Inspection Report

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

Romney Cottage Residential Care Home

Madeira Road, Littlestone, New Romney, TN28 8QX

Tel: 01797363336

Date of Inspection: 14 May 2013

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

Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Romney Cottage Residential Care Home
Registered Manager	Ms. Maureen Gosbee
Overview of the service	Romney Cottage is registered to provide care and accommodation for up to 22 people. It is a large detached home, in a quiet residential area of the seaside village of Littlestone, New Romney. Shared areas of the service are a through lounge and dining room and a second lounge with a dining area. There is car parking space on the drive and road outside.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 May 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 and talked with staff.

What people told us and what we found

At the time of the inspection 20 people were living at the service. We spoke with five people who were living there and with four members of staff. Some people were not able to talk to us directly about their experiences due to their complex needs, but we observed how they spent their time and interactions with staff.

People said they received the care and support they needed and staff understood that they liked to be as independent as possible. They said they were given choices about their daily routines such as when to get up and go to bed and what to do. A person said "I like to go to bed late and get up early, I watch television late in my room or sometimes in the lounge" and "We get up when we want to really".

People said they saw health and social care professionals when they needed to. A social care professional who was visiting said the service followed through suggestions and guidance well.

People said they were satisfied with their rooms. One person said improvements to the environment had made the home "Look better".

People told us they liked the staff, that staff were kind and supported them in the ways they preferred. People said "Staff are pretty good, "They are very kind and polite" and "The staff are mainly ok".

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

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. Before a new person moved into the service their needs were assessed by the registered manager and senior carer. Several new people had move into the service over recent months. We looked at examples of their assessments and saw that copies of assessments from their funding authorities had also been obtained, to give staff a comprehensive picture of the person moving in. A person said they had visited to look around and meet staff and people living at the service to see if they liked it, and confirmed that senior staff had assessed their needs.

We looked at five people's care plans and saw they contained details about the choices and decisions people had made about their care and support. There was information about how people liked to be supported in all areas of their daily lives. For example, information about personal hygiene needs, interests, health needs, food likes and dislikes and spiritual needs. We observed that people were supported in the ways stated in their records. For example, a person who was vegetarian was provided with a vegetarian meal at lunchtime and another person was guided to the toilet when necessary. Some people had dementia and were at different stages of the condition. Care plans described the areas in which people preferred to be as independent as they could and where they needed some prompting or support. For example with locating the toilet or with eating a meal. We observed that a person was encouraged to eat their lunch independently, but when it became clear they needed support to finish the meal this was given.

Care plans contained risk assessments so that any identified risks to people were recorded. Guidance was in place for staff about how to minimise risks and keep people safe. For example, risks connected with smoking, accessing the community and mobilising independently.

Guidelines were in place for staff to follow so that they knew how to support people who could sometimes become anxious or display behaviour that could cause distress or harm to others. One person became quite anxious at times as another person they were close to

was out all day. Staff spent time with the person, which helped to reassure and calm them.

Care records were reviewed each month and any changes to people's needs recorded. It had been recorded that a person who had been in hospital needed hoisting on their return and there had been a change in another person's medicines. Additional information was recorded if people were unwell or at risk of not eating or drinking enough. The person who had returned from hospital was spending more time than usual in bed. The district nurse had provided a bed with an airflow mattress and additional equipment was delivered during the inspection. Charts were in place in the person's room so staff could record the amounts the person ate and drank to make sure they received adequate fluids and nutrition. Staff explained to us how they completed these charts and said that as people, even if they were well, could choose to spend time in their rooms, if they were mostly in their room for more than one day charts were put into place for them. Senior staff checked the charts daily.

Staff received Mental Capacity Act training so they understood how to support people who were not able to make decisions about significant aspects of their care and support. A senior member of staff gave an example of where a best interests meeting had taken place when a person had needed some dental treatment, it had gone ahead as a result.

The provider may wish to note that whilst there was evidence that people and their representatives had been involved in providing the information contained in care plans. They had not signed that they agreed with what was written in them. We asked two people if they were aware of their care plans and they said they were not.

The service offered some activities to people such as quizzes, card games, playing board games and craft. It was very near to the seafront and people said they enjoyed going for walks there, some people liked going shopping. Staff said that people who were able to take part in more active activities such as gardening preferred these to other activities offered. One person said they were hoping to help redecorate the summer house, staff confirmed this was planned.

There were arrangements in place to deal with foreseeable emergencies. Staff said that permanent staff always covered gaps in the rota to provide consistency of staffing for people and agency staff were never used. Each person had a personal evacuation plan in place so that staff knew how to keep people safe in the event of a fire and the service had a designated fire warden on duty each day.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment. This was because the provider worked in co-operation with others.

Reasons for our judgement

People received safe and coordinated care, treatment and support. Records showed that the service supported people to access and attend health and social care appointments and that it liaised effectively with other services. Staff accompanied people to health appointments and recorded the outcomes.

A person who had very little sight was visited once a week by a member of staff from the Royal National Society for the Blind, who took them out for activities and had advised the service about making the environment safe for the person. Staff said they had been advised about the person's room and how to keep it safe for them. The person told us about these visits, and another person said "My social worker comes to see me here". During the inspection a district nurse visited a person and staff said that the service had good relationships with other local professionals such as local GP's, mental health services and district nurses. People also saw chiropodists, community psychiatric nurses and care managers when they needed to. One person told us they would like counselling, their records showed that staff had accompanied them to see their GP who had agreed to make a referral for that service.

A visiting social care professional said the service communicated well with them, contacted them for advice or with any concerns if they needed to, and followed guidance or advice they gave. They said "They always ring me straight away" and "They seem to understand him better than the other homes he has been in, they manage his behaviour well".

Records showed that the service had contacted the local authority representatives for two people living there who had a close friendship. This was in order to make sure the other professionals were in agreement with the service supporting aspects of the people's relationship.

Other services provided training for staff from time to time.We saw a notice informing staff that a local mental health team was providing a training session in June about a type of dementia, a member if staff said further training from the team was planned.

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

We looked round the service and saw that it was clean and tidy. The provider had made improvements to the environment over the past year which had made it a more comfortable place for people to live in. There was new carpeting in the lounges and new flooring in other areas. One lounge had new curtains and the chairs in both lounges were new. There were new side tables in lounges for people to put their drinks on.

The housekeeper told us new duvet covers, sheets and valences for beds were being ordered for people who had not chosen to purchase their own bedding. They said they walked around the building regularly to check if maintenance needed doing or items needed replacing and discussed what was needed with the provider. This meant that old or worn items had been replaced and essential maintenance was kept up.

One downstairs toilet and shower room had been refurbished and the other was due to be improved shortly. Both rooms had been fitted with hand dryers.
The upstairs bathroom had also been redecorated and improved to make it more hygienic, safe and pleasant for people to use.

People told us they were happy with their rooms and found them comfortable. We saw most of the bedrooms and that people had personalised them with their belongings. Some people had purchased their own furniture. Items in the rooms included posters, books, DVD's, cuddly toys, musical instruments and family photographs. A person who enjoyed doing art had pictures they had drawn and painted up on the walls. One person had chosen to keep very few items in their room, staff said items the person preferred not to have in their room were kept elsewhere for them, such as books, so they could access them if they wished. One bedroom had a slight odour of urine, staff said this would be addressed when the person chose to go to another part of the home as they had chosen to spend time in it during the morning that day.

During the day people accessed areas of the building and garden freely and chose whether to spend time alone or with others. Some people preferred to stay in one lounge or to move between them.

The garden was looking rather overgrown, staff said that now the weather was improving

there were plans to improve it. A cigarette disposal holder had been fitted to a covered area in the patio area of the garden as a number of people smoked and previously an unsightly bucket had been used.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Staff received appropriate training and were able, from time to time, to obtain further qualifications. Staff told us that when they started working at the home they had a period of induction. This had included essential training, shadowing experienced staff and becoming familiar with the home's policies and procedures and with people's care plans. We saw that staff completed a workbook that was signed off by the manager at the end of their induction. A staff member said when they started at the home the manager had provided them with training and information about palliative care, as at the time a person who was near the end of their life was being cared for by the service. Staff were supported to gain further qualifications, three staff members were undertaking the NVQ (National Vocational Qualification) in care at level three and others had gained NVQ two. Staff said the induction had helped to equip them with the knowledge and skills they needed for their roles and that the manager made sure they kept up to date with essential training.

We did not see the training plan during the inspection as the manager, who had access to it, was not on duty. We requested it be sent to us and the manager provided the information shortly after the inspection. The plan showed that staff received essential training. and additional training to help them understand the needs of people they cared for such as dementia training. Seven staff members were due to start a distance learning mental awareness course. The manager also informed us that essential training updates were planned throughout the year.

People said they liked the staff, knew the staff on duty and staff were kind and patient. They said ""Staff are pretty good" and "Staff are ok". We observed that staff were patient and sensitive to people's needs. They communicated effectively with people and knew what could make them upset or anxious. When a person spilt a drink and became upset about this, staff quietly cleared up and reassured them.

Staff said they felt well supported by the manager and senior staff and that the manager had an open door policy. One staff member said "I can't praise the manager and other staff more". The manager or senior carer provided staff with regular supervision and staff meetings were held on a regular basis.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Staff understood the importance of making sure that records were kept securely and confidentially and completed accurately. They confirmed that induction had included awareness of the service's policies and procedures on record keeping.

During the inspection staff were able to easily locate the records we asked for and to explain to us when and why they completed them. Recording was written clearly and information such as people's daily notes was recorded in enough detail to give a good picture of what people had done each day.

We saw that people's records were kept individually, and information about them was accurate, accessible to staff and fit for purpose. Changes to people's care or health needs had been recorded on care plans so staff were aware of them, and needs and risk assessments were regularly reviewed with the date of review recorded. An additional weekly list of any changed or extra needs had been put up in the staff clinical room to make sure they were reminded of changes. Care plans and daily reports were kept in the clinical room so staff could easily access them. Staff records were held securely in the manager's office and only accessible to people who needed to see them.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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