

# Review of compliance

Abbeyfield Kent Society Limited  
Abbeyfield Edward Moore House

<b>Region:</b>	South East
<b>Location address:</b>	Trinity Road Gravesend Kent DA12 1LX
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	August 2012
<b>Overview of the service:</b>	<p>Care home without nursing.</p> <p>Edward Moore House is a purpose built residential care home for up to 39 older people. This includes older people who have dementia.</p> <p>Most resident's accommodation is for single occupancy with three rooms with en-suite facilities. The service is divided into four units with communal facilities</p>

	which includes a combined lounge and dining room as well as a kitchenette.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Abbeyfield Edward Moore House was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 30 July 2012, talked to staff and talked to people who use services.

### What people told us

Our inspection was carried out on an 'unannounced' basis. This means that staff working for the organisation and location were not told beforehand that we would be visiting. On the day of our visit there were thirty-six people living at the service.

We spoke to six people who use the service about their experience of living at the home. Most people who live at the service were involved in the review through either their feedback or our observations of their interactions at the service with staff. We also spoke with two relatives of people who use the service during our inspection.

We were consistently told by people who use the service and relatives that the staff were very caring, their comments included that they "were very kind", were "very nice" and that staff "were angels."

Throughout our inspection we saw that staff's approach towards people using the service was respectful, supportive and accommodating.

### What we found about the standards we reviewed and how well Abbeyfield Edward Moore House was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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

The provider was meeting this standard.

**Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

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

The provider was meeting this standard.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

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.

The provider was meeting this standard.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider had an effective system to regularly assess and monitor the quality of the service that people receive.

The provider was meeting this standard.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

We spoke to six people who used the service and two relatives who told us that the service "does a good job" and that they had "nothing but praise" for how they were treated.

##### Other evidence

We saw how people who used the service were involved in the planning of their own care and treatment.

People are provided with information about their care and treatment and care plans are assessed to meet their needs. We were told by the manager that before a person moves in to the service there is a pre-assessment of their care needs and that they or their representative are involved in this process.

We were told by the manager that there was an open door policy in respect of any concerns that the people may have. We saw and heard people using the service approach the manager and senior members of staff to speak about the service.

We also saw various practices that involved people in the daily running of the service. There was also a suggestion box in the foyer.

We noted that some people who used the service had pictures on their bedroom doors to help recognition and orientation.

We saw practices and equipment being used to support people to maintain their independence. This included specialist lifting equipment and walking aids.

On occasions during our inspection, where people who used the service needed personal care, we noted that staff dealt with this in a way that promoted dignity and respect. An example of this was when a person was being moved by staff using a hoist.

We spoke to one person who told us that they did not know what they were having for lunch but that the food was "very good."

We observed the lunch time meal in one unit and noted that people were encouraged to sit where they wanted to. We noted that people were given time to eat and were not rushed.

We observed staff explaining to people what the meal was and saw staff providing sensitive and dignified support to people who needed it.

The manager told us that activities are planned for each month and a copy of the activity plan was displayed so that people who used the service knew what was happening each day. On the day of our inspection there was bingo planned for the afternoon. Staff told us that they would take part in activities with people whenever they were able to but that this was not always possible due to their normal duties.

The provider might find it useful to note that not all people are able to participate in the planned activities as they are not tailored to suit individual's abilities.

### **Our judgement**

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

The provider was meeting this standard.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

We spoke to six people who use the service, they all told us that they were happy living in the home and that the staff were "very good" and "very kind."

We spoke to two relatives of people who told us they were happy with the care and treatment that was provided by the service. One told us that they had "nothing but praise" for the care that is given.

##### Other evidence

The manager told us that before people started using the service a pre-assessment was conducted by them and that this was done with the assistance and involvement of the persons' advocate or relative whenever possible.

Care plans provided staff with the guidance needed to deliver care that is individually suited to people living at the service. Staff kept written daily notes for each person which detailed the care that they had received each day.

We were told by the manager that risk assessments were carried out for each person living at the service and placed into the care plans so that staff were aware of the most current risks to people. We were told these were reviewed as and when people's needs changed and at least every month.

We looked at three care plans and noted that they had been signed by the people who use the service or their representative. This means that people are aware of the care

and support they are to receive.

We also saw that there were risk assessments present in each person's folder in respect of bathing, falls and any other risk that had been identified.

**Our judgement**

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

The provider was meeting this standard.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

We spoke to six people who used the service told us that they felt safe and had no concerns.

Relatives of people who used the service told us that they felt the service was safe and that there was a secure environment in the home. They also told us that if they had concerns they would speak to the staff or manager.

##### Other evidence

We spoke to three members of staff who told us they were aware of their role in relation to the protection of vulnerable adults, known as safeguarding. They were able to describe to us the types of abuse that may occur and what action they would take if abuse was suspected or alleged.

The service has an organisational policy and procedure for the protection of vulnerable adults which we saw at the time of our inspection.

Kent County Council (KCC) is the lead agency for safeguarding issues. We noted that the service did hold a copy of the Kent and Medway multi-agency safeguarding procedure. However, on this inspection we noted that this was not the most recent guidance available. The provider told us they would obtain the latest version as soon as possible.

The manager told us that staff had received safeguarding training so that they knew

what steps to take if they had a concern about possible abuse.

The manager gave us a training schedule detailing which staff had received safeguarding training. We noted that over 40 per cent of staff had not received up to date training in this area.

The provider might find it useful to ensure that all staff received up to date training to ensure that all staff are aware of the current guidelines in relation to safeguarding vulnerable adults.

**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.

The provider was meeting this standard.

## Outcome 14: Supporting workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting workers

#### Our findings

##### What people who use the service experienced and told us

We spoke to people who use the service but their feedback did not relate to this standard.

##### Other evidence

The manager told us that all staff received an induction when they joined the service and that they also received the appropriate training necessary to fulfil their role. We were given a copy of the induction that staff had to complete.

The manager told us that staff received regular training and supervision every six to eight weeks and staff we spoke to confirmed this and said that each supervision was recorded. We were told by staff that they are able to feedback any issues they have with the manager.

The manager told us that the service provided training for staff including all mandatory training. This training is required by law and included first aid, fire safety, infection control, health and safety, manual handling, care of substances hazardous to health (COSHH) and food hygiene.

We noted that the majority of staff had received the relevant training.

We noted that the service also provides additional training to help support the staff in their roles such as mental capacity awareness training.

##### Our judgement

People were cared for by staff who were supported to deliver care and treatment safely

and to an appropriate standard.

The provider was meeting this standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

We spoke to six people who use the service who told us they could tell staff and management what they thought about the service. We spoke to two relatives who told us they were asked for their views about the service.

##### Other evidence

The manager told us that the service conducts surveys every year. This is done by sending questionnaires to people who used the service and their relatives to gain their views.

The manager told us they operate an open door policy to ensure they are accessible to people who use the service, to visitors and to staff. We saw this to be the case during our inspection as several people who used the service had arrived at the office to speak to staff.

The manager told us that residents and relatives are able to feedback their views during regular 'residents' meetings and annual reviews and we saw minutes of the last meeting held at the service.

There were many mechanisms in place for the service to audit and monitor its practices. We saw that a number of audits had been carried out in the service which included a care plan audit and medicines audit.

##### Our judgement

The provider had an effective system to regularly assess and monitor the quality of the service that people receive.

The provider was meeting this standard.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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