Inspection Report

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

King Edward House

77-79 New Street, Ash, Canterbury, CT3 2BW

Tel: 01304812953

Date of Inspection: 17 December 2013

Date of Publication: January 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Requirements relating to 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 who manage a learning disability.
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 carried out a visit on 17 December 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

Some of the people who used the service were not able to communicate with us. We spoke with the people who could, and they told us that they were happy at the service. One person said "It's nice here". Another person we spoke to told us, "Staff are nice, they help us a lot".

We found that people could choose what they wanted to eat and drink. One Person told us "I like the meals they are always nice." Another person told us "I like washing up afterwards" We observed that the people who used the service were encouraged to engage in household tasks and were encouraged to maintain their independence wherever possible.

We looked at the care records of three people who used the service. We saw that each person had a set of care records that were individual to their needs and were person centred.

We looked at staffing and recruitment records and spoke with staff. We saw that the manager had carried out relevant checks for new staff when they joined the service to ensure that they were suitable for the role.

We looked at how the service monitored quality. We saw that there were systems in place at a local and corporate level to ensure the quality of the service that people received was maintained effectively.

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.The provider was able to evidence that they had assessed people's capacity to make decisions about their care and treatment and that they had acted in accordance with people's individual wishes.

People told us and records confirmed that the service responded to their health needs and that staff talked to them regularly about their care and any changes that may be needed. People said that they were happy with the care they received and got on well with the small team of staff. One person told us "I have been here a long time, it's my home". Another person told us, "Staff help me to do the things I want to do".

Staff we spoke too told us that people using the service were able to make simple decisions regarding how their care and support was provided. For example, we were told and we saw, that people who used the service liked to help in the kitchen and chose what jobs they wanted to do, such as washing and drying up. In addition, we saw people receiving positive support to make daily decisions and choices that were respected.

We saw in one person's records that they had recently received dental treatment under a general anaesthetic. The manager told us that the person did not have the capacity to understand that they needed the dental treatment. Therefore, they had conducted a mental capacity assessment and a meeting had been held with outside professionals and an IMCA (Independent mental capacity advocate). As a result it had been decided that the use of a general anaesthetic would be in the person's best interests. We looked in the persons care plan and found evidence that confirmed a best interest decision had been made within procedures which complied with the Mental Capacity Act (MCA 2005).

We looked at the care plans of two other people who used the service. We found documentation which confirmed that the service had assessed their individual ability to make specific decisions around their care and treatment. Where people did not have

capacity to make decisions their families, care managers, IMCA's and other professionals had been fully involved in the decision making process. This meant that the provider had obtained valid consent from people who could not make decisions for themselves about the care and treatment they received.

We saw that one person's care plan contained pictures demonstrating different aspects of their care and things that were important to them, because they could not read. This meant that care plans were person centred as they were formulated in a way that the individual person could understand. We found that people who could had signed their care plans. In addition, the people we spoke to were able to tell us what was in their care plan.

This meant that suitable arrangements had been put in place for obtaining and acting in accordance with the consent of people who used the service in relation to the care and treatment provided.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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, who could, told us of the activities that they enjoyed and their plans for that day. One person told us "I like living here. I have been here a long time".

We reviewed and discussed with the manager the care records of three people who used the service. We found that people's health and personal care needs were up to date and well recorded. Care plans were person centred in that they were written in the first person and were constructed in a way the individual person could understand.

The care plans had some common themes for each person but also specific guidelines about the individual person. For example, we found evidence to show that one person needed help and support with their mobility and suffered from epilepsy. We saw that they were supported in wearing a protective helmet and belt. When we looked in the care plan we saw clear risk assessments and guidance to enable staff to support them in safe moving and handling and to minimise the risk of injury should they have a seizure. This meant that the person's needs were met in a safe way and that their welfare was protected.

There was guidance for staff about how a person's needs or wishes were to be supported in areas such as personal hygiene, likes and dislikes, dressing, and nutrition. This was recorded in 'My Review'. Comments included what someone could, or could not do for themselves and what support they needed to encourage their independence. We saw that this was reviewed every six months and highlighted any changes in the way the person liked to be supported. In addition, we found that they showed individual long term planning, individual wishes, goals and hopes. This meant that people were supported as individuals and given encouragement to develop new skills and gain greater independence.

People were involved in the running of the service. For example, we saw evidence of residents meetings which showed planning for their holiday in June 2014 and also re-decoration of the people's bedrooms. This meant that people received the care and support that met their needs and protected their welfare.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs. People, who could, told us they could choose their meals from different options. One person told us "I like the food here, it's good". Staff told us that people had a choice of main dishes each day.

We saw that people had varied and balanced options that met their individual nutritional requirements. This included catering for people who needed special diets, such as soft or pureed meals and people who chose a vegetarian diet. Staff told us and we saw, that fresh fruit and vegetables were available. This meant that there was a choice of suitable healthy and nutritious food and drink that met people's needs.

We observed staff assisting people at mealtimes. We saw that staff engaged with people to ensure they ate at a pace that was comfortable for them. Staff told us, and we saw, that people were served hot or cold drinks at regular intervals, and could have snacks in addition to meal times. We saw that the provider ensured that outside agencies and professionals, such as speech and language therapists and dieticians were contacted for advice and support when supporting people who displayed problems with swallowing or when they required a soft diet. When we looked at people's care plans we saw assessments conducted by visiting professionals and observed that professional recommendations were followed.

We found that people's food and drink met their religious or cultural needs. All the people living at the home were of a similar cultural background. The staff were aware of different cultural preferences and they told us they would accommodate the needs of people from differing backgrounds or cultures if and when required.

This meant that people who used the service were supported to eat and drink sufficient amounts which met their nutritional needs effectively.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. People spoken with did not raise any concerns about care staff and said that they felt supported. One person told us "The staff are good; they help me to do the things I want and help me look after myself".

We looked at a sample of three staff files. Records confirmed that recruitment checks included application forms, interview notes, reference checks, pre-employment health questionnaires and that Disclosure and Barring Service (DBS) checks (formerly criminal record (CRB) and barring checks) were in place before they started to work. This meant that people who used the service were cared for by staff who were safe to work with vulnerable people.

Staff spoken with confirmed that they were able to start working with people once their checks had been received. They also confirmed and we saw evidence of them having received full induction training as recommended by skills for care.

We saw evidence that staff had regular supervisions and an appraisal programme was in place to ensure that staff remained physically and psychologically fit to fulfil their roles.

This meant that people received their care and support from suitably qualified, skilled and experienced staff.

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

Decisions about care and treatment were made by the appropriate staff at the appropriate level. The management structure for decision making and accountability provided guidance for staff, to ensure that peoples care and support needs were met consistently and safely.

Quality checks had been completed on key areas such as fire safety equipment, manual handling equipment, food hygiene and health and safety checks to make sure they were all efficient and safe. The registered manager told us and records confirmed that regular audits on things like medication and care planning were carried out on a monthly basis and we saw that any discrepancies were actioned and addressed swiftly and effectively.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We found evidence of annual surveys which had been sent out to family members, professionals and other representatives and saw that all the comment were positive.

This meant that the provider had effective systems in place to ensure that it assessed, monitored and maintained the quality of service.

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.

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