Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Arthur Court

22-24 Christ Church Road, Folkestone, CT20 2SL

Tel: 01303258777

Date of Inspection: 08 January 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	A C L Care Homes Limited
Registered Manager	Ms. Pauline Walledge
Overview of the service	Arthur Court provides residential care for up to 19 men and women with a mental health problem.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with three of the 19 people using the service. They were positive about the service. They told us "it's alright" and that they get support from the staff. One person told us they were "happy with the way things are going" and that staff were "approachable if you've got problems." The interactions we saw between staff and people using the service were friendly and respectful.

People had had their needs assessed, and care plans developed to meet these. People's physical healthcare needs were responded to. The service worked with other health and social care professionals to ensure that people's needs were met.

People were satisfied with the food provided by the service. Some of the people using the service cooked their own food.

The service was adequately maintained, and was undergoing refurbishment at the time of the inspection.

Staff received adequate training and supervision.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The people we spoke with were positive about the service. They told us "it's alright" and that they get support from the staff. One person told us they were "happy with the way things are going" and that staff were "approachable if you've got problems." The interactions we saw between staff and people using the service were friendly and respectful.

We saw that care records included detailed assessments of people needs, and that care plans had been developed in response to this. They included a "pen portrait" which described the person and their needs and preferences. There was a risk care plan which included the person's level of risk, their crisis and contingency plan, and signs that indicated a possible relapse of their mental state.

All the care records we looked at had been reviewed each month. Some noted that there had been no change, but others contained detailed information about the person's care and wellbeing during the previous month. One person told us they had a copy of their care plan and agreed with what was in it. Another person said they had a care plan which was reviewed every six months. They said they didn't have a copy of it, but knew it was in their care records.

All the people using the service were registered with a GP. Records were kept of when people had contact with healthcare professionals such as their GP or the district nurse. Staff told us that the GP practice carried out a physical health check on all the people using the service in June and July.

Records showed when people had last visited the dentist, optician, and other healthcare professionals. Some of these showed that people regularly attended or if they had refused, with some of the records this was no clear. We saw that some people had attended for routine health screening, such as smear tests, and had had flu jabs.

One of the staff led on the physical healthcare checks of people using the service. They monitored everyone's health once a month, and this including weighing the person and taking their blood pressure. Staff told us that the purpose of this was preventative, so that any significant or sustained changes were identified early on.

We saw that people using the service were independent and the doors were not locked. Some people had keys to their room, or could access it with a thumb print.

There was no set activity programme. The people we spoke with told us they liked to choose what they wanted to do. This included watching television, knitting, reading, shopping, going to the pub, and going on holiday. The people we spoke with told us they went out alone, but may go with a member of staff if they were attending a hospital appointment. One person we spoke with said they had a routine of things they did throughout the week, and they liked this.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

The people we spoke with told us that the food was "okay". They said that they didn't choose the menu, but there was a selection of food at each mealtime. We saw that each person had an assessment which included their food preferences, and any allergies or special diets they required.

The service had a chef who cooked meals six days a week, and care staff cooked food at other times. Food was prepared in the kitchen, and then placed into a heated trolley in the dining room from where it was served to people by care staff.

There was a kitchen area in the dining room from which people were able to make drinks when they wished. We saw this happening throughout the inspection.

Training records showed that not all staff had completed food hygiene training, or had not done so for some time. However, we saw that training had been booked for eight staff in March 2014. The manager told us that staff who had not had training were night staff who did not prepare or serve food. The staff we spoke with who prepared food said they had completed food hygiene training, and this was confirmed in the training records we looked at. The sample of supervision records we saw showed that one of the supervision meeting "themes" in 2013 had been food hygiene. This checked that staff had completed training in food hygiene, and asked questions to check staff's understanding of the subject.

The care records showed that people's weight was monitored and a nutritional assessment had been carried out. We saw that many of the people using the service were overweight. We saw that some of the people using the service had plans to help them lose weight. It was not clear if this was an issue that had been discussed with people using the service, which included those who were on medication which may make it more difficult for them to maintain a healthy weight.

The Food Standards Agency last visited the service in April 2013, to assess food hygiene standards. They gave their highest rating of five stars. We saw that fridge and food temperatures were routinely taken, and were within an acceptable range. We saw that opened food containers in the cupboards and fridge were dated and sealed.

Records showed that routine checks were carried out in the kitchen. This included

cleaning checks. Staff told us that a deep clean was carried out of the kitchen every 12 weeks, and records stated that this had last been done on the 23 December 2013. However, the provider may find it useful to note that some areas of the kitchen were not clean. For example, the microwave, hob and oven, deep fat fryer, door vent and cooker hood had surfaces that were greasy and dusty. We saw that a cupboard where cleaning materials were kept also contained bowls and pans that were used in food preparation, and that many of the non-stick pans had badly damaged services that made them difficult to clean effectively. The manager agreed, and said that they would have the kitchen deep cleaned, and new pans had been bought by the end of our inspection.

Staff told us there were five people who prepared some of their own meals. We saw that there was a dedicated kitchen for this, and care records showed that there was a plan setting out when people did this, and any support they needed. Staff told us that it was up to the person making the meal what they ate, but they tried to promote healthy eating and making meals from scratch, as opposed to buying ready-meals. One of the people we spoke with told us that they prepared food four days a week, and that they decided on the menu, went shopping and cooked and cleaned up after themselves.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

Staff told us that all the people using the service had a care manager or keyworker, and that most people had a social worker or community nurse. This was confirmed in the care records which included contact details for community mental health services and other professionals, including psychiatrists. Staff told us that if they were concerned about someone's mental health they would contact the mental health team. They said that this could take time but if a person was very unwell the team was very responsive. The people we spoke with told us they had a community mental health nurse or a social worker, and most people also saw a psychiatrist.

Staff told us that people using the service had had a care programme approach (CPA) meeting, or their care reviewed within the last four months. This was supported by the sample of care records we looked at. There were copies of old CPA meetings, but not the recent ones, which there were delays in sending to the service. The manager told us that the reviews and CPA meetings were usually attended by the person involved and a member of staff from the service, usually the manager.
The people we spoke with told us that they were involved in and attended their CPA meetings.

Some people using the service were subject to Home Office restrictions. Records showed that their care was reviewed by or on behalf of the Home Office every three months. One of the people we spoke with who was in this position, was clear about what this meant and what the conditions placed upon them were.

Records showed that everyone using the service was registered with a GP, and we saw that appointments with healthcare professionals were recorded in a file for each person.

Some of the people using the service had been admitted to hospital for mental or physical health problems. The care records included a summary of key information and contact details about each person. Staff told us a copy of this went to hospital with the person. We saw that records of ambulance care and hospital treatment were kept in the care records.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The service had a contract for maintenance, and we saw that there was an ongoing programme of work in the building. The service employed a maintenance person between this service and its sister home. Staff told us that there was a maintenance schedule, which had prioritised the work and redecorating that needed doing in the service. Staff described how they had tried to minimise the disruption to people using the service throughout the process. Staff told us there was a maintenance book for recording repairs that needed doing, but on most occasions they would email the maintenance person. We saw that the maintenance person carried a smartphone so could see their emails.

A housekeeper worked in the service three days a week. Staff told us that the housekeeper cleaned the bedrooms, and occasionally the bathrooms. They did not do the routine cleaning of bathrooms and toilets, or the kitchen. Staff told us that there was a daily routine for cleaning, carried out by care staff and people using the service. The housekeeper did a thorough clean and hoover of the rooms every three to four weeks. We saw that the housekeeper had a cleaning plan, and carried out a deep clean of a selection of bedrooms each month.

We saw that refurbishment work had been carried out, and was continuing throughout the building. For example, we saw that a new bathroom had been fitted on the ground floor, and another new bathroom was being fitted in the basement. Staff told us that the bedrooms were in the process of being refurbished.

Records showed that the service was up to date with and had servicing and repair contracts in place for gas, electricity and fire prevention. The owner told us that a new gas main had been installed three years ago, and they had recently had new boilers put in.

There was a daily health and safety checklist for staff. This included checking that fire doors were properly secured and not blocked, looking at the general maintenance of the building, and ensuring the service was safe. We saw that where issues were identified these were addressed. However, the provider may find it useful too note that records showed that the frequency of the checks varied, and was completed sporadically, for example once a week.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

All the staff we spoke with told us they worked in both this and its sister service nearby, though some worked more in one service more than the other. Recruitment, training and supervision records were held in one place for both sites.

People received care from appropriately trained staff. The training matrix showed that mandatory training for staff included safeguarding, fire, the Mental Capacity Act and first aid. Training records showed that most staff had completed most of their mandatory training, though some staff required a refresher, particularly in the areas of food hygiene and safeguarding. Staff told us that training sessions were booked throughout the year, and we saw proof that this had happened during the previous year.

We saw that some staff had also undertaken additional training. This included courses in conflict management and the Mental Health Act. Some of the staff had completed nationally recognised training, such as National Vocational Qualifications (NVQs) in care.

Staff received an induction when they started working in the service. The staff we spoke with told us that they had had an induction. This was not recorded on the training matrix, but we saw completed examples of this in staff records. Staff said they had had an initial three-month probationary period, which had included mandatory training and shadowing experienced staff.

Staff had supervision and appraisal meetings with senior staff. The staff we spoke with, except newer staff, said they had had supervision meetings. The manager told us that the supervision sessions incorporated the appraisal process. The manager told us that supervision was due every three months, but there had been gaps. We saw records of supervision meetings held at the end of 2012 and the beginning of 2013, and then further supervision carried out in November 2013. Records showed that during the sessions basic performance was discussed, and any issues or training needs identified. Records showed that a "theme" was identified on the form for each quarterly set of supervision meetings. For example, in February 2013 staff had been asked questions about the fire policy.

The manager told us that all the staff had their own email address, and information and

messages were communicated by email. Staff confirmed this and said that all staff would log in at the beginning of their shift to see what messages there were. The staff we spoke with said they felt supported. They said they felt able to approach senior staff or managers if they had any concerns or ideas.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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