitors are welcomed to the home and various visits took place during the day with many others recorded in the visitors' book. If a resident wishes to meet with visitors in private, wherever possible a room is made available or they can use the resident's own bedrooms. Family can involve themselves in the practical and social care of their relative if the resident chooses. Where the relative themselves may need support this is done most discretely and empathetically. A husband said he visits regularly and over the two years that his wife has been at Cornford House he feels he has almost become a part of the home.

Residents are encouraged to personalise their rooms with their own possessions if they wish. Any furniture brought in will be risk assessed in line with fire regulations. It was clear that to many residents the loss of their own home was reduced by being able to bring in some furniture and effects, hence the move to the new build was causing concern to some residents. Residents are being reassured that the rooms in the new build are in general bigger and there will be plenty of space and assistance with the moving process.

A weekday and a weekend cook cover most of the catering. The weekday cook has worked at Cornford House for 15 years. All spoken with complimented her and spoke of 'excellent food', 'restaurant quality'. Each table has a menu for the day from which they can choose. The main option and vegetables are served in serving dishes placed on each table. The second choice is on a serving trolley. Other options are available on request. On the day of the site visit a dessert trolley was being used. Special diets are provided including vegetarian meals, soft foods and foods with low sugar content. Specific dietary needs and personal preferences are recorded as part of monitoring nutrition and a record of the day's menu is held. A number of residents either choose or need meals in their rooms. To enable staff to give proper time for one to one support where needed, trays are taken round ½ hour before the meals in the dining room. Breakfast is taken round to residents' rooms. Drinks and snacks are available. One resident spoke of how they could have a sandwich during the night if they needed one.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

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

16 & 18

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

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

Residents are able to make comments about the service and be listened to.

Residents are protected from the risks of abuse.

EVIDENCE:

The home has a complaint procedure which is accessible to residents and visitors and gives timescales for response with contact details. Verbal responses from residents said they know about the complaint procedure but have had no need to make a proper complaint. Residents said they can talk to the manager about any 'little grumbles' and they are listened to and action taken. In this way minor issues are dealt with promptly before they become a complaint. The manager has started to record these areas as part of quality assurance and commitment to providing a good service.

Staff have a good understanding of how abuse may present itself, receive training in adult protection, have policies and procedures to which they must adhere and make sure residents are safe from any such abuse. Two staff spoken with were able to give examples of how abuse might indirectly present itself. The in house adult protection trainer has just updated their training.

Staff have access to the Kent and Medway policy both in hard copy and by accessing the internet. They are aware that any such abuse would have to be reported. Residents say they feel safe in the home and are treated well by staff.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

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

19,20,21,22,23,24,25 & 26

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

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

Residents have a homely, well maintained and comfortable environment in which to live but where facilities will be improved by the new build.

EVIDENCE:

As phase 1 of the new build is near completion, only a general overview of the standards was carried out mainly relating to health and safety and basic comfort of residents.

Cornford House is a large detached house, located on the outskirts of Pembury. The home is situated in private grounds where there are separate flats for independent use by older people. To the rear of the home phase 1 of a rebuild is nearing completion. The building work restricts access to what was

the garden area. When the building work is completed new gardens are planned. Measures are in place to ensure residents are safe during the building works with fire exits kept clear and general disruption minimised.

There is an ongoing programme of repair and maintenance to ensure residents remain safe such as replacing defective carpet and monitoring the hot water temperatures. Other areas which are deficient such as the lift which cannot safely be used by people in a wheelchair who need escorting, will be addressed by the new build.

At the time of the site visit the home was clean, warm and bright. Residents said they liked the fact that the home has 'character' and retains many original features. Some felt it was a pity to lose this character and were concerned that the new home might be 'featureless'. The current home gives plenty of space to sit and chat such as the lounge and conservatory. One small lounge has been taken out of use due to the building work. The dining room has space for those residents who wish to come down for their meals to sit at a table with their friends.

Bedrooms are all for single occupancy and are well personalised, bright and airy, warm and comfortable. The rooms in the new build were stated as having built in wardrobes, drawers and TV with an ensuite wheelchair accessible shower room and toilet.

Residents can access the upper floors by passenger lift, plus there are stairways. The premises are not fully suitable for wheelchair users. Aids and adaptations are provided such as mobility aids, hoists; grab rails and toilet riser seats.

Residents are protected from the risks of burns or scalds by safe surface radiators in high risk areas and some thermostatically controlled hot water outlets. Other outlets have been risk assessed. All hot water outlets are tested weekly.

There is a designated laundry which is suitably equipped and with systems in place to reduce the risks of cross infection. Residents thought the laundry service was good and that their clothes were well looked after. Suitable systems to reduce the risks of cross infection are in place.

A fire risk assessment has been carried out.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

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

27,28,29 & 30

Quality in this outcome area is **good**

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

Residents are cared for by properly recruited and well motivated staff.

EVIDENCE:

Residents like the staff, they find them approachable, polite and kind. Throughout the site visit there was evidence of good relationships between staff, residents and their relatives. Staff obviously knew the residents well and how best to put them at ease.

Cornford House is staffed by qualified nurses and care staff who work on roster to provide 24 hour care. Both planned and actual hours are recorded on the roster. One registered nurse (RGN) is on duty at all times, this may be the registered manager (who is contracted for 16 hours a week in a hands on capacity), deputy or other RGN. On each shift, staff are allocated to work on a particular floor but alternate which floor they work on, so they become familiar with each resident. In addition to the RGN there are five carers on duty each morning with four in the afternoon/ early evening and two at night. The majority of staff thought there were enough staff for the numbers of residents accommodated at the time of the site visit but agreed there would always be

times when they were busier than others. They felt they would sometimes like more time to spend one to one time with residents. Call bells were answered in good time and residents said that usually staff came promptly when they rang. One resident said that it sometimes took a little longer at night but said that night staff worked hard and were very kind. Ancillary staff carry out catering, laundry, administration and cleaning so care and nursing staff can focus on direct care and support. Volunteers assist with prayers, activities and advocacy.

Two members of staff said that staff worked well as a team, they worked hard and provided residents with good care. They knew there were occasional ups and downs in the team, as in any work group, but felt this was managed well without affecting residents.

Staff felt that training was very good. Two staff spoke of the range of training they had undertaken including NVQ training. Training offered includes core training, mandatory training, client specific and personal development with some training carried out in house and others accessed externally. Qualified staff are supported to maintain their nurses registration. A training matrix is held. The manager is proactive in ensuring staff obtain NVQ qualifications. Nine care staff have achieved NVQ level 2 or above out of a care team of 14 , three have nearly completed level 3 and others plan to start level 2. There are ten first level registered nurses and ten staff with a current first aid certificate.

All staff follow a recorded induction process which includes time spent shadowing other staff. New staff undertake the Skills for Care Common Induction Standards. One new recruit from overseas came in to work online as part of her induction.

Personnel files for three staff were inspected and now have a checklist in front which the manager finds a useful monitoring tool. Records show that staff are properly recruited and have the knowledge and attitude necessary to care for older people. In all but one omission, required documentation was in place. All staff are required to have criminal records bureau and POVA checks before starting work. As criminal records bureau renewals are not planned, a system is needed to ensure staff are required to declare any cautions or convictions since their criminal records bureau was undertaken. Due to local shortage of suitable candidates, employment of staff from overseas takes place. An agency is used on behalf of the organisation to carry out recruitment. The manager said she has a telephone interview with those staff recommended to work at Cornford House and felt that satisfactory systems were in place to ensure the person arriving for work was the person she spoke to on the phone. Residents thought that communication with staff whose first language wasn't English was generally good. Staff are no longer encouraged to live in the home with rented accommodation arranged in Tunbridge Wells.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

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

31,32,33,34,35,36 & 38

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

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

Residents benefit from a needs led and safe service, which is run in their best interests by a manager and staff who are committed to providing a good quality of life for older people.

EVIDENCE:

The manager is competent to run the home. She holds a registered nurse status, has completed the Registered Managers Award, has a BSc Honours in Health and Social Care and is studying for a masters degree in dementia. She has had many years experience in the care sector, including managerial posts.

Residents and staff consider the manager is accessible and approachable. All spoken to felt that the manager was committed to providing a good standard of service and had the needs of older people at heart. One resident commented that 'this manager is the best we've had since I've been here, at one point I thought I might have to move out but not now.'

Staff on duty felt there was a good team with staff working together. Care staff are encouraged to take responsibility during their shift and to record events in the resident database. It was noticeable that during the site visit the manager, who was the RGN on duty that day, was able to step back and let the carers run the shift with competence. Staff said that they were happy to bring any queries to the manager who would listen and advise.

The home has a quality assurance system in place and individuals are able to express their views. A Laing and Buisson quality assurance took place in February 2007 where 29 surveys were sent to next of kin with 17 responses. In three quarters of the areas surveyed the home scored above the average for care homes. Areas which were given exceptional ratings included the homes atmosphere, the welcome, care, food, birthdays and special occasions, health care, telephoning the home, message taking, keeping people informed, resident participation and meeting personal needs. The areas where they scored less related primarily to the building and facilities of the home. Comments recorded in the survey were positive about the service provided feeling that the home cared for their relative well. 94% would recommend the home to others. In addition an independent consultant carried out an audit of the service making recommendations which the manager said have since been actioned as far as possible.

Resident, relative and staff meetings are held on a regular basis. Residents meeting minutes are taken round to those residents who were unable to attend the meeting. The manager recognises that both residents and staff need to express their opinion of the service and that they have the right to have their views taken into account in any developments of the service. Residents are also able to talk directly to the manager who was noted by residents and staff to be 'around and about the building not just stuck in her office'.

Organisational and local written policies and procedures are available to provide guidance for staff. The home has a system for the maintenance and storage of information relating to residents and staff, including accidents and incidents, which preserves confidentiality, meets data protection guidelines and is accessible on a need to know basis. Notification of accidents and adverse events is provided to the commission as required by regulation. General record keeping is good and well ordered.

The home does not have control over monies for any resident. Where there is an emergency a purchase may be made out of petty cash and recharged to the

resident. Residents expressed no concerns about the safety of their belongings or affairs having confidence in the home and staff.

An up to date employers liability insurance certificate is displayed in the home.

Staff supervision is carried out regularly. Staff thought supervision sessions were good and said that they also had opportunities during the course of work to talk through any issues with the manager as there was an 'open door' policy.

From observation and discussion with residents and staff, there is a good awareness of health and safety. Staff spoke of fire drills attended and when fire alarms were tested, records are held to evidence fire safety practices. Formal fire safety training is carried out annually. The manager is to review processes for interim fire practices to better include night staff. Staff are trained in moving and handling.

Routine maintenance of supplies and equipment is carried out. The pre inspection questionnaire records this being completed in recommended timescales. Standards of cleanliness in high risk areas is good. Food was stored safely.

The manager considers the proprietor supportive. She said the proprietor visits the home at least once a week and is in regular telephone contact. She feels that the proprietor adequately supplements her clinical supervision. Whilst she has some budgetary control large financial matters would be decided by the proprietor. Financial records and business planning documentation can be requested by the commission if necessary, however it is clear that money is being spent to improve the service to residents.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People 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
6	3

HEALTH AND PERSONAL CARE	
<i>Standard No</i>	<i>Score</i>
7	4
8	3
9	3
10	4
11	3

DAILY LIFE AND SOCIAL ACTIVITIES	
<i>Standard No</i>	<i>Score</i>
12	3
13	3
14	2
15	4

COMPLAINTS AND PROTECTION	
<i>Standard No</i>	<i>Score</i>
16	3
17	X
18	3

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
19	3
20	2
21	3
22	2
23	3
24	3
25	3
26	3

STAFFING	
<i>Standard No</i>	<i>Score</i>
27	3
28	3
29	2
30	3

MANAGEMENT AND ADMINISTRATION	
<i>Standard No</i>	<i>Score</i>
31	4
32	4
33	3
34	3
35	3
36	3
37	3
38	2

Are there any outstanding requirements from the last inspection?

No

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	OP14	Where care plans are sent to relatives or next of kin for review and agreement there should be evidence that the resident consents to this happening, or that following the guidelines of the Mental Capacity Act this is in the resident’s best interests.
2	OP29	As criminal records bureau renewals are not planned a system should be implemented to ensure staff are required to declare any cautions or convictions since their criminal records bureau was undertaken
3	OP38	The processes for interim fire practices should be reviewed to better include night staff.

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