

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

## Wayfarers

St Barts Road, Sandwich, CT13 0AW

Tel: 01304614155

Date of Inspection: 12 February 2013

Date of Publication: March 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Kent County Council
Registered Manager	Mrs. Susan Harrison
Overview of the service	Wayfarers is a Kent County Council run home offering up to 33 beds for older people requiring residential care. The home is set in a residential area of Sandwich, close to the town centre. There are gardens to the rear of the home.
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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 February 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.

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### What people told us and what we found

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People told us that they were happy with the care and support they received. They said that the staff treated them with respect, listened to them and supported them to remain as independent as possible.

People told us that the service responded to their health needs quickly and that they were looked after well. They said: "The staff are excellent". "I could not wish to live in a better place". "This is a 'tip top' home".

Relatives and visitors said: "I have no complaints, my relative settled here very quickly". "The home keeps residents involved in the service; they do a lot of activities, have social gatherings and enjoy outings in the better weather".

We saw that staff knew how to care for the people using the service and responded quickly when people needed support. Staff spent time with and empathised with people by responding to them respectfully and positively.

We found records to show how people's health needs were supported and the service worked closely with health and social care professionals to maintain and improve people's health and well being. We saw that people were encouraged to express their views and make or participate in making decisions relating to their care and treatment. The staff rota showed sufficient numbers of staff on duty including the use of agency staff to make sure people's needs were being met. People told us they knew how to complain but did not have any concerns or issues at the time of the visit.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### 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.

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### Reasons for our judgement

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

The arrangements to support people to make important decisions were based on legislation and best practice. This ensured that people were supported when they needed to consent or decide about care or treatment. Staff had received training about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards so they could uphold people's rights.

Mental capacity assessments were completed when people needed to determine what support they needed to understand and make a decision. When complex decisions needed to be made on behalf of people, health care professionals, relatives and social services were involved.

People expressed their views and were involved in making decisions about their care as far as possible. Records showed that when people had been considering moving into the service their needs for support had been assessed so that they could be confident they would get the help they needed. We saw that people had consented to having their photograph taken and had signed to agree with their plan of care.

We observed during the inspection that people received the help they needed and they were encouraged to do things for themselves. Staff sought consent and gave choices to people using the service. For example staff were observed offering people a choice of what they wanted to eat and where they wanted to sit. People told us how they were asked about what activities they preferred to join in with, for example planting bulbs in the garden, flower arranging and going on outings.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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People told us they were very satisfied with the care. One person said: "The first night I was here staff told me to ring the buzzer to call them if I needed anything. They told me not to worry as that is what they were there for. It made me feel so much better".

People were aware of their care plans and that staff recorded information about their health and care needs. They said the doctor was called promptly when they felt unwell and they were supported to attend hospital appointments and other health care appointments.

People's needs were assessed and care was planned and delivered in line with their individual care plan.

Each person had an individual plan of care that said what help and support they needed. We looked at four peoples care plans. There was a summary about people's life history and information about peoples past medical conditions so that staff had a good understanding of their lives. The information included things such as helping people with reduced mobility, how to keep skin as healthy as possible and helping people with their personal care. People maintained good health because the service worked closely with health and social care professionals.

Any potential risks were assessed and steps taken to reduce them so that people remained safe and well without being restricted. There were moving and handling risk assessments in place which did identify the risks to people. The risk assessments gave guidance on the number of staff needed to move people safely and what equipment was to be used. We found that when people had complex mobility needs, health care professionals such as Occupational Therapists were involved in showing staff how to move people safely.

However, the provider may find it useful to note that there was not always detailed guidance for staff to follow to make sure people were being moved as safely as possible. The assessments stated "assistance to get of bed" and "bathing – 1 carer to assist" but did not clarify what this meant to an individual or how to do this. This meant there was a risk of the person not being moved consistently and safely.

We saw guidance for staff to follow when people were at risk of choking and what to do if they needed medical attention. People's nutritional needs had been assessed and there were details in the care plans of their dietary needs and how to maintain a healthy diet if they suffered from diabetes.

We found that the care plans had been regularly reviewed and provided guidance for members of staff, to ensure that identified current and ongoing care and support needs could be met. There were also detailed handovers between shifts to make sure staff were fully updated about peoples changing needs and how best to support them.

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

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## **Our judgement**

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The provider was meeting this standard.

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.

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## **Reasons for our judgement**

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We found that people were relaxed and comfortable chatting to staff and each other. Observations during the visit showed there was a calm, relaxed atmosphere in the home. Staff knew people's routines and preferences and were seen responding to people promptly.

People told us they felt safe in the home and trusted the staff. They told us they would speak to any member of staff or the manager if they had any concerns.

The provider responded appropriately to any allegation of abuse.

Staff had received training in safeguarding vulnerable adults. This meant they had the knowledge and skills to recognise situations which may need to be raised as safeguarding concerns. The home's policy also gave details of what to look for and who to report to. There was also a 'whistle blowing' procedure that described how staff should respond to any concerns or allegations of abuse.

Staff spoken with showed a good knowledge of safeguarding people from abuse. Staff knew how to recognise the signs of abuse and that they must report all cases of concern to the appropriate person. This meant that people were being kept as safe as possible.

There were systems in place to ensure that people's money was managed effectively and safely. Records showed how money had been spent and any transactions were supported by a receipt.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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We looked at the duty rota and could see that the staffing levels were consistent throughout the previous four weeks. Records showed that shifts were being filled reliably and staff told us that shifts were covered to make sure the home was fully staffed. Cover was not always provided by permanent staff and agency staff had been used for several shifts during January 2013 due to staff sickness and annual leave. We saw that the service endeavoured to use the same agency staff to make sure people living in the home were receiving care from staff that had worked in the home before and knew their daily routines.

People told us that a number of agency staff had been used. They said: "Most of the agency staff are fine but there are one or two that are not so good". Staff told us there was always permanent member of staff allocated to an agency staff member so that they could be guided and supported to make sure people were receiving the care they needed.

The Registered Manager confirmed that two new members of staff had been recruited to reduce the use of the agency staff. The rota showed there was always an appropriately qualified senior member of staff allocated for each shift so that all staff had the support they needed.

Staff spoke with understanding and knowledge of peoples' needs and had completed a range of training courses so that they had the skills and knowledge to do their jobs well. They had received guidance from the manager and their work was monitored to make sure that they continued to meet people's needs in a reliable way. This was being done through observation and individual meetings with the manager.

Staff told us they were absolutely satisfied with the way the service was provided. They said it is a really good home and they did their jobs well. They said they preferred working with regular permanent staff as working routines were better and they could spend more time with the people doing planned activities.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were taken seriously and responded to appropriately.

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**Reasons for our judgement**

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People using the service told us they knew how to raise concerns or complaints but did not have any issues at the time of the inspection. They were confident staff would listen and act on what they said.

People said: "I was very happy with the way staff handled my concerns" and "We have information on how to complain but I have never had a reason to complain". "You only have to say if you are worried about anything to the staff and if necessary the manager comes to see you". "We have residents meetings on a regular basis and can talk about anything we like so if we wanted to complain we could do it then". "The staff are very helpful". A relative said: "We are happy in every way with the service".

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

People using the service said that the manager and staff were approachable and said they would definitely listen to them if they had any concerns. Relatives told us that communication was good and the home kept them informed of their relatives care at all times. As a result they felt involved in their relatives care and knew about any concerns or issues. They told us they did not have any complaints at the time of the inspection..

The manager told us that they listened and took immediate action if people raised any issues, no matter how minor, so that any concerns were acted upon and did not escalate to formal complaints.

A system to receive, record, investigate and resolve complaints was in place so it was easy to track complaints and resolutions. There had been no formal complaints recorded since the previous inspection in 2012.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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