

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

Favorita House Residential Home

28 Canterbury Road, Herne Bay, CT6 5DJ

Tel: 01227374166

Date of Inspection: 07 December 2012

Date of Publication: January 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	✗ Action needed
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mr & Mrs P Post and Mr K G Post
Registered Manager	Mrs. Pauline Gough
Overview of the service	Favorita House Residential Home is a privately owned care home for up to 16 older people who may have dementia.
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

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 7 December 2012, 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 and talked with staff.

What people told us and what we found

There were 14 people using the service and we met and spoke with some of them.

People told us that they were treated with respect by the staff that supported them and that their privacy was maintained. They said that their likes and dislikes were taken into consideration. They felt listened to and supported to make decisions about their care. They said that they received the health and personal care they needed and that they were comfortable.

Some people were aware that they had a care plan. They said they had been involved in planning their care and what they needed had been discussed with them. However, care plans did not always reflect the individual and personalised care being provided and did not show how risk would be managed.

People told us they received their medicines at regular times and staff asked them if they had any discomfort or pain. One person said, "If I am in any pain the staff give me the tablets prescribed by my doctor".

People we observed were involved in what was happening in the home. Staff engaged with them every time they walked past and they were encouraged to participate in the activities.

People told us that they thought that there were enough staff on duty and they knew what they were doing. They said if they had any problems they would speak to the manager or deputy manager and they would be listened too. They told us they did not have to wait long if they wanted anything.

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

What we have told the provider to do

We have asked the provider to send us a report by 22 January 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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 expressed their views and were involved in making decisions about their care and treatment. We saw that staff had taken the time to get to know each person's individual needs and what was important to them.

Staff listened to people and answered their questions in a way that they could understand. We saw that the staff were friendly and people seemed relaxed in the home. Staff sat with people and gave reassurance. They were attentive when people wanted to move around the home and supported them to be as safe and as independent as possible.

We saw that each person had their own bedroom. We noted that staff respected people's privacy and dignity by knocking on bedroom doors before entering, ensuring doors were shut when assisting people. Staff explained to people what they were they were going to do before they gave assistance and support.

People said they had been consulted about their care and that staff took time to discuss with them how things were going.

Staff supported and encouraged people to make choices. People were able to express their preferences for when they got up and went to bed, different foods they ate and what activities they participated in. One person went out everyday and this was encouraged and supported by the service.

We saw information about people's favourite things and what food they preferred and what they didn't like. We heard staff actively listening to people when offering them choices. People told us they had the opportunity to join in with activities if they wanted to. One person said, "They always let me know what is happening in the home so I can decide what I want to do. Sometimes I like to join in activities, sometimes I prefer not too". Some people preferred to spend their time in their rooms or in the quieter communal areas and this choice was respected.

Some staff had received training on the Mental Capacity Act and Deprivation of Liberty. There were appropriate procedures in place for making complex decisions on behalf of

those people who lacked capacity to make these decisions.

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

Our judgement

The provider was not meeting this standard.

Most people experienced treatment and care that met their needs and protected their rights but the provider could not demonstrate that all the people at the service were receiving all of the care and support they needed.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

When people had been considering moving into the service their needs for care and support had been assessed so that they could be confident they would get the help they needed. Each person using the service had a care plan that was individual to them. We looked at four people's care plans.

There was information about people's background and life events. This meant that staff had knowledge about people's life history so they could talk to them about it and were aware of any significant events.

The contact details for people's next of kin and other important people were recorded in the care plans and people had support to keep in touch with their family and friends.

People said that they were satisfied with the health and personal care they received and that their independence was encouraged.

All of the people we spoke with said that they were well supported with their personal and health care, mobility and diet. This included assistance with everyday tasks such as washing and dressing, using the bathroom, eating and drinking and taking care of themselves.

Potential risks had been assessed so that people could be supported to stay safe by avoiding unnecessary hazards. There were falls risk assessments in place to make sure that people were kept as safe as possible from the risk of falling over.

We found that some of the plans identified people's needs but did not give clear instructions to staff on how to support and meet their needs fully. People's health and personal care needs were recorded in their individual care plans. Assessments had been completed when people's skin was at risk of breaking down. We saw from looking at assessments that some people were at significant risk of developing pressure sores but there was no information or guidance for staff to tell them what to do to prevent this. Some people were also identified as being at risk of not drinking enough fluids to keep them

healthy. In one person's plan it said 'to offer a drink every two hours' but there was no evidence that this had been done. This meant that people may not have been receiving the care and support they needed to keep their skin healthy and may not be receiving adequate amounts of fluids to keep hydrated.

We found that two people on occasions presented with behaviours that needed to be dealt with in a way that was individual and suited them best. There was no information for staff to tell them how to consistently manage these behaviours to make sure the people received appropriate care and support at these times.

We saw some care plans which showed what people could do for themselves and when they needed support from staff. When people were tending to their personal care there was precise information about what they could do independently and where they needed staff to assist them. This promoted people's independence and staff knew when to step in.

Some of the people had health conditions that required specialist intervention and support, like diabetes, dementia or were on special medication for their specific conditions. The local community services gave guidance and instructions to staff to make sure that people's health needs were met in a way that was safe and met their needs and suited them best. This was recorded in people's care plans. The service had very clear information in place to tell staff what to do if a person's diabetes became unstable. This meant that prompt action was taken to make sure the person received the treatment they needed.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicine. The system was straight forward and all medicine was checked into the home and recorded. There were systems for keeping a record of stocks and administration of controlled drugs when they were being used. At the time of the inspection no one was receiving controlled drugs.

People said that they received the medication they needed when they needed it. We saw that people were asked if they wanted any tablets for pain that had been prescribed for them. A record was kept of when people had medicines for pain. Appropriate arrangements were in place in relation to the recording of medicine.

Records showed that on the whole medicines were prescribed for people and were given to people safely. The provider may wish to note that for one person who was on a tablet where the dose differed on a daily basis, staff had removed the tablets from the original packaging and dispensed it into another container for a period of a week. This meant that the person was at increased risk of receiving the incorrect tablet and dosage, as the tablets had been removed from original packaging, which contained all the information about the name of the tablet, the dosage and who it should be given to. We have received assurances from the provider that this practise has now stopped.

We also found that there were some gaps on the record sheets when people were prescribed creams and lotions for their skin. Staff told us that sometimes they forgot to complete these, as creams were administered when people were being supported to get up and go to bed which were busy times. This meant that the service could not evidence that people were given the support they needed to keep their skin as healthy as possible. People did tell us that staff applied the creams they were prescribed and nobody at the service had any pressure sores. The service had already identified this as a shortfall and were taking steps to address the issue.

Regular medication reviews ensured that people had the medicines they needed. Records were checked by senior staff so that any errors could be picked up quickly and acted on.

Medicines were handled appropriately and stored safely and securely. There were arrangements to safeguard the medication keys and storage facilities. Staff training and regular supervision and checks meant that staff remained competent in the administration of medicines.

Medicines were disposed of appropriately with records kept of any medicines disposed of or returned.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. People expressed that they felt that there were sufficient staff in place and that staff were caring and responsive

One person told us, "When I am a bit grumpy the girls are very understanding, I feel I can be myself". Other people told us that the staff were always pleasant and helpful. They said that the staff came when they needed them.

The manager made sure that there were enough staff on duty, day and night, with the right skills to meet those assessed needs. There were plans in place for staff cover in unexpected situations, like staff sickness.

There was a stable and consistent staff team working at the service who knew the people well and how they liked things to be done. We observed that staff were able to spend time with and interact with people in a positive manner. Staff spoke with understanding and knowledge of peoples' needs. Staff told us that the service was a 'calm ' place to work and they were not rushed. They said that the staff team got on well together and they worked towards making sure people could had whatever they wanted.

The on call and out of hours arrangements meant that staff could gain advice and support in an emergency situation. There was always a senior member of staff available for emergencies. People said that the registered manager and the deputy were approachable and there was always one of them around.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People were made aware of the complaints system. A copy of the procedure was displayed at the home. At the time of the inspection there had been no recent complaints made to the service,

People said that they would talk to the manager or staff if they had a complaint and that staff would listen and act. People told us that they had raised things with the manager informally and they had sorted it out straight away. They said they felt comfortable raising any issues. They were confident that any problem would be dealt with swiftly.

Most of the staff had worked at the home for several years so knew the people using the service well. This meant that they could often tell if something was wrong before the person said anything. Staff asked people regularly and checked that everything was alright for them. People had their comments and complaints listened to and acted on. Everyone we spoke to said that they had no complaints about the service.

A system to receive, record, investigate and resolve complaints was in place so it was easy to track complaints and resolutions.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
	How the regulation was not being met: Most people experienced treatment and care that met their needs and protected their rights but the provider could not demonstrate that all the people at the service were receiving all of the care and support they needed. Regulation 9(1)(i)(ii)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 22 January 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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