

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

King Edward House

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Date of Inspection: 25 July 2014

Date of Publication:
September 2014

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	R Cadman
Registered Manager	Mrs Mary Dewell
Overview of the service	King Edward House provides accommodation and personal care for up to six people who have a learning disability.
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'.

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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 25 July 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information sent to us by commissioners of services.

What people told us and what we found

Our inspection team was made up of one inspector. We spoke with some of the people who used the service, the manager and care staff. We spent time with people who had communication difficulties and observed the interactions between people and staff during the day. We considered our inspection findings to answer questions we always ask:

Is the service safe?

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well-led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people who used the service, their relatives, the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

The service was safe because the manager had a good understanding of the risks and needs of the people using the service and had put appropriate measures in place. Risk assessments had been completed to make sure staff knew how best to support people to minimise potential risks to their wellbeing. People were treated with respect and dignity by the staff. Safeguarding procedures were robust and staff understood how to safeguard the people they supported. People told us that they felt safe. One person said, "The staff make sure I am safe ". The provider had appropriate systems in place to monitor and assess the quality of service.

Is the service effective?

The service was effective because people's health and care needs were assessed with

them and/or their representatives. Specialists including psychologists and speech and language therapists had been involved in people's care and to give staff training and advice. Staff had received the training they needed and there was an ongoing training programme to make sure staff had the skills they needed to support people appropriately.

Is the service caring?

The service was caring. Staff spent time with people and assisted them to do what they wanted. Staff had got to know the people using the service well and had developed ways to communicate with them. When people needed support this was given respectfully and in a relaxed way. Staff occupied people with activities and encouraged people to learn new skills.

Is the service responsive?

The service was responsive. People were given choices and staff were responsive to their needs. Sometimes people needed support with their behaviour and there were plans and systems in place to respond to this. The service had a development plan that addressed all areas of improvement needed and they had been responsive to concerns that had been raised.

Is the service well-led?

The service was well-led. The service had a manager who was experienced in working with people with learning disabilities and although they had responsibilities as head of care in another service within the organisation, there was a senior member of staff on duty at all times. They told us "The manager is very supportive and I can contact them if I have a query or if I need support. They are just down the road".

There were systems in place to provide on-going monitoring of the home. This included checks for the environment, health and safety, fire safety and staff training needs. The staff confirmed that they had individual supervision and staff meetings. This enabled them to share ideas and concerns.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People's diversity, values and human rights were respected. Staff knew how to communicate effectively with people and this enabled staff to understand people's views and wishes. Staff knew the people who used the service well and we saw that they could interpret people's body language and expressions.

People who used the service had an individual support plan detailing their needs and choices in relation to how their care was provided and how they preferred to be supported. The plans, including risk assessments, were developed in consultation with each person and their representatives. One person told us, "I like horses and I go on a pony and trap but if I don't feel like going the staff support me to do something else"

We observed that staff treated people with respect and encouraged people to make choices about their lifestyle, activities and support. In addition, we saw that people were encouraged to do as much as they could for themselves, rather than staff automatically doing things for them. "One person told us "We do different jobs around the house so we keep our home tidy, I like drying up".

Staff we spoke to explained that some people liked certain jobs and although people were encouraged to do different things around the house staff respected peoples choices. We observed that one person liked to help with the preparation of meals whilst another person preferred to wash up and lay the table. The tasks people were doing matched what had been recorded in their care plans.

People who used the service told us that they had regular house meetings. One person told us "We talk about lots, what we want to do and where we go on holiday". Notes from previous meetings recorded that people also decided on menus and activities and that these choices were respected and actioned by staff.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The assessment process meant that the service had a clear overall picture of a person, their needs and wishes before they moved in. We observed positive staff interactions with people who used the service and the staff knew the people well. People were seen being appropriately aided to walk and sit down. There was a pleasant relaxed atmosphere.

Staff were knowledgeable about how to support each person in ways that were right for them. The staff spoken with on the day of the visit, were able to discuss the needs of people using the service and ways in which individuals were supported. Staff members on duty told us that they had worked for the service for a number of years and people who used the service confirmed this. One person told us "We all get on really well. Staff know what I need help with".

People were encouraged to be as independent as possible and plans were in place to increase people's skills. People were able to decide when they wanted to go out and when needed a member of staff would make themselves available to go out with them.

People told us that they took it in turns to choose the weekly menus on offer in the home. If people didn't like the choice of menu, they told us that they could have whatever they wanted as long as it was available. Staff explained that if people did not like the menu, they could always have alternatives.

People maintained good health because the service worked closely with health and social care professionals. People had regular appointments with dentists, consultants and opticians and were supported by staff to attend these. This meant that prompt action was taken to make sure people received the care, treatment and support they needed. People had support to attend health related appointments with doctors, consultants, opticians etc.

People's health and personal care needs were recorded in their individual care plans as well as their personal goals for the future. There was information about people's background and life events.

Although the staff knew people really well, the provider may find it useful to note that not all the care plans were up to date and did not include all the necessary information. This meant that there was a risk that people may not receive the care and support they needed.

The manager told us that they were in the process of changing the care plans and were introducing a new format which would make it easier for staff to find the information they needed quickly and which were easier for people who used the service to understand. We were shown a person's updated care plan and saw that the new format was an improvement and was more person centred. The contact details for people's next of kin and other important people were recorded in the care plans and people had support to keep in touch with their family and friends.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People who used the service told us that they felt safe.

We spoke to several staff members and they demonstrated that they knew the types and signs of abuse and that they had received training in safeguarding vulnerable adults. The manager told us, and records confirmed that new members of staff received safeguarding training as part of their induction programme.

We looked at the provider's safeguarding policies and procedures and found that they included the local authority multi-agency safeguarding procedures. The home had a whistleblowing policy which was in the process of being updated. Staff we spoke with knew the procedures for reporting abuse from both inside and outside of the service.

We found that security checks on staff including up to date police checks had been completed to ensure that they were suitable to work with people who were vulnerable. The staff members we spoke with confirmed that they worked collaboratively with the local authority to safeguard and protect the welfare of people who used the service.

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

Staff received appropriate professional development. We reviewed staff files for three members of staff, and saw that supervision of staff was conducted regularly and included periodic observation of the staff member at work. The provider may find it useful to note that observations were documented but there were no comments made on how staff could continue develop their skills or to highlight when they achieved best practice.

Potential new staff met people using the service and current staff to enable people to give their opinion about the prospective member of staff. Potential staff were interviewed face to face and records kept of the interview. Records showed that new staff completed an induction during a probation period to give them knowledge about the service and about people's needs.

The induction period included reading policies and procedures and face to face practical training. People were observed and their competency checked before they could perform any task on their own. Staff were subject to a probation period and had regular supervision meetings during this time for support, coaching and mentoring.

Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as the terms and conditions of their employment. People told us that the staff were 'kind and caring'. We saw staff engaging with people and talking to people in a kind and respectful manner. Staff were discreet when talking to people about personal matters and gave people time to respond so that they were not rushed.

Planned and on-going training ensured that staff were qualified and had developed the skills they needed to fulfil their roles. Courses were planned with a system in place that showed which staff were due for refresher training. Training related to people's specific needs was provided when needed so that staff had specific skills.

Training was in line with recommendations from Skills for Care (a government training agency). Mandatory training included training in areas such as, moving and handling, safeguarding, first aid and fire awareness. We saw that staff had received extra training in areas such as, person centred care.

All of the staff we spoke with told us that the manager was approachable and easy to talk to if there were any concerns about the role. There was a communication book where staff could check for any updates or changes.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had a system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People said or indicated that they were satisfied with the service being provided.

The provider had a quality assurance system in place. We saw that there were systems in place to carry out quality checks to make sure that people were happy with the service. The staff met with people regularly, to make sure that they were receiving the care and support they needed.

Information about people's experiences had been gathered in such a way to allow for monitoring of risks and the quality of care delivery. For example, surveys were recently sent out to people using the service and their representatives although these had not yet been returned the manager told us that the results would be analysed and any points highlighting that improvements were needed would be actioned. Review meetings and house meetings gave a forum to enable people to air their views and opinions. One person told us "Our meetings make me feel like I am listened too".

The provider had procedures in place to monitor the quality of the service and make improvements and changes if any shortfalls were identified. Certain areas including the medication systems and fire systems were checked regularly by staff. The manager carried out regular audits of the service to make sure it was safe.

A maintenance team addressed any repairs and maintenance problems that staff reported. This maintained a safe environment. Accidents and incidents were recorded and analysed and if required, appropriate action was taken to prevent them happening again.

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.

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