Inspection Report

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

Abbeyfield Edward Moore House

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Tel: 01474321360

Date of Inspections: 15 August 2014
12 August 2014

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September 2014

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
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Abbeyfield Kent Society Limited
Overview of the service	Edward Moore House is a purpose built residential care home for up to 39 older people. This includes people who are living with 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 looked at the personal care or treatment records of people who use the service, carried out a visit on 12 August 2014 and 15 August 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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 planned review was carried out by one Inspector, who visited unannounced on the 12 August 2014 and announced on the 15 August 2014.

During the visit we met and talked with people that used the service, the manager, the care co-ordinator, senior care staff, care staff, and ancillary staff. They helped answer our five questions;

Is the service safe?
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. We found overall that action had been taken and improvements had been made by management and staff since our last inspection visit.

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 observed that care records were being reviewed and regular auditing was undertaken

to ensure that people were protected against the risks of inappropriate or unsafe care and treatment.

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.

We found that records required to be kept to protect people's safety and wellbeing were maintained, held securely and available when required.

Is the service effective?
The service was effective. People's health and care needs were assessed with them and/or their representatives. Specialist dietary, mobility and equipment needs had been identified in care plans where required.

We found that the staff referred people appropriately to their GP and other health and social care professionals. This meant that people had the care and treatment that they needed.

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 we spoke with told us that they were happy with the care they received and that they got the help they needed.

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.

Care plans showed that the care staff noticed if someone was unwell, or needed a visit from a health professional such as a dentist or optician. The staff acted promptly to make appointments for people. This meant that their health needs were being met.

Is the service well-led?
The manager was new to the home. Previous to this appointment, he was a registered manager with another of the homes owned by the company.

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.

People who used the service had their comments and complaints listened to and acted on effectively.

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.

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

Reasons for our judgement

Care and treatment was planned and delivered in way that ensured people's safety and welfare.

People's needs were assessed before they moved to the service to make sure they could be met and to inform their plan of care. We found that people's assessments included their physical health needs, emotional needs, personal care needs, mobility and social needs. People were offered the opportunity to visit and have a meal before deciding to move in. Assessments were carried out in the person's previous setting wherever possible. People's assessments identified information about their life history and background so that staff could understand them as a person and be aware of what was important to them. Staff we spoke with knew about people's interests and knew information about people's backgrounds, for example previous occupations or their family life.

Not everyone who 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 50 minutes on the second day of the inspection visit observing the lunchtime meal on Punchcroft Unit, and found that overall 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, do you want anymore", "Would you like a pudding" and "I will assist you to the toilet". People who used the service told us that they liked the food. One person told us "They look after me well here". 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. We observed that one person could have

benefited from having a plate guard on their plate that would have helped them to better manage picking their food up on the plate. We informed the manager of this. During the course of the visit we saw that staff helped people quickly, when they asked for support, for example to be assisted to the toilet.

We looked at the plan of care for two people using the service. We saw examples of what people's plan of care said they required being delivered to them. For example the correct support to help them move and the provision of the equipment they needed to eat their meals. People we spoke with told us that they were happy with the care they received and that they got the help they needed.

At the first visit, we pointed out that the plan of care for a person recently admitted to the home lacked instruction for the staff and a risk assessment in relation to catheter care. We saw on the second visit to the home that this issue had been addressed, and action had been taken to seek refresher training for staff in catheter care and stoma care.

The plans of care evidenced that people's healthcare needs were well looked after. Appointments with a GP were arranged in prompt response to people's needs if they fell ill. Health interventions, for example, appointments with district nurses, occupational therapists and physiotherapists were recorded with the outcomes. For one person a referral had been made to the falls clinic, as the person had had a number of falls over the last few weeks.

People's weight was checked at intervals to make sure that it remained stable. Any weight loss or gain was noted and acted on promptly. Special diets were catered for and healthy eating and lifestyle encouraged. This meant that prompt action was taken to make sure people received the care, treatment and support they needed.

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a system in place for staff to be able to access support from a manager at all times of the day and night. There was always a senior carer in charge of each shift to make decisions about people's care and welfare. The service had plans in place for emergencies such as fire or electrical failure. Staff had access to contact numbers for emergency contractors and suppliers.

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

Appropriate arrangements were in place in relation to the management and recording of medicines.

The provider 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 the medicines were stored in locked cupboards and metal medicine trolleys. Most of the medicines were dispensed into a monitored dosage system, and were received from the pharmacy on a monthly basis. Room and fridge temperatures were checked and recorded each day to make sure that medicines were being stored within the correct temperature range.

There was a fridge for any medicine that needed to be stored below a certain temperature, for example, eye drops. The provider may find it useful to note that the eye drops seen in the fridge had not been dated when opened. Therefore the eye drops may not have been disposed of 28 days after opening as directed on the instructions.

The senior carer that was administering medicines on the day of the first visit told us about a recent incident when medicines had not been administered for one person. This incident had been dealt with by contacting appropriate professionals.

The staff had processes in place for checking in medicine and for disposing of unused medicines. We viewed some of the medicine administration records (MAR charts) and found that accurate records had been maintained, except for a couple of gaps where medicine had been administered but not signed for.

There were appropriate systems in place to check the numbers of controlled drugs on the premises, which were kept to a minimum. These were checked and signed by two people at each time they were administered. This showed that people received their medicine in a safe way.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

On arrival at the home, the manager was available and assisted with the inspection process. There was one care co-ordinator, one senior carer, and 6 care staff on the morning shift, together with ancillary staff. We observed that there were enough staff on the day of the visit to meet people's needs and we saw that people's needs were met quickly all of the time. People we spoke with told us there were always staff to support them. This showed that the health and welfare needs of the people who used the service were met by sufficient numbers of appropriate staff.

The staffing rota was arranged to ensure that there were enough staff on duty to meet people's needs. The manager said that currently the staffing level being maintained in relation to the dependency levels of the people that used the service was; one care co-ordinator, one senior care staff and six care staff on the am shift; with one care co-ordinator, one senior care staff and five care staff on a pm shift; and one lead carer and two care staff on the night shift. There were supporting ancillary staff that covered kitchen duties, cleaning and laundry duties. The manager was in the process of re-evaluating the dependency levels of people that used the service to make sure that was sufficient staff on at all times to meet the needs of people that used the service.

Currently, there was no person employed to carry out recreational activities. However the manager said that the post had been advertised and interviews were being arranged.

The manager said that agency staff had and would be used to maintain staffing levels that met the needs of the people that used the service. This showed that appropriate steps had been taken to ensure that there were enough staff employed to safeguard the health, safety and welfare of people who lived in the home.

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

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

The monitoring processes in place, for example, health and safety and infection control ensured that people were protected against the risks of inappropriate or unsafe care and treatment as the provider and the manager regularly assessed and monitored the quality of the services provided. Recorded audits were also sent to the head office of the company to be analysed by management.

People, and their relatives, told us that they were invited to give feedback at any time. People told us that the manager had an open door policy, and they said that they would speak to a senior member of staff or the manager if they had any concerns. One relative that we spoke to commented "The staff are good, but sometimes there are not enough staff. I have no complaints about the care my relative receives".

We observed that care records were reviewed and regular auditing of these records was undertaken by senior members of staff, to make sure that people were protected against the risks of inappropriate or unsafe care and treatment.

The quality of the service provided was checked in a number of ways by the company. 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. A person from the company regularly visited the service and reported on their findings.

The staff confirmed that they had individual supervision and staff meetings. This enabled them to share ideas and concerns. There was a staff meeting being held on the first day of our inspection visit.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were given support by the provider to make a comment or complaint where they needed assistance.

There was a written complaints procedure for the effective and speedy resolution of any complaints or concerns. The manager told us that people that used the service and/or their representatives were given information in relation to the procedure for making a complaint. The provider may find it useful to note that the complaints notice showed to us, did not contain other relevant contact details including addresses, e-mails and telephone numbers. For example, the details for the Local Government Ombudsman in the event that someone was not satisfied with the response to their complaint.

People, who received care services, and their relatives, told us that they were invited to give feedback information at any time. They told us that they knew who to contact if they should have any concerns. This meant that people who used the service had their comments and complaints listened to and acted on effectively.

We saw that a file was in place to record people's compliments and complaints. This enabled the manager to review complaints and check that the service had learnt any lessons from people's concerns, so as to prevent them from re-occurring. Following the visit the provider sent to the Commission, information in relation to the action management at head office of the company had taken, to address issues of concern that had been raised. This meant that people who used the service had their comments and complaints listened to and acted on effectively.

A member of the public had raised issues of concern anonymously with us. We looked into these concerns and found them to be unsubstantiated.

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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