

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

Byfield Court

Sheppey Way, Bobbing, Sittingbourne, ME9 8PJ

Tel: 01795431685

Date of Inspection: 13 August 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
Meeting nutritional needs	✓	Met this standard
Cooperating with other providers	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	ACH of London LLP
Registered Manager	Mr. Colin Anthony Miller
Overview of the service	<p>Byfield Court is a privately owned care home providing care and accommodation for up to eleven people who have learning difficulties. The service aims to work with people of a younger age group with autistic tendencies supporting them to gain greater independent living skills.</p> <p>The home is managed by ACH Ltd that specialises in working with people who have learning disabilities. They have a number of registered services in the South East area.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 13 August 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

The inspection included a visit to the service by two inspectors, who were able to speak with staff and observe interactions between the staff and people that used the service.

Ten people were living at the home at the time of the visit. We had limited conversation with people who used the service and not everyone was able to tell us about their experiences. It was noted that people interacted with staff who they were familiar with and people appeared happy and contented.

The staff supporting the people that used the service knew what support they needed and we saw that the support being given to people matched what their care plan said they needed.

We saw that good nutritional care was provided in a way that met people's needs and preferences.

Medications were handled appropriately and people that used the service had their medicines in a safe way.

We found that there was a robust recruitment process in place that helped to make sure that only people who were deemed as suitable were employed to care for people that used the service. Staff told us that there was a stable staff group and that it was a good place to work.

There was a written complaints procedure for the effective and speedy resolution of any complaints or concerns.

Comments received from relatives of people that used the service included "Staff member X was amazing with the person that used the service", "Admiration for the staff" and "The place has a homely feel".

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 used the service were given appropriate information and support regarding their care and treatment.

We saw that people were supported to do what they wanted and staff spoke with people in an informal and polite manner. We observed that people were treated with kindness, consideration and respect. This showed that people had their privacy, dignity and independence respected.

The organisation had an established assessment process. A central referral team screened initial referrals with the aim of matching prospective clients to the most suitable service within the organisation. The pre-assessment information was clear and well written. All areas of need were addressed and reflected the strengths and abilities of the person. The assessment information was used to develop the initial support plan and risk assessments.

Prospective clients were offered trial visits to the service ranging from short day visits to overnight stays if desired. This was to enable the person to become acquainted with the service, the home environment, staff and people that used the service, together with it being an important part of the assessment process. This showed that people were able to express their views, so far as they were able to do so, and were involved in making decisions about their care, treatment and support.

We observed that people that used the service indicated that they liked the staff. We saw that staff enabled people to engage in their activities of choice offering support and appropriate diversionary techniques. Many of the people that used the service received one to one support and we saw that staff engaged positively with people in those circumstances. This meant that the service encouraged and enabled people who used the service to be actively involved in their community within appropriate settings.

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.

We saw two individual support plans that contained up to date plans of care and showed evidence of regular reviews. The support plan covered all key areas relevant to meeting the needs and wishes of the person. Staff were observed working in a supportive and enabling manner with people that used the service. Staff spoken with demonstrated an understanding of individual needs and preferences of people that used the service. Communication methods were positively employed with support staff interacting and understanding the person's needs and wishes. This meant that people were supported with their care in a way that was individual and in accordance with their wishes.

The service had developed risk management processes and individual risk assessments were in place in the support plans addressing perceived risks that included fire risks, locking of doors, and behavioural assessments. This showed that risks were identified, managed and reviewed.

The healthcare records were comprehensive for each person and there was evidence of regular support from healthcare professionals. Any issues of note were referred appropriately. People that used the service were registered with a local GP and some also received support from psychiatric services as well as local community learning disability teams and their placing authorities. Complimentary healthcare needs were met such as dentistry and chiropody. The assessments provided satisfactory guidance to staff and supported the care planning process. This meant that people experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.

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 provided with a choice of suitable and nutritious food and drink.

We saw that the menu for the week was displayed in a pictorial format on the wall in the corridor for all people that used the service to see. We were told that the main meal of the day was served at teatime. At lunchtime on the day of the visit, a selection of sandwiches was provided and we observed that one of the people that used the service was assisted by a support worker to prepare their own food.

The main meal on the day of the visit was spaghetti bolognese. Other meals on the menu for that week were fish pie, chicken curry and a pasta bake. We were told that when people that used the service chose to eat out, the staff encouraged them to individually choose from the menu at the eating place. We saw that choices of food was always available. Stored food supplies seen supported this and included fresh fruit and vegetables. One person that used the service had their own cupboard in the kitchen where they stored their own choice of food. We saw that the staff actively assisted people to have hot and cold drinks throughout the day. This meant that people that used the service were supported to have adequate nutrition and hydration.

We saw that some of the people who used the service had the lunchtime meal together, while others ate individually on their own as it was their choice to do so.

Support plans of care seen included dietary requirements and included how any identified risks would be managed. This meant that staff were provided with specific directions and could help people as needed.

The support plan records showed that people were supported appropriately and had adequate nutrition and hydration. This meant that people's food and fluid intakes were monitored to ensure that it was sufficient for people's needs.

We saw that the kitchen was visibly clean and well organised.

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, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

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

We found that people's support plans showed confirmation of the different health and social care professionals involved in their lives. These included people such as GPs, dentists, opticians and psychologists. This meant that the staff supported people who used the service to access other health and social care services when needed.

The provider said that a good liaison with other health and social care services was a vital part in ensuring that people received the care that they needed. They worked together to provide a smooth transition between services. For example, we were told about working towards a person being more independent and moving into supported living accommodation. This meant that people who used the service received safe and coordinated care, treatment and support where more than one provider was involved, or they were moved between services.

We saw that there were arrangements in place within the support plan folders for staff to pass on important information if someone needed to be admitted to hospital or move to another location. This meant that clear information about them was readily available if there was an emergency situation.

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

Medicines were handled appropriately.

People who lived in the home were not able to or chose not to manage their own medication. We found that medicines were stored appropriately in locked cabinets. There was a fridge that was maintained at the correct temperature for any medication that needed to be stored below a certain temperature.

The staff had processes in place for checking in medication and for discarding unused medication. We saw that records for the receipt and disposal of medication were accurately completed. This meant that medicines were handled safely, securely and appropriately.

We viewed some of the medication administration records ("MAR" charts) and found that accurate records were being maintained. We found that these were accompanied by a photograph of the person to confirm their identity, and any known allergies were highlighted.

We saw that controlled drugs were appropriately stored in metal cupboards which met the regulatory requirements. Controlled drugs registers were accurately maintained. We saw that stocks of these medicines were checked and audited by two members of staff, so that any discrepancies could be found and dealt with immediately.

Staff spoken with confirmed that they had undertaken medication training, and the staff training records confirmed this. This meant that people who used the service would have their medicines in a safe way.

We were told that as part of the quality monitoring of the service regular medication audits were undertaken. This was to promote good practice and reduce the possibility of errors occurring. This meant that there were systems in place to make sure that medication was being managed 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 procedures in place.

We found that there was a recruitment and selection policy with procedures in place to make sure that staff were checked before they started work at the service. We looked at four recruitment files. The files contained information that included application form, references, criminal record checks and contracts of employment. All these checks helped to make sure that only people who were deemed as suitable were employed to care for people who used the service.

Staff who provided support said that a proper process had been used when they were recruited. This showed that the service had effective recruitment and selection procedures in place that enabled them to safely meet the health and welfare needs of people that used the service.

Staff told us that they were supervised when they started work at the service. They said that there was a stable staff group and that it was a good place to work.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were given support by the provider to make a comment or complaint where they needed assistance.

There was a written complaints procedure for the effective and speedy resolution of any complaints or concerns. We saw that a pictorial format of the complaints process was on display that enabled people that used the service to make their feelings known. However, we were told that any concerns from people that used the service were dealt with at the time that they were raised. Any issue of concern would be discussed, dealt with appropriately and recorded as necessary. This meant that people who used the service had their comments and complaints listened to and acted on effectively.

We saw the complaints folder and this showed that the one complaint that had been received in the last twelve months was recorded, together with the investigation undertaken and the outcome. There was evidence to show that the complaint was so far as reasonably practicable, resolved to the satisfaction of the person who had made the complaint.

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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