



*Making Social Care  
Better for People*

# inspection report

**CARE HOME ADULTS 18-65**

**Cranley Gardens (14)**

**14 Cranley Gardens  
Wallington  
Surrey  
SM6 9PR**

*Lead Inspector*  
Emma Dove

*Key Unannounced Inspection*  
13th November 2007      12:00

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
- Practise what we preach in our own organisation

<b>Reader Information</b>	
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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](http://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](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Cranley Gardens (14)
<b>Address</b>	14 Cranley Gardens Wallington Surrey SM6 9PR
<b>Telephone number</b>	020 8647 9703
<b>Fax number</b>	020 8405 8206
<b>Email address</b>	cranley@independencehomes.co.uk
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Independence Homes Limited
<b>Name of registered manager (if applicable)</b>	Christina Pantrini
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	6
<b>Category(ies) of registration, with number of places</b>	Learning disability (6)

# **SERVICE INFORMATION**

## **Conditions of registration:**

**Date of last inspection**            23<sup>rd</sup> August 2006

## **Brief Description of the Service:**

Cranley Gardens provides residential care for up to six adults with mild to moderate learning disabilities, specialising in providing a service to people who also have epilepsy. Six people are currently living there.

Cranley Gardens is owned and managed by a private organisation, Independence Homes Limited, who have three other similar services in the local area.

Accommodation is provided over two floors. There are six single bedrooms, one with its own en-suite facilities. People have access to a lounge/dining area, kitchen, a conservatory that leads out into the garden, an office/sleep-in room and a toilet on the ground floor. The first floor has five bedrooms and two bathrooms.

The fees vary depending on the package of care and support people receive. Information about fees is included in the contract of residence, with current fees available from the home.

Inspection reports and details of the CSCI are available.

# SUMMARY

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

This unannounced inspection was carried out over five and a half hours on the 13<sup>th</sup> of November 2007 by one regulation inspector. The inspection included speaking with people who use the service, staff and the registered manager as well as looking around communal areas and one bedroom.

Questionnaires were sent to people who use the service, staff and relatives. We have received three completed questionnaires, comments from these are included in the relevant section of this report.

An Annual Quality Assurance Assessment was completed by the manager and returned in good time to be included in this report. We have also received appropriate notifications.

The people using the service have asked to be referred to as 'clients' and this term will be used throughout this report when referring to peoples comments.

## **What the service does well:**

Cranley Gardens provides a supportive, homely and safe environment for clients. Clients comments included 'I like it here', 'I'm comfy' and 'staff help'. Care plans are in place and kept under review. Clients do 'what they want' and get the support they need from staff.

Clients health and medical details are well recorded and met. Medication is well managed. Clients feel that they get the medical support they need. The service has a stable staff team which provides consistency of care for clients.

## **What has improved since the last inspection?**

The Statement of Purpose and Service Users Guide have been updated to reflect the services provided, to ensure that clients have up to date information.

## **What they could do better:**

The kitchen cabinets are starting to look 'tired' and are not in keeping with the modern style of the rest of the home.

Clients and staff reported that the conservatory will not be used much over the winter months due to the cold and that in the summer it is often too hot to use. This space could be redeveloped and used as additional communal space all year to provide more space for clients to be with visitors or watch a different television channel.

A copy of the monthly visit report should be sent to the CSCI.

The manager reported that they could develop better relationships with local agencies including the partnership board for people with learning disabilities.

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](mailto: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**

## **CONTENTS**

Choice of Home (Standards 1-5)

Individual Needs and Choices (Standards 6-10)

Lifestyle (Standards 11-17)

Personal and Healthcare Support (Standards 18-21)

Concerns, Complaints and Protection (Standards 22-23)

Environment (Standards 24-30)

Staffing (Standards 31-36)

Conduct and Management of the Home (Standards 37 – 43)

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 and 2

People who use the service receive **good** quality in this outcome area.

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

The service has developed a Statement of Purpose and Service Users Guide to provide information to people about the services provided. Assessments are completed before admission.

### EVIDENCE:

A Statement of Purpose and Service Users Guide have been developed, which include information about the aims and values of the service, the facilities available, how privacy and dignity will be maintained, how to make a complaint and details of the registered persons. The manager reported that this information will be developed into more accessible formats for clients.

One client could not remember being asked about moving into the service or if they received enough information to help make the decision. Two clients had been involved in deciding whether to move in, had visited and received relevant information.

Detailed assessments have been completed before clients move in and are kept under review, to ensure any changes in need are reflected and acted upon.

## 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 and 9

People who use the service receive **good** quality in this outcome area.

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

Care plans are person centred, developed from assessments and completed with the individual. A key work system is in place, which enables staff to work on an individual basis and be involved in goal setting.

### EVIDENCE:

Case files contain information about clients needs, their social and medical information. Care plans have been developed with clients from assessments and indicate the areas where support, supervision and assistance are needed. The manager reported that they are developing more person centred plans with clients noting their favourite things, identifying goals and working out ways to achieve them. Clients confirmed that they are involved in planning the care they receive and that they have regular reviews.

Two clients said they 'always' and one client said they 'sometimes' make decisions about what they do. One client said they 'want to do more, but need more staff'. One client said they 'want to go out more in the evening'.

Risk assessments are in place and clients are supported to take appropriate risks, with a balance of safety and independence for clients. Staff were aware of the areas clients need support and when they are to be observed rather than helped.

A monthly meeting is held with clients when they can raise any issues, make suggestions and plan for the future of the service. This is a good opportunity for clients to be involved in the day-to-day running of the home. Two clients said that they enjoy these meetings.

# 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 and 17

People who use the service receive **excellent** quality in this outcome area.

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

People who use the service are able to enjoy a full and stimulating lifestyle with a variety of options to choose from. Routines are flexible and people can make choices in major areas of their life.

## **EVIDENCE:**

Clients are in part time employment at different places in the community and attend classes and courses to meet their education, social and employment needs. All clients have an annual holiday, to the place of their choice.

Clients are supported to maintain and develop important family and personal relationships.

Meals are appropriate and meet clients medical and religious needs. Clients are supervised and assisted by staff with menu planning, shopping and all

aspects of food preparation. Three clients said they 'like the food' and 'have enough support with cooking'.

## 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 and 20

People who use the service receive **good** quality in this outcome area.

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

Personal healthcare needs including specialist health and dietary requirements are clearly recorded in each person's plan and give an overview of health needs and act as an indicator of change in needs. People who use the service have access to healthcare services. Staff have training in health care matters. An efficient medication policy is in place, with appropriate procedures and practice. Staff complete training in the administration of medication. People who use the service are given the support they need to manage their medication.

### EVIDENCE:

Clients confirmed that they receive appropriate support with health and personal care tasks in the way they wish. The manager and staff demonstrated a good understanding of maintaining clients privacy and dignity and providing appropriate support.

Health action plans are in place, which detail the individual's health needs and any actions staff need to take in the event of an emergency. The manager

reported that most clients have had a reduction in the number of seizures they have, which in turn is improving their quality of life. Records confirmed that this is the case. This indicates that clients receive good health and medical support. The manager reported that the service has good links with GP's, neurologists and other health professionals in the community. Clients confirmed that they see the GP and other health professionals when required and that staff give the right help and support.

Appropriate medication policies, procedures and practices are in place. Medication is labelled, stored and recorded correctly. Medication Administration Record Sheets were up to date and signed by staff. Staff are trained in the administration of medication and the manager does regular checks and completes a competence test on staff. Clients are encouraged and supported to manage their medication with a process to assess and monitor progress. This ensures clients are safe.

## 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 and 23

People who use the service receive **good** quality in this outcome area.

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

The service has a clear complaints procedure which is accessible to people who use the service and their relatives and representatives. Policies are in place for the protection of vulnerable adults and staff complete training in protection issues.

### **EVIDENCE:**

The complaints procedure is included in the Statement of Purpose and Service Users Guide. The manager reported that any complaints would be taken seriously and records kept of actions taken and outcomes, although no complaints have been received. We have not received any complaints about the service.

Three clients said they 'know who to speak to and how to complain'. No issues were raised at this visit.

Policies are in place for the protection of vulnerable adults, with clear guidelines and actions for staff to take. The manager and staff understand their responsibilities in relation to protection of clients who use the service. Two staff at the service provide the protection training for the organisation.

# 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, 27, 28 and 30

People who use the service receive **good** quality in this outcome area.

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

The home provides a physical environment that is appropriate to meet the needs of the people who live there. Bedrooms are single and people are encouraged to personalise their rooms. All areas of the home were clean and fresh.

## **EVIDENCE:**

Clients have access to an open plan lounge/dining room and kitchen on the ground floor. The kitchen is starting to look worn, with dark cabinets that are not in keeping with the light modern décor and furnishings in the lounge/dining area. A separate conservatory area that clients and staff reported is cold in the winter and too hot in the summer, could be improved to provide more communal space for individuals. The manager reported that they plan to improve the environment for clients over the next year.

Sufficient bathrooms and toilets are available with a choice of shower or bath.

Bedrooms are single and have been personalised to the individuals choice. Clients confirmed that they have all they need in their bedrooms. One client said that the home is 'always', one client said 'usually and one client said the home is 'sometimes' clean and fresh. All areas were clean and tidy during the visit.

## 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 and 36

People who use the service receive **good** quality in this outcome area.

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

People who use the service are happy with the care they receive. Staff have good training opportunities. The staff recruitment process is good, with systems in place to ensure that appropriate checks are made. Regular staff supervision and staff meetings take place.

### EVIDENCE:

Two members of staff are on duty during the day with one member of staff awake at night and one member of staff asleep but on call at the home at night. These staff levels were seen to be appropriate to meet clients needs. The manager is supported by two team leaders with four support workers and two regular bank staff to cover staff absence. A driver is available to support clients getting to and from work when necessary.

Clients made positive comments about the staff including, 'staff help', 'staff listen' and 'staff meet with me regularly'. Staff were seen to have good knowledge of clients needs and how to meet them. Relationships were seen to be good and positive, with clients very relaxed in their home with staff.

Staff recruitment policies are in line with legislation. Staff files contain a copy of the application form, interview notes, three written references, confirmation that a Criminal Records Bureau check has been completed, a recent photograph and proof of the individuals identity.

The organisation has a training and development programme available to all staff with some core training which is completed by all staff with regular refresher sessions. Staff confirmed that they complete appropriate training to support them in carrying out their job.

Records indicated that staff receive regular supervision, the manager reported that supervision is a high priority. Staff confirmed that they receive supervision and support.

# 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 and 42

People who use the service receive **good** quality in this outcome area.

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

The manager has the required experience to run the home. Quality assurance systems are in place to seek people who use the service, their relatives and representatives and other stakeholders views on the services provided. Good health and safety polices and procedures are in place, with checks and records up to date.

### EVIDENCE:

The manager has the knowledge and experience to manage the home, she demonstrated knowledge and understanding of clients needs and managing staff. Regular staff meetings take place, with minutes available. A house meeting takes place, where clients are asked their opinion of the services provided and plan for the future of the service.

A representative from the organisation visits every month with a copy of the report at the home. A copy of this report should be sent to the CSCI.

Appropriate policies and procedures and records are in place and up to date to ensure that clients, visitors and staffs health and safety is maintained. A member of staff is responsible for completing a monthly health and safety checklist, which clearly identifies any issues and actions taken. The fire alarm is tested weekly by staff and serviced regularly. Portable electrical appliances were checked in May 2007. The gas safety check is due mid November 2007, the manager reported that a date for this is planned. The electrical supply test is due. The manager reported that this is due to be completed in the near future.

# 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

<b>CHOICE OF HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>1</b>	3
<b>2</b>	3
<b>3</b>	X
<b>4</b>	X
<b>5</b>	X

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

<b>LIFESTYLES</b>	
<i>Standard No</i>	<i>Score</i>
<b>11</b>	X
<b>12</b>	4
<b>13</b>	4
<b>14</b>	X
<b>15</b>	3
<b>16</b>	3
<b>17</b>	3

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

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

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

**3**

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

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

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	YA24	Consideration should be given to replacing the kitchen cabinets to provide a better environment for clients.
2	YA24	Consideration should be given to replacing the conservatory so it can be used as communal space all year, not depending on the weather.
3	YA39	A copy of the monthly visit report should be sent to the CSCI to comply with regulations.

## **Commission for Social Care Inspection**

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