

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

Grosvenor Court

15 Julian Road, Folkestone, CT19 5HP

Tel: 01303221480

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

Safety and suitability of premises



Met this standard

Details about this location

Registered Provider	Counticare Limited
Registered Manager	Mrs. Christine Weathered
Overview of the service	Grosvenor Court is a privately owned care home providing residential care for up to 17 people with learning and physical disabilities. The service comprises of two detached properties joined by an access corridor. There are two lifts with level access to two floors in the rear property and to the first floor in the front property. The grounds include a private walled garden and a parking area. It is located in Folkestone and is within easy reach of local amenities.
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 14 March 2013, observed how people were being cared for and talked with staff.

What people told us and what we found

This inspection was undertaken to look at one outcome area. This was to support the previous inspection that was undertaken on 16 May 2012 which looked at four outcome areas. We used a number of different methods to help us understand the experiences of people using the service, because the people using the service had complex needs which meant they were not able to tell us their experiences. The service was safe and secure for the people who lived there. The outside space provided opportunities for social activities.

The service was clean and tidy and there were no unpleasant odours. People who used the service had been supported to personalise their rooms.

The service showed commitment and compassion to the people they cared for, this was evidenced by the time and flexible approach they had to meet people's individual needs. During the inspection we saw people in the home were comfortable in their environment and staff supported people to access all areas of the service freely to promote independence skills and social activity.

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

Safety and suitability of premises

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. The approach to the service was via a residential road. The property's boundary was walled or fenced to make sure people were safe and staff ensured people were accompanied at all times to prevent them from accessing the road accidentally.

There was ample space for outside activities, for example picnics and kitchen gardening. However, the provider might like to note that the garden areas were overgrown due to the winter months and required clearing to ensure the safety of the people at the service prior to the area being used for activities.

We saw that some areas of the service showed signs of wear and tear for example a carpeted area in the lounge had long standing stains. However, the service looked clean and tidy and there were no unpleasant odours.

The bedrooms all had wash hand basins. A variety of communal bathing facilities were available at the service including a wet room, Parker baths and showering facilities. There was equipment in place for example grab rails and toilet seats and frames to encourage and maintain people's independence. We saw evidence of a phased improvement plan for bathrooms at the service for example replacement flooring in one bathroom.

We saw that bedrooms were personalised. Some people had bedrooms with an airflow mattress and hoists to cater for their physical needs. A number of other people had non-slip washable flooring to assist with effective cleaning of their rooms and to promote a healthy living space.

Radiators provided heating for the service and these were thermostatically controlled from the main boiler. A number of radiators in shared areas had safety covers in place and furniture had been placed in front of other radiators to further safeguard the people who used the service in their own bedrooms. In most cases people could choose where they

would like their furniture which did not compromise the look of the room. People had radiator risk assessments in their care plans. Guidance was provided to staff to ensure that some people were not sitting next to radiators to avoid or minimise any potential risk of injury to themselves.

A number of the bedrooms were situated on the upper floors. The provider had made sure the windows were only able to be opened to a limited space to provide ventilation to avoid the risk of accidental falls. At the top of the main stairwells doors and safety glass was in place to ensure people were protected from the risk of falls.

The shared spaces had enough room for a range of social activities to take place. All these spaces were maintained to an adequate standard.

A fire board was located in the large hallway of the service that would highlight where a fire was if it occurred. There was a fire grab file at the front door and at the extension fire escape with clear fire evacuation procedures and we saw fire training had been updated. People's evacuation plans were in a separate folder to provide staff with guidance how to evacuate people in case of a fire quickly and effectively. We saw evidence of clearly marked fire escapes, fire alarms on all floors and alarmed fire doors to alert staff if the doors had been opened accidentally. The manager told us a full fire drill was planned within the next month and fire equipment was routinely serviced. Throughout the service emergency lighting was in place to be used in the event of any power loss.

We saw that a health and safety audit of the service had been carried out once a month which included an assessment of environmental risks and activities within the service. For example when people used the stairs or went out into the community. Individual risk assessments were in each person's care plan file which identified any potential risks to people's safety and the actions that staff needed to take to manage or reduce risk. For example personal evacuation plans in the event of a fire. There were quarterly safety inspections with an action plan of priorities for example outside lighting to improve fire evacuation safety. The manager told us that a fire safety area was being implemented to further improve the evacuation of people away from danger in the case of a fire within the front property.

We saw evidence that the service had carried out the necessary monitoring and servicing checks which included gas, electricity, water temperature and emergency lighting checks. We saw that the service had maintenance and servicing agreements for some of its equipment such as lifts, hoists and a specialist Parker bath. We saw cleaning schedules that were checked off by staff.

One person used oxygen at the service. We observed arrangements in place for the safe storage, handling and collection of cylinders. Risk assessments were in place to ensure the safety of the person and other people including plans of the building layout highlighting where the oxygen was in use and where it was stored in the event of a fire.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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