

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

Meadowside

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Date of Inspection: 18 September 2014

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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
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
Records	✓ Met this standard

Details about this location

Registered Provider	Kent County Council
Registered Manager	Mr Tony Michael Philpott
Overview of the service	Meadowside provides respite and temporary accommodation for up to 20 people with learning and/or physical or sensory disabilities. At the time of inspection, there were 11 people resident at the home.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 18 September 2014, observed how people were being cared for and talked with people who use the service. We 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

We considered the evidence we had gathered under the outcomes we inspected. We spoke with three people who use the service, two members of staff and the person in charge, as the manager was not on duty. We also looked at six support plans and records related to the management of the service. Our inspection team was made up of one inspector. We used the evidence to answer five questions we always ask.: Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Is the service safe?

People told us that they felt safe. Safeguarding and whistleblowing procedures were robust and staff understood how to safeguard the people they supported.

Systems were in place to make sure that managers and staff learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the provider to maintain safe care. The provider had robust policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. At the time of inspection, no-one was subject to Deprivation of Liberty Safeguards authorisation.

Is the service effective?

People's health and care needs were assessed with them and they or their representatives were involved in the compilation of their care plans. People said that they had been involved in the process and that care plans reflected their current needs.

Is the service caring?

We spoke with people who live at the service. We asked them for their experience about the staff that supported them. Feedback from people was positive, for example one person said, "I don't have anything negative to say. I enjoy living here". Another person told us, "I love it here. I can do what I want".

People who live at the service and their families were asked to complete a satisfaction survey by the provider. These were used to help improve the service in the future.

People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.

Is the service responsive?

The home worked well with other agencies and services to make sure people received care in a coherent way.

People knew how to make a complaint if they were unhappy.

People engaged in a range of activities both in the home and in the wider community.

Is the service well-led?

The service operated a quality assurance system which identified and addressed shortcomings. As a result, a good quality of the service was maintained.

The staff we spoke with were clear about their roles and responsibilities. They had a good understanding of the needs of the people they were caring for and were properly trained and supported to carry out their duties.

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

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We spoke with three people who live at the home, examined six support plans and observed interactions between people and staff. We spoke with the person in charge, as the manager was not on duty and two staff members. We also examined the provider's policies and documentation related to consent to care and treatment. People told us that staff always asked before offering care or support. Our observations confirmed this. One person said, "They (staff) treat us like people here. They always ask before doing something". Another person told us, "This is the best place I've stayed in for that. They explain if it's not possible to do something".

Support plans contained assessments about people's capacity to make choices and decisions for themselves in line with the provider's policy. These were agreed and signed by the person or their representative and updated on a regular basis or more frequently if required in the person's support plan. This process guided other aspects of care planning and ensured that those unable to make informed decisions would have their best interests safeguarded. The support plans also contained a 'Personal Responsibilities' contract, signed by the person or their representative, which outlined people's rights with regard to consent to care.

Staff we spoke with had a clear understanding of the implications of the Mental Capacity Act 2005 (MCA), in areas such as the general principles of consent, the rights of people to take risks and acting in the best interests of people. Staff had undertaken training in the understanding of the MCA, including Deprivation of Liberty Safeguards (DoLS). One staff member told us, "I did my training on this yesterday so I'm clear on what's expected of me and I know what consent means".

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

The people we spoke with told us they held the home in high regard and were happy with the care provided. One person said, "They (staff) look after me really well. I have no complaints at all". Another person told us, "I only come here once a year but I love it".

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We used the Short Observational Tool for Inspection (SOFI) throughout our visit. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us. We found the care to be safe and appropriate, with adequate numbers of staff present. We observed excellent interaction between people and staff who consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff. Consequently people, where possible, felt empowered to express their needs and receive appropriate care. Those who could not express their needs received the right level of support, for example, in managing their daily activities. It was evident throughout our observations that staff had enough skill and experience to meet people's needs.

Staff we spoke with were knowledgeable about people's individual needs and preferences. We noted, through our observations and conversations with staff, that they were focused on maximising people's potential for independence. One staff member told us, "I like working here. I feel it's a really open and honest place and people are treated really well". The home provided a wide variety of social and educational opportunities for people, both within the home and in the wider community.

There were arrangements in place to deal with foreseeable emergencies. The home had clear protocols to follow in case of emergencies, such as an outbreak of fire, contact with hazardous substances or a missing person. Staff had been given training in relation to these situations. Staff we spoke with were clear about their responsibilities in this area.

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 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. People we spoke with told us they felt they were safe and protected from harm. One person told us, "Yes, I am safe. I don't think about it really and the staff are great".

Staff members were all able to identify the correct safeguarding procedures should they suspect abuse. All were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, anonymously if necessary, in line with the provider's policy. One staff member told us, "I would possibly speak to a staff member if they were doing something wrong but I would definitely tell the manager straight away". Staff confirmed to us the home manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence.

The provider's safeguarding policy contained information about the contact details of external agencies who would investigate concerns raised by people or their families. People and their representatives had also been given information related to their rights in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

The provider's staff training records showed that training in adult safeguarding had been undertaken by staff members in line with the provider's policy.

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 looked at the provider's policies and the supervision records for three staff members. In addition, we looked at the staff training records and associated documentation. People we spoke with had confidence in the staff's ability to deliver care to an appropriate standard. One person told us, "They know what they're doing here. When they come on duty, it's all about us, the service users".

Staff regularly attended one-to-one meetings with their manager and had a yearly appraisal of their performance. Any areas for improvement were identified and agreed on these occasions with an action plan to be completed within a set period of time. Staff we spoke with felt that these meetings were useful and afforded them the opportunity to raise matters of importance to them. One staff member told us, "I know that I can say what's on my mind in supervision but I can say what I need to my manager at any time. I don't have to wait". The provider organised regular staff meetings, during which staff were able to discuss matters freely and openly. One staff member said, "The team meetings are quite useful. I learn a lot about what's going on".

Staff were able to access training in subjects relevant to the care needs of the people they were supporting. These included the care of people with autism, epilepsy and challenging behaviours. Staff we spoke with were satisfied with the training opportunities on offer. One staff member said, "Sometimes it's hard to fit the training in but it's there, definitely".

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 receive.

The provider had an effective 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

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. This was done on both a formal and informal basis. People's views were sought via customer satisfaction questionnaires on a yearly basis. We saw 22 of these, which had been recently returned. There were high satisfaction levels amongst people and their families, particularly in the area of quality of care and staff attitudes. People and their families were encouraged to approach the manager at any time to discuss matters of concern to them. People we spoke with confirmed this to be the case.

The provider took account of complaints and comments to improve the service and explained how complaints would be dealt with. This information was provided in a format that met people's needs, in written or pictorial form. The people we spoke with felt they could make a complaint if needed and would be listened to. One person told us, "I know how to complain but I never have".

The complaints policy and procedures included clear guidelines on how and by when issues should be resolved. They contained the contact details of relevant external agencies, such as the Local Government Ombudsman. There had been no recent complaints. Our observations and conversations also indicated that the home's manager operated an 'open door' policy in which people, their families and staff could raise issues of concern to them.

The provider monitored the care to make sure it was safe. The provider conducted robust audits of the service against the essential standards of quality and safety in areas such as infection control, in addition to regular, external audits carried out by the Local Authority. The provider had taken remedial action whenever issues were identified as a result of these audits.

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

On our last visit on 12 September 2013, we found the provider was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan, describing how they planned to become compliant with the law.

People's personal records including medical records were accurate and fit for purpose. The six support plans and daily records we saw were legible, detailed, up to date and personalised. Care planning and individual risk assessment were reviewed monthly or more frequently if required, so were up to date. The risk assessments were focused on the individual, in areas such as the risks of falling, the management of environmental hazards and the risks associated with the use of wheelchairs. Support plans were regularly updated in line with people's changing circumstances. There was also good communication in the management of people's care between the provider and external professionals such as the Community Team for People with Learning Disabilities and the local Adult Services Safeguarding Team. Advice and guidance given by these professionals had been followed by staff and properly documented.

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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