

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

King Edward House

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Tel: 01304812953

Date of Inspection: 27 February 2013

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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
Safety and suitability of premises	✓ 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	R Cadman
Registered Manager	Mrs. Mary Dewell
Overview of the service	King Edward House provides accommodation and personal care for up to six older people with learning and physical disabilities.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Safety and suitability of premises	11
Supporting workers	12
Assessing and monitoring the quality of service provision	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

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 27 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

People that we spoke with were very positive about the staff team and comments included, "they are lovely" and "they are always very polite and positive". The people who used the service said or showed us that they received the personal care they needed and that they were comfortable in the home. One person told us, "We go out when we want, we go out to lunch every week and we get on well together."

People who used the service said or showed us they felt free to raise concerns and that they felt safe. One person told us "I feel safe here and I can always speak to workers if I feel worried about anything." We spoke to one care worker who told us "I always treat people with respect, I always talk to people about their care and try to help them with decision making." We observed care staff treated people with respect and communicated with people in an appropriate and polite way. For example, we observed care staff assisting a people to make choices about what they wanted to watch on television and whether they preferred a hot or cold drinks.

People who used the service said told us they were satisfied with the care and support they were given and that they were encouraged by staff to be independent. One person said "I get help to get up in the morning and I am happy living here and everyone treats me well." Another person gave a thumbs up sign when asked about the support they 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.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them. One person we spoke with told us that decisions that affected them had been based on their wishes. This person also said "I go out a lot and do things when I want to."

We looked at pictures of a recent holiday that all people who used the service had gone on together. One person told us "We like holidays and this year we are planning to go to Yorkshire."

We observed care staff treated people with respect and communicated with people in an appropriate and polite way and supported them to make decisions. For example, we observed care staff assisting a person to make choices about what they wanted to watch on television and whether they preferred a hot or cold drink. We were told by the people who used the service that they liked the staff and were supported to look after themselves. We spoke to one care worker who told us "I always treat people with respect, I always talk to people about their care and try to help them with decision making."

We were told by the registered manager that resident meetings took place monthly and people who used the service contributed at the meetings and were encouraged to give their views and feedback on about the care they received and supported to make decisions about the furnishings and decoration of their private and communal rooms. One example given by the registered manager were the recent meetings to support people to make their bedroom more personalised and reflect their individual needs. We looked at all the bedrooms and were able to see each room had been recently re-furnished and we saw evidence that an effort had been made to include people's personal items and decorative accessories had been included in each room. One person told us "This is my room and I chose the colour of the wallpaper."

We looked at minutes from the previous residents meetings and an agenda for the coming meeting that were in a pictorial format. The images depicted regular items for discussion

such as options for the weekly menus, future activities and holidays. The registered manager told us the images helped people who used the service to have a clear understanding of any changes or developments in the home and this enabled them to share their views and opinions on the care and treatment they received. We looked at an example of this in action in the recorded agreements used when redecorating the home and the planning of the group summer holiday.

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. People who used the service said or showed us they were satisfied with the personal care and support they were given and that they were encouraged by staff to be independent. They told us "I get help to get up in the morning and I am happy living here and everyone treats me well." Another person gave a thumbs up sign when asked about the support they received.

The registered manager told us people were actively involved in discussions about their care. We looked at three care plans that had been signed by people who used the service. Each plan had a three monthly review date and included individual risk assessments and recordings that evidenced discussions and agreements with people about their views and wishes on the care they received. One example of a personalised risk assessment we looked had been written to support a person to use the stairs more safely to avoid falling. The care plans we looked at showed us the provider had a system in place to ensure a person centred approach to delivery personalised care that was safe and appropriate to the person who used the service needs.

We observed people receiving care in a way that suited their needs and being delivered in a way that responded to their needs. We were told by care staff this included assisting people with getting up and going to bed, washing, dressing, and using the bathroom, and support to eat meals and getting prepared to go out. We observed one person receiving support in the manner to eat a meal. We observed this person being asked what they would like to eat and what time they would like to have the meal served. Then we observed staff providing assistance to support this person to eat.

We were told each person who used the service was helped to manage their own health, welfare and safety in a 'health action plan'. We looked at three health action plans, each contained doctors, dentist, opticians and occupational therapists contact details and appointment schedules. Also contained in the folder were suggestions to help people make informed healthy lifestyle choices about healthy eating, managing their weight and information on the different types of vaccinations.

We looked at hospital passports for all people who used the service that included essential information about people's medical conditions, medication and mobility to support them in to receive staff and appropriate care when being admitted to hospital.

The health action plans and hospital passports we looked at evidenced the provider had an effective system in place to assist care staff to ensure safe and appropriate care and treatment was received by people who used the service.

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 who used the service said or showed us they felt free to raise concerns and that they felt safe. One person told us "I feel safe here and I can always speak to workers if I feel worried about anything."

We were shown the complaints procedure by the registered manager and observed it used signs and pictures to help people understand their rights. We looked at the provider's policy for safeguarding and whistle blowing that included information about different types of abuse and a procedure for staff to follow to ensure the safety of people who use the service.

We looked at two staff files; each contained the appropriate previous employer references and current CRB police checks. This evidenced the provider had taken adequate steps to ensure people who used the service were protected from abuse.

The registered manager told us as part of their induction staff received training covering safeguarding and whistleblowing and both areas were revisited and reaffirmed at staff meetings and in supervision sessions.

We spoke with one care worker who told us they had undertaken training on safeguarding and were confident on how to recognise abuse and on how to follow the whistleblowing procedure. We looked at two staff training files that supported staff had received training that equipped them to minimise the risk of abuse.

People who used the service were protected from abuse as they were supported by a staff team who had appropriate knowledge and training on safeguarding vulnerable adults.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

We were told by the registered manager that the provider had undertaken a series of improvements to the home to increase the suitability of the premises and respond to feedback for people who used the service. We looked at the January 2013 maintenance report that detailed a schedule of completed, ongoing and identified improvement works. Our observations of the premises supported the completed and ongoing physical improvements, and evidenced the provider had taken adequate steps to address any premise safety and suitability concerns.

We looked at two bedrooms that had been completely redecorated in January 2013 and we saw each had a selection of personal items belonging to the person who used the service. One person told us "I like my room and I choose all the colours."

The registered manager showed the communal lounge, and told us it had been redecorated within the last six months. They told us all the decorative accessories were new including the paintings and pictures on the walls. We noted a selection of these pictures included photos from last years house summer holiday to Disney. The provider had taken steps to make the atmosphere and décor in the house more comfortable and personalised for people who used the service.

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

Three people who used the service told us that sufficient staff were always on duty to meet their care needs. One person told us "I like it here and staff are always available if I need help."

The registered manager told us they offered an annual training programme for staff to attend once they had completed the provider's mandatory induction. This programme included supporting staff to achieve a National Vocational Qualification in care, and specialist courses that supported the needs of people who used the service. For example, three recently hosted courses included, understanding dementia, communicating effectively, and equality and diversity.

We spoke with one care worker who told us they completed the following training in the last three months; fire safety, first aid, challenging behaviour, and dementia awareness. We looked at one staff training file that supported this. The file included an individual training plan, certificates of attainment and future training identified from annual appraisals.

We were told by the registered manager that staff supervision meetings took place on a six week cycle and fed into six monthly appraisals meetings. We looked at one supervision file that showed recorded discussions and guidance that had taken place to support a care worker. The records showed the provider was giving suitable support to staff that enabled them to promote peoples independence and helped them to address essential health and welfare areas such as medication and personal hygiene.

We looked at the sift roster that showed care shifts were adequately covered and that there were effective cover arrangements for both planned and unexpected absences that used staff from another of the provider's homes. We looked at the handover report book that recorded each sift handover. This system recorded notes and general observations on the general well being of each person who used the service and details of the activities or appointments to be organised. This evidenced the provider had an effective training and monitoring process in place to support staff to deliver the care needs of people who used the service.

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 use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People who used the service said or showed us they were consulted about the home and could contribute suggestions for its improvement. They said "I talk to the workers, we go out together and we are planning a holiday."

We spoke with the registered manager who told us the feedback and views of people and their relatives were fed back via three processes; the complaints procedure, at house meetings and via quality questionnaires. We looked at the feedback from the lastest quality questionnaire that showed people who used the service wanted to watch more sport on television and through discussion and negotiation the provider had responded by supplying a new high definition television and Sky Sports Package.

Accidents and incidents were recorded and data shared with the management team to identify any action needed to reduce risks. We saw information was recorded on a monthly maintenance report and identified action to be taken and the completion timeline. We looked at the latest report that focused on the steps needed to minimise risks and improve the quality of the service provided. In this report we saw a log detailing the refurbishment and improvement steps identified for the kitchen, bathrooms, hall way and stairs. Our observations evidenced this work had been carried out in repose to the report.

We looked at records of the quality checks for fire safety equipment, electrical wiring installations and gas appliances in the house that showed the provider was compliant with the relevant standards to ensure people who used the service had safe equipment in all areas of the home.

We were told monthly audits were produced on key areas for example, medication control. We looked at the lastest report produced by the registered manager and it showed there was a system to check when medicines were ordered, stored, administered, and recorded that medicines had been disposed of in the correct way.

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.

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