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: 11 January 2013

Date of Publication: March 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Records	✓ 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. All but one of the rooms is single and there are shared bathroom facilities.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Management of medicines	9
Requirements relating to workers	11
Records	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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 11 January 2013, 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 7 of the 19 people who use the service, and they were all positive about it. One person told us the service was "nice and friendly" and "relaxed", and another that "it's a nice place to live" and that they felt very settled and safe. One person said "I love it here," and they always had someone to talk to, which helped them when they heard voices.

The interactions we saw between staff and people using the service were friendly and respectful. The people we spoke with said they liked the staff and found them supportive. One person said "they're very good" and another "we're well looked after here." One person told us "it's a good place" and that "the people who work here have a lot of respect for me." The people we spoke with told us what they liked to do, and said they were able to make choices about their lives and pursue their interests.

The service had effective systems in place for the handling of medication. We saw that there were processes for the safe ordering, storage, administration and disposal of medicines.

There were effective recruitment and selection processes in place. The service had processes in place for the recruitment and management of staff, and the staff working there had had the necessary recruitment checks.

Records were kept of people's care and both these and staff records were updated and kept securely by the service.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

People had choices and could make decisions about their lives. The people we spoke with told us what they liked to do, and said they were able to make choices about their lives and pursue their interests. People told us they could go out when they wanted to, and we saw people coming and going throughout the day.

Staff told us that people were involved in developing their support plans, and the people we spoke with were clear about what they wanted to do. This was not always evident in the support plans, many of which were not written in a person centred way, and some were very task orientated. However, some of the care plans had included the views of people using the service and there was evidence that staff had discussed people's plans with them. For example, what preparation a person needed to do if they wanted to do voluntary work.

Some people in the home were subject to Home Office restrictions, which means they may be told where they have to live, or have other limitations placed on what they can do. We saw that the service had clear plans in place regarding the limitations this placed on people. It was documented in at least one of the records that the person was clear about what they had to inform the Home Office of. We saw that some records included the person's views about the restriction.

We saw that where a person was self-medicating, they had been provided with information about each step of the process, and had signed their agreement with this.

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

All the people we spoke with were positive about the service. One person told us the service was "nice and friendly" and "relaxed", and another that "it's a nice place to live" and that they felt very settled and safe. One person said "I love it here," and they always had someone to talk to, which helped them when they heard voices.

The interactions we saw between staff and people using the service were friendly and respectful. The people we spoke with said they liked the staff and found them supportive. One person said "they're very good" and another "we're well looked after here." One person told us "it's a good place" and that "the people who work here have a lot of respect for me."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care records showed that people had a care planning meeting, often called a care programme approach (CPA) meeting, at least every six months and regular outpatient appointments with local mental health services. The manager told us that staff attended the CPA meetings and outpatient appointments with people, but didn't always get copies of the notes from these meetings.

The care records contained an assessment of people's needs, risk assessments, and numerous care and support plans. Each record contained a summary of each person's risk assessment and the action staff should take if, for example, they didn't return to the service. Staff told us that if a person was unwell they might increase their level of observation, offer additional medication, or contact their GP, community nurse or psychiatrist.

Staff told us that the people using the service had a weekly timetable, and this focused on activities of daily living such as budgeting, shopping, cleaning and cooking. Staff told us that the aim was to support people to become as independent as possible. One person told us that they had a care plan to help them move on from the service, and this included shopping, budgeting and tidying. They told us that they had a targeted plan for the year.

Staff told us that they supported people to do activities in the home, but that they were also encouraged to engage in activities in the community as part of their support plan. Staff told

us that they asked people what they want to do. They said indoor activities included board games and crafts, and outdoor activities included shopping and eating out. We saw that people were able to follow their interests. For example, one person enjoyed DIY so they had their own workshop, and another person was a musician.

Staff told us that the service pays for access to a small farm holding, which people can go to one day a week. People told us they enjoyed seeing the animals, or just being in the countryside. The manager told us that people prepared a packed lunch to take with them, and went by public transport which promoted their independence. Staff told us that once a year some of the people using the service go abroad, supported by staff. Some of the people using the service told us about the holidays they had gone on abroad.

People told us that staff do most of the cooking, but some of the people in the home had regular times each week when they prepared their own food. We saw that people had access to food and drink when they wished.

We saw that people had their healthcare needs met. Records showed that people using the service had an annual physical health check. The care records we looked at showed that people had attended for routine healthcare appointments such as the dentist and to have flu jabs, and for specific conditions such as diabetes follow-up, dietitians and mole removal. It was also recorded when people had decided not to attend appointments.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The service had effective systems in place for the handling of medication. We saw that there were processes for the safe ordering, storage, administration and disposal of medicines. Staff told us that most of people's medication was provided by and disposed of through a community pharmacy. The provider told us that their community pharmacist had carried out an audit of their pharmacy procedures and there were no concerns with the home's practices. However, the report was not yet available so this was unconfirmed. Staff told us there was a lead care worker for medication, with three members of staff assigned to check and put away medicines.

We saw that medication was stored securely. We saw that medicines that needed to be kept cold were stored in a medication fridge at the correct temperature.

Medicines were safely administered. Staff explained the process for administration of medication. They told us that one staff member was allocated to administer medication each shift, and they did not carry out other tasks whilst they were doing this. Staff explained the process for managing any medication errors. One of the people we spoke with said that the staff sort out and gave them their medication, which they were happy with. Another person said they had their medication once a day, and they had to stand in a queue and wait. The sample of medication administration records (MAR) that we looked at were completed correctly. We saw that there was information about each person's medication, and what and when they may need any additional medication for.

Staff told us only a small number of people in the service administered their own medication. We saw that where a person was self-medicating there was a detailed process to go through to assess the needs of the person and for them to give their consent. This showed how a person who was self-medicating was monitored and supported through the process. We spoke with a person who was administering their own medication. They told us they were satisfied with the process. We saw that there was a staggered programme for its implementation, which had been signed by the person.

Some people in the home were taking medication which required them to have regular blood tests. We saw that there were processes in place that ensured this happened. Staff told us that most people carried this out independently, and went alone to have the blood

test and collect the medication. This was confirmed by one of the people we spoke with, who told us they regularly went to have their blood taken.

Staff told us that all medication in the home was prescribed by a doctor, and they didn't use "homely remedies", such as paracetamol or simple linctus, without a prescription. However, they said that if people brought such medication into the service, they would give them to staff who would administer them. The provider may find it useful to note that there was not a clear policy for the use of homely remedies, which may put people at risk or cause unnecessary delays to their treatment.

Staff explained how they ensured that people had medication when they went on leave. They said if it was arranged in advance for more than a few days then the medication would be dispensed from the community pharmacy. If it was a short notice visit for a short period of time, there was a clear process they followed to ensure that people had the correct medication, and knew when to take it.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. The service had policies in place for the recruitment and management of staff. The service had an administrator who coordinated the recruitment of staff, and ensured that staff records were up to date.

Appropriate checks were undertaken before staff began work. The managers told us that they interviewed potential staff, and the administrator carried out the necessary background checks. The sample of staff files we looked at showed that staff had had the necessary recruitment checks. This included references, proof of identification, and employment history. We saw that all staff had had a criminal records bureau (CRB) or a disclosure and barring service (DBS) check (this replaced CRB in 2012).

Staff told us that they had started working in the home before their DBS checks had come through. One person told us that they had always been with another member of staff during this period, and were not left alone with people using the service, and didn't handle medication or money. Another staff member confirmed this, and said that it had been relatively quick (two weeks) for their full DBS to come through. The manager told us that all staff had been checked against the "barring list" (the first part of the DBS check) before they were allowed to work in the service. The manager confirmed that the person had to be supervised at all times whilst they waited for the second part of the DBS check (the criminal record check) to come through, and only then would the staff member be allowed to work with people unsupervised.

The manager told us that all new staff completed an induction, which people using the service had input into. We saw that the induction folder included key policies that staff were expected to know which included privacy and dignity, whistleblowing, and relationships with people using the service. A checklist of information included the day to day running of the home, looking at people's care needs and being introduced to people using the service. The staff we spoke with said they had completed the induction and found it helpful, to enable them to meet the needs of people using the service.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records were accurate and fit for purpose. People had multiple care records, in both paper and electronic formats. All people using the service had a keyworker, who was responsible for updating their records. We saw that all the people using the service had an Individual Care Plan (ICP) that briefly outlined their care and support. People also had a weekly plan and personal task sheets which they worked through. Daily records of people's care were recorded electronically, and this was monitored by the managers of the service. The care records we reviewed were not written in a person centred way, and the daily records did not refer directly to the care plans. However, we saw some evidence that people had been asked for their views, and that the care provided was centred on the person.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. We reviewed a sample of staff files and saw that they were clearly ordered, and contained the necessary information.

Records were kept securely and could be located promptly when needed. We saw that the service had systems in place for the secure storage of information about people who used the service and staff. Care records were divided so that information that was required on a daily basis was readily available and easy to find. Each member of staff had a secure login to the electronic records system. The provider may find it useful to note that there was information on the wall of the medication room about people's medication, which may not protect their privacy.

Records were kept for the appropriate period of time and then destroyed securely. The provided described the process for the archiving and secure disposal of records.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk