Inspection Report

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

Favorita House Residential Home

28 Canterbury Road, Herne Bay, CT6 5DJ

Tel: 01227374166

Date of Inspection: 14 May 2014

Date of Publication: June 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
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr & Mrs P Post and Mr K G Post
Registered Manager	Mrs Pauline Gough
Overview of the service	Favorita House Residential Home is a privately owned care home for up to 16 older people who may have dementia.
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 carried out a visit on 14 May 2014, observed how people were being cared for, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

The inspection was carried out by one Inspector over five hours. During this time we met and talked with people living in the home and with staff on duty. They helped answer our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? 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 using 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. People were treated with respect and dignity by the staff. People told us that they felt safe. Safeguarding procedures were robust and staff understood how to safeguard the people they supported.

We inspected medication management and found that there were suitable procedures in place to ensure that people received the right medicines at the right time, with the support of appropriately trained staff.

Is the service effective?
The service was effective. People's health and care needs were assessed with them, and they were involved in writing their plans of care. Specialist dietary, mobility and equipment needs had been identified in care plans where required. We saw that where appropriate people had signed and confirmed that they had been involved in writing them and they reflected their current needs.

Is the service caring?
The service was caring. We saw that staff interacted well with people and knew how to relate to them and how to communicate with them. People living in the home made positive comments about the staff, with remarks such as "the staff are kind and good".

Is the service responsive?
The service was responsive. We found that the staff listened to people, and took appropriate action to deal with any concerns.

Records showed that the service was responsive to people's changing needs. For example, when a person felt unwell their doctor was called.

Is the service well-led?
The service was well-led. The company and the manager had systems in place to provide ongoing monitoring of the home. This included checks for the environment, health and safety, fire safety and staff training needs.

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 privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them. People expressed their views and were involved in making decisions about their care and treatment. Person centred reviews were in place which ensured that people were kept at the centre of the care planning and review process and their views listened to and supported.

The assessment process meant that the service involved people in talking about their needs and preferences. Trial stays and visits were offered to anyone who may want to use the service.

People had a plan of care 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 had been developed in consultation with each person. They provided structure and guidance for members of staff, to ensure that identified current and ongoing care and support needs could be met consistently and safely.

We found that systems for consultation, interaction and communication were effective and individuals had their privacy and dignity protected. People said that they were treated with dignity and respect and said that their privacy was protected. People were supported to make choices about their lifestyle, activities and support. This meant that people had control over their lives.

We observed that verbal consent was obtained from people, for example, times for eating meals or joining activity sessions. The staff checked to ensure that people were happy with the decisions they had made about the food they were eating and the activities they were carrying out. This showed that their wishes were taken into account in everyday decisions.

We looked at two people's support plans and saw that these included a consent form that covered for example having photographs taken. Care plans were regularly reviewed and

we saw that the care plans had been signed by the person receiving support to show their agreement with their care planning. We saw that consent was obtained for people to agree to examination and treatment by health professionals for health and medical purposes; and for photographs of any skin damage or bruising. This showed that the staff took time to explain to people about the importance of their health needs and to obtain their agreement to any procedures considered necessary for the maintenance of their health.

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.

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

When people had been considering moving into the service their needs for care and support had been assessed so that they could be confident they would get the help they needed. Each person using the service had a care plan that was individual to them. We looked at two people's care plans. 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. There was information about people's background and life events. This meant that staff had knowledge about people's life history so they could talk to them about it and were aware of any significant events.

All of the people we spoke with said that they were well supported with their personal and health care, mobility and diet. This included assistance with everyday tasks such as washing and dressing, using the bathroom, eating and drinking and taking care of themselves. People said that they were satisfied with the health and personal care they received and that their independence was encouraged.

Potential risks had been assessed so that people could be supported to stay safe by avoiding unnecessary hazards without being restricted. There were falls risk assessments in place to make sure that people were kept as safe as possible from the risk of falling over.

We found that the plans identified people's needs and gave clear instructions to staff on how to support and meet their needs fully. People's health and personal care needs were recorded in their individual care plans. We saw that care plans showed what people could do for themselves and when they needed support from staff. When people were tending to their personal care there was precise information about what they could do independently and where they needed staff to assist them. This promoted peoples independence and staff knew when to step in.

Assessments had been completed when people's skin was at risk of breaking down. We

saw from looking at assessments that some people were at significant risk of developing pressure sores. We found that these people had and used special equipment to protect their skin and staff were required to record when they applied creams to skin areas that were at risk of breaking down. They also took action if people's skin condition changed. This meant that people were receiving the care and support they needed to keep their skin healthy.

Some of the people had health conditions that required specialist intervention and support, like diabetes. The local community services gave guidance and instructions to staff to make sure that people's health needs were met in a way that was safe and met their needs and suited them best. This was recorded in people's care plans. The service had very clear information in place to tell staff what to do if a person's diabetes became unstable. This meant that prompt action was taken to make sure the person received the treatment they needed.

We found that the manager and staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We saw that where appropriate a mental capacity assessment and a deprivation of liberty checklist list had been completed. This meant that if situations arose where people might lack the mental capacity to make an informed decision, the staff were able to recognise this. In these situations, a "best interests" meeting was arranged with the person receiving support, their family representative or advocate, the manager, and with relevant health and social care professionals so that a decision could be taken as to what was in the person's best interests.

Not everyone that used the service was able to tell us about their experiences. To help us to understand the experiences people had, we used our Short Observational Framework for Inspection (SOFI) tool. The SOFI tool allowed us to spend time watching what was going on in the service and helped us to record how people spent their time, the type of support they were given and whether they had positive experiences.

We spent 40 minutes observing the lunchtime meal and found that people had positive experiences. The staff supporting them knew what support people needed and they respected their wishes if they wanted to manage on their own. The support that we saw given to people matched what their plan of care said they needed. We heard staff asking questions such as: "Have you had enough" and "Do you want a pudding". People who used the service told us that they liked the food. One person told us "I am very well looked after". We saw that people were offered choices and people were asked if they wanted any more. Staff were knowledgeable about how to support each person in ways that were right for them. During the course of the visit we saw that staff helped people quickly, when they asked for support.

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

Medicines were handled appropriately.

The provider of the service had implemented medicine policies and procedures that were clearly written and regularly reviewed. This showed that the service had relevant and up to date policies and procedures in place.

In the medicine room we found that medicines were stored in locked cupboards. The provider may find it useful to note that the door to the room where the medicines were stored was not lockable. There was a fridge that was maintained at the correct temperature for any medicine that needed to be stored below a certain temperature. We found that the fridge was not locked and had been stored in an area of the kitchen. We pointed his out to the deputy manager, and action was immediately taken to address this issue.

The staff had processes in place for checking in medicine and for discarding unused medicines. We saw that records for the receipt and disposal of medicine were accurately completed. This meant that medicines were handled safely, securely and appropriately.

We viewed some of the medicine administration records ("MAR" charts) and found that overall accurate records had been maintained. However, the provider may find it useful to note that we found some gaps in recording especially in relation of the application of creams.

Staff spoken with confirmed that they had undertaken medicines training. This meant that people who used the service would have their medicines in a safe way.

We were told that a person from the pharmacy that supplies the medicines visited twice a year and carried out a check on medicines. We have been informed that medication audits undertaken by the service have now been implemented. This was to promote good practice and reduce the possibility of errors occurring. This meant that there were systems in place to make sure that medicines were managed effectively.

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 procedures in place.

We looked at the two newest members of staff recruitment files and found that they included completed application forms which had staff members' education and work histories. People applying to work at the home were required to attend an interview and the deputy manager told us that all relevant checks were carried out before a person started work at the service.

Each file contained evidence of satisfactory pre-employment checks such as criminal record checks, and references. Proof of identity such as passports, driving licences and birth certificates were provided by the candidate and checked by the service. All these checks helped to make sure that only people who were deemed as suitable were employed to care for people who used the service.

Information in staff files demonstrated that some recruited staff had qualifications such as National Vocational Qualifications (NVQ) levels two and three. This showed that the provider had an effective recruitment and selection procedure in place.

Staff who provided support said that a proper process had been used when they were recruited. This showed that the service had effective recruitment and selection procedures in place that enabled them to safely meet the health and welfare needs of people who used the service.

Staff told us that they were supervised when they started work at the service. They said that there was a stable staff group and that it was a good place to work.

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 an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The last Quality Monitoring Survey took place in February 2014. The results had been analysed by the registered manager. People commented "Looked after X in a brilliant way, no complaints only praise", "I am very pleased on the choice of Favorita for my X. Everything from her lifestyle, dignity, comfort, diet and politeness/consideration shown to myself, all meets with my expectations of what a residential home is all about", "Staff do a great job" and "Your choice of staff is commendable"

Quality checks had been completed on key things such as fire safety equipment, manual handling equipment, food hygiene and health and safety checks to make sure they were all efficient and safe.

We were told that people and their relatives were encouraged to come and speak to the manager or the provider at any time to discuss any issues regarding the service and the care they were receiving. People told us that they could speak with the manager at any time and if there were any issues they were resolved immediately if that was possible.

There was evidence that learning from incidents, investigations and accidents took place and appropriate changes were implemented to make sure the risk of them occurring again was reduced. This meant that people benefited from safe quality care, treatment and support as the provider had effective procedures in place to monitor the quality of the service and make improvements and changes if any shortfalls were identified.

Systems for quality assessment and improvement were in place. Information about people's experiences had been asked for and gathered in such a way to allow for monitoring of risks and the quality of care delivery. People told us they were satisfied with the service being provided.

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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