Care Quality Commission

Inspection Report

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

Keychange Charity Romans Care Home

1 Roman Rd, Southwick, BN42 4TP

Date of Inspection: 14 January 2013

Date of Publication: February 2013

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	Keychange Charity
Registered Manager	Mrs. Vanessa Farmer
Overview of the service	Keychange Charity Romans Care Home provides care and accommodation for up to 30 adults.
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 14 January 2013, 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 carers and / or family members and talked with staff.

What people told us and what we found

During our visit we spoke with five people who lived in the home and five visitors. We spoke with four members of staff, including the manager, the deputy manager, the cook and a care assistant. We looked at the responses to recent satisfaction surveys which gave us additional information about the views of people who used the service.

We looked at the records of three people and found that people's care was assessed, and planned and delivered on this basis.

Everyone we spoke with said they were looked after well by staff. One person said "They've been very good to me". We spoke with visitors to the home. Their comments included "Everyone seems happy and there's always a good atmosphere" and "The home is really good and the staff are all very friendly".

We looked at messages of thanks from people who lived at the home and their families. One relative wrote, "Staff at the Romans have been unstinting in their help, advice and support ... they continue to provide safe, kind, caring support ... and their professionalism is outstanding". Another relative had written, "I cannot express how kind and caring all the staff are at Romans ... they gave us all the help that was needed - and more - both physically and emotionally".

We saw that staff had a good understanding of the needs of the people who lived at the home, and received the training and support they needed.

There were systems in place to assess and monitor the quality of service that people received.

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.

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 expressed their views and were involved in making decisions about their care and treatment. One person we spoke with said "I get the care I need, the way I want". Another person said "They spoil me and pamper me". People told us that staff asked them the way they wanted things done and we saw that their choices were documented in their notes.

People told us that they were able to make choices. People said that they could have a bath or shower whenever they wanted and we saw this documented in their notes. Members of staff we spoke to said that people could make choices about their care at the point of care as well as in care planning and could change their mind whenever they wanted. Staff gave us many examples of people being able to make choices about their care. We saw that people's rooms were personalised with their own belongings, such as pictures, photos, ornaments and plants. The manager told us that people could choose the colour of their room when it was painted. The people we spoke with said that they liked their rooms and could have their own things in them.

People were able to make choices about where and what food they ate. We saw that there was a range of breakfast options available every day, including a cooked breakfast. The manager said that most people ate breakfast in their room; however one person had breakfast in the dining room as that was their preference. The manager told us that people could choose to have their main meal in the evening, and that food was available 24 hours a day if people wanted a snack at any time. The people we spoke with confirmed this and said they liked the food. The cook gave us an example of a person who was moving in the following week, whose likes and dislikes she was already aware of. The cook told us that she got a copy of everyone's care plan, and also got feedback from residents' meetings, which she sometimes attended.

People who lived at the home had their privacy and dignity respected. Everyone we spoke with said that staff treated them with respect and dignity. For example one person said "I

can just go into my room and shut the door if I want". Another person told us that staff always asked permission before they did anything. The home had appointed a member of staff as 'Dignity Champion' and this person's role was promoted on notice boards. We spoke to staff about how they respected people's privacy and dignity and they all had an excellent understanding of how to do this. Staff said they had received training in privacy and dignity, and this was confirmed in their training records.

We observed staff talking to people in a friendly and caring way. We saw staff dealing with an issue which arose during lunchtime in a sensitive way, and following guidance which had been agreed previously with the person and their family.

People were supported in promoting their independence and community involvement. The manager told us that there was an activities coordinator at the home for eight hours a week, over four days. We saw that there was a weekly activities plan available on notice boards. Activities included keep fit, bingo and line dancing. One person showed us a flower arrangement they had made during a recent activity. There was also a dog who visited the home on a weekly basis, and one person told us how much they enjoyed seeing the dog. However two of the five people we spoke to said there weren't enough activities available and they would like to have more. One person said "I would like to play more games".

The manager told us that staff sometimes took people who lived at the home out on trips, for example to a local garden centre. One person we spoke to said that they really enjoyed a trip last year to Shoreham Airport. Another person told us they had been out to a beetle drive that morning and had enjoyed it. Staff told us that the home had links with a local church. On the day of our inspection, there was a group of visitors who came weekly from the local church and talked to people living in the home, both in communal areas and in their rooms. The visitors told us that the provider had been very supportive of them and that this made them feel valued. This meant that the visitors were able to come regularly to the home, and were making plans to take people out to the church cafe.

Staff encouraged people who lived at the home to be independent. Staff told us about how they supported people to be as independent as possible. One person we spoke with told us that they went out for a walk alone every day, although initially they had to go with a member of staff. We looked at this person's care records and saw that staff had done a risk assessment in order that they could go out alone.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The manager told us that people were fully assessed before coming to live at the home and we saw that this was documented in their care records. Staff told us that they were aware of people's individual needs before they moved in, and that people usually came for a week long trial if possible. One person we spoke to said that they had "Settled in a day" when they moved into the home.

Staff told us that they assessed people's needs daily and would document any changes in the daily report. We looked at people's notes and saw that there were detailed daily records. Staff said they would discuss any change in people's needs with the senior staff member in charge that day. Senior staff said they updated the care plans based on this, and we saw examples of this in the records. Staff told us that any changes to people's care plans were communicated by the manager and senior staff.

We looked at people's records and saw that their care plans were comprehensive and up to date. People's life stories were documented in their notes, and their choices and preferences were recorded throughout. Each person had a long term needs assessment, as well as individual care plans. Risk assessments had been carried out appropriately and there was an associated care plan if necessary. The manager told us that people's care plans were updated at least monthly, and more frequently if needed, and we saw that this had been done in the notes we looked at. Staff told us that they went through people's care plans with them and made any changes needed before the person signed their care plan.

During our inspection we saw that people received the care they needed. The people we spoke with said that a member of staff always came quickly when they used the call bell, and we saw that call bells were answered quickly. One person said "it couldn't be better care". The staff we spoke to said that there were always enough staff to enable them to provide good care to people.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There was information about people's dietary needs and preferences in the kitchen, so that kitchen staff were able to meet people's individual

needs. The cook told us that all food was cooked from fresh ingredients. The manager told us that one person was currently not well and was having difficulty eating. We looked at this person's notes and saw that a number of healthcare professionals were involved in their care. Their care plan had been updated to reflect the advice of the GP and Speech and Language Therapist. Appropriate risk assessments had been carried out. We observed people having lunch and saw that this person's meal had been prepared as advised by the Speech and Language Therapist who had recently visited. Staff had been advised to encourage this person to eat in the communal dining room and we saw that they were doing that. The person's notes recorded that staff had discussed nutrition with them and had offered a number of options to support their eating.

Staff told us that they discussed people's wishes about End of Life Care in the first few weeks after they move in. We saw that this was documented in people's care plans. We looked at a letter from the relative of a person who had lived at the home who had recently died there. The relative said that staff had given them all the help that was needed, and in the last days of their relative's life had worked closely with the doctor and district nurse to care for them. Staff had been there for them during the day and night, and they felt that they were in safe hands and with friends.

Safeguarding people who use services from abuse ✓ Met this standard

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. Staff told us that they received training in safeguarding annually as part of their mandatory training. Additional safeguarding training was also available. Staff understood how to recognise the signs of abuse and what to do if they suspected abuse. All of the people we spoke to said they felt safe at the home.

We saw that there was a local authority poster about safeguarding vulnerable adults with contact numbers displayed in several places throughout the home. The local authority safeguarding policy, guidance and forms were available in the care office. The provider may find it useful to note that some staff did not know where the policy was so would not have been able to refer to it quickly if needed.

We looked at the notes of people who lived at the home, and saw that mental capacity assessments had been undertaken when appropriate. One person who had been assessed as not having capacity was reassessed after a medication change and found to have capacity. Their risk assessments and care plans reflected this change. This meant that, for example, they were able to be more independent when they went out of the home.

We spoke to people who lived at the home about raising a concern. They all said that they would feel able to raise any concern with staff, including the manager. One person said "staff would be very helpful if I had a concern". People told us that they were happy with the care they received at the home. One person said "I couldn't make any suggestions for improvement". Another person said they had "no complaints at all". Staff told us that they would be able to raise any concerns with the manager or the provider.

The provider may find it useful to note that, at the time of our visit, the door to the home was unlocked and unstaffed, resulting in a risk of unauthorised access to the home. The manager rectified this on our arrival as there was a functioning security entrance system in place.

Supporting workers ✓ Met this standard

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. The manager told us that an external training provider delivered all mandatory training for staff. The staff we spoke to confirmed that their mandatory training was up to date and had included infection control, safeguarding, dementia, fire safety and medication.

The manager told us that all staff had done dementia training from the Social Care Institute of Excellence and the staff we spoke to verified this. The manager also said that staff had been doing additional training at a local college, and staff told us that they had done training in End of Life Care. The manager told us that they had been developing staff skills in End of Life Care, and we saw that there was a newsletter on End of Life Care on the staff notice board. Some staff had recently received additional training in medication, dignity and diabetes. We also spoke to staff who were planning to do these courses next. The manager said that the provider was very supportive of staff training. Staff told us that they were able to go on relevant courses when they wanted. They said they received the training they needed. This meant that staff had the skills to give people the care and treatment they needed competently.

The people we spoke with said the staff were lovely and knew what to do. One person said "The staff are wonderful", and another person said "They're lovely people, very friendly".

We asked staff whether they felt supported in their work, and they told us that they did. Staff told us that they received supervision every two months and an annual appraisal. The staff we spoke with said they would feel able to raise any concerns with the manager or deputy managers. We spoke with one member of staff who was inducted recently, and they said that the induction was very full and they felt equipped to do their job at the end of the induction.

We asked staff if there was anything that prevented them from providing good care at the home, and they said that there wasn't. Staff told us that they looked up new guidance regularly, and that the manager shared new guidance with all staff. We saw examples of guidance on staff notice boards.

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.

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 manager told us that she carried our regular surveys of people who lived at the home and their families. We looked at examples of these, which included surveys on medication, personal care, food, worship and a visitors' survey. We saw that feedback was given to people about the surveys. Staff we spoke to said that they got feedback from people while they were doing their job and would act on this if needed.

The manager and people we spoke with told us about regular residents' meetings. We looked at the most recent meeting minutes and saw that people who lived at the home had discussed the activities programme. Some people had raised individual issues which were discussed and resolved at the meeting. Staff told us that they received feedback from people on an ongoing basis and would normally act on feedback from people and their families when they received it.

There were systems in place to monitor the quality of care. The manager told us that there was a programme of audits and regular checks in place. We looked at records of health and safety checks and saw that they had been completed daily, weekly or monthly as required. We looked at examples of infection control audits and saw that any issues which were identified had been addressed. The manager told us that she shared the infection control lead with another member of staff who was Infection Control Champion. Staff we spoke to told us that they reported any concerns about infection control to the Infection Control Champion. Regular monitoring meant that any issues were identified quickly and improvements could be made if needed.

The manager told us that she had recently completed a self-assessment tool designed for care homes to assess progress in delivering personalised support for people with dementia. We looked at the completed self-assessment and saw that in many areas the home was providing person-centred care; some areas for improvement had also been identified. The manager said that these areas would be developed.

The manager told us that a senior manager employed by the provider visited the home on

a monthly basis to monitor the quality of care through talking to people and walking round the home. We saw evidence that the manager had followed up on suggestions from the senior manager by discussing them with people who lived at the home. The manager told us that the senior manager was always available in between visits if any issues arose. The manager said that senior staff took responsibility for specific areas of care on a monthly basis, and the responsibilities rotated.

The provider took account of complaints and comments to improve the service. The manager told us that all complaints were logged, investigated and responded to, and were always seen by the senior manager. Information on how to make a complaint was available to people who live at the home, and staff knew what to do if they received a complaint. We looked at the complaints book and saw that complaints had been investigated and responded to appropriately. There was no record of any complaints since June 2010.

There was evidence that learning from incidents took place and appropriate changes were implemented. We looked at incident and accident reports and saw that they had been investigated thoroughly and that any required changes had been made. There was an electronic incident reporting system in place. The staff we spoke to knew what to do if there was an incident. We looked at examples of risk assessments which had been carried out and saw that appropriate actions had been taken.

The manager told us that all maintenance issues were dealt with quickly, and there was a regular maintenance programme in place. She said that people's rooms were repainted regularly. The home appeared to be in a good state of repair.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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