

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

## Maylands

Grosvenor Road, Whitstable, CT5 4NN

Tel: 01227770232

Date of Inspection: 28 May 2013

Date of Publication: July 2013

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Meeting nutritional needs</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	White Rose Care
Registered Manager	Miss Amy Hitchcock
Overview of the service	Maylands is a privately owned care home situated in Whitstable and provides support and accommodation for 17 adults who manage varying levels of learning disability
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 May 2013, checked how people were cared for at each stage of their treatment and care and spoke with one or more advocates for people who use services. We talked with people who use the service, 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.

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### What people told us and what we found

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The people who use the service at Maylands manage a learning disability and therefore not everyone was able to tell us about their experiences. To help us to understand the experiences people had, we used our Short Observational Framework for Inspection (SOFI 2) tool. The SOFI tool allows us to spend time watching what is happening in a service and helps us to record how people spend their time, the type of support they get and whether they have positive experiences.

We found that overall people had positive experiences. The staff knew what support people needed and they respected their wishes if they wanted to manage on their own. We observed that the support offered to people corresponded with the needs highlighted in their care plans. Staff demonstrated a good understanding of the Mental Capacity act (2005) and were person focused in their delivery of care and support.

People, who could, told us that they were supported to engage in a variety of activities and we saw people participating in an exercise session with a personal trainer. One person told us, " we have lots to do and we have fun".

We saw that people received a balanced diet and were supported with their nutritional needs. We found evidence that the provider and their staff worked in collaboration with outside professionals such as speech and language therapists and dieticians, where necessary and we saw documentation that confirmed that staff worked in line with recommendations made.

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

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### 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.

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### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

People who use the service, who could, told us they enjoyed making choices, whilst we used SOFI 2 to observe staff interactions with those who could not. Staff demonstrated their understanding of the Mental Capacity Act (2005) through providing advocacy and person centred support. For example, we saw that all the people who use the service had tuck boxes in their rooms with treats of their choice that they could help themselves to at any time. We observed a person indicating that they would like an item from their tuck box but could not physically access it themselves. Staff brought the tuck box to them and supported them to choose what they wanted. On another occasion we observed a member of staff working with a person who uses the service to help them choose where they would like to go for a day out and encouraged them to have a second choice in case the weather was unsuitable. Therefore, we found that people were encouraged and supported to make as informed decisions as possible throughout their day to day lives.

We found that the provider acted in accordance with legal requirements where people did not have the capacity to consent. The arrangements to support people to make decisions were based on legislation and best practice. For example, we saw that the provider had built good links with specialist advocacy services and professionals from the local learning disabilities team. They worked jointly with them when best interests decisions had to be made for those who lacked capacity to do so themselves. This ensured that people were supported appropriately when consent or decisions about care or treatment were required.

Staff had received training about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards so that people's rights were upheld. Mental capacity assessments were completed when people needed support to understand and make a decision. When complex decisions needed to be made on behalf of people, health care professionals,

relatives and social services were involved. For example, we saw that one person who managed their learning disability, had previously lived independently in the community. However, it had been decided at a best interest meeting that due to their developing condition of dementia they could no longer thrive in the community and the person would need to be included in the service. We found evidence that the person was encouraged to continue to make decisions when they were able to, once they had been introduced to the service and had continued to receive appropriate support for day to day and major decision making. This meant that people's autonomy was maintained and that their human rights were upheld.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People, who could, told us they liked living at the home. One person told us, "I like living here there is lots to do. All the staff are wonderful". A relative told us, "The staff go the extra mile here and they work hard to include families and friends. I can visit my relative at any time and they always seem happy here".

We used our SOFI 2 (Short Observational Framework for Inspection) tool. The SOFI 2 tool allowed us to spend time watching how staff and people who use the service interacted and helped us record how people spent their time and whether they had positive experiences. This included looking at the support that was given to them by the staff. We looked at four care plans all of which were person centred, well recorded and contained clear instructions as to the care needs of the individual. There was evidence that people had an initial assessment along with several visits before being accepted into the home and where a risk had been identified an assessment of the risk with plans to minimise it were clearly recorded. For example, for people who may display behaviours that challenge, there were clear guidelines and behaviour plans along with regularly updated risk assessments. This included identified triggers to behaviours and how to provide support sensitively and positively to reduce risk. There was documented evidence that the home regularly sought advice and worked closely with different professions within the local learning disabilities team, whilst they followed any recommendations or guidelines given. This meant that the manager was able to ensure the safety and welfare of the people who use the service.

Whilst observing the lunchtime meal we saw that people ate at their own pace and were not rushed. We saw positive staff interactions with people who used the service and the staff knew the people well. People were seen being appropriately aided to walk and sit down. People had a laugh and joke and there was a pleasant relaxed atmosphere. Staff were knowledgeable about how to support each person in ways that were right for them. The staff spoken with on the day of the visit were able to discuss the needs of people using the service and ways in which individuals were supported. This meant that the provider planned and delivered care, treatment and support that ensured people were safe, their welfare was protected and their individual needs were met.



**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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People were provided with a choice of suitable and nutritious food and drink. People, who could, told us they could choose their meals from different options on the menu. One person told us " I like the food here, it's good". Relatives we spoke too said the food was "very good" One relative told us, "Hot and cold drinks are always available and if my relative doesn't like the food on offer there is always something else they can choose". Staff told us that people had a choice of two main dishes each day. We saw that the manager had integrated picture cards of actual meals to support people to choose what they liked from the menu which, in turn, had varied and balanced options that met people's nutritional requirements. This included catering for people who needed special diets such as soft or pureed meals and for people who chose a vegetarian diet. In addition, we saw that each person who uses the service had a "tuck box" in their room that they could help themselves to whenever they wanted to. Staff told us that fresh fruit and vegetables were available and we saw people being offered fresh fruit. This meant that there was a choice of suitable and nutritious food and drink that met people's needs.

We observed staff assisting people with cutting their food, and saw that they sat down and engaged with people whilst assisting them to eat 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, in addition to meal times. We saw that the manager had contacted outside agencies and professionals, such as speech and language therapists and dieticians for advice and support when supporting people who displayed problems with swallowing or when they required a soft diet. When we looked at peoples care plans we saw assessments and recommendations conducted by visiting professionals and observed that professional recommendations were followed. This meant that people who use the service were supported to eat and drink sufficient amounts that met their needs effectively.

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

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People who used the service were not able to comment on this outcome due to their level of learning disability. Relatives we spoke to told us that they had no concerns and felt that the provider and the manager had an open door policy and were approachable if they did have cause for concern.

We spoke to the local authority safeguarding coordinator and they confirmed that the provider responded appropriately to any allegation of abuse. We spoke to several staff members and they all demonstrated that they knew the types and signs of abuse and that they had received training in safeguarding vulnerable adults. The manager told us, and we saw from training records, that new members of staff received safeguarding training as part of their induction programme. We looked at the provider's safeguarding policies and procedures and found that they included the local authority multi-agency safeguarding procedures.

The manager confirmed that they worked collaboratively with the local authority to safeguard and protect the welfare of people who used the service. We found that they reported any concerns appropriately and attended local authority safeguarding meetings when required. This meant that the provider took reasonable steps to identify the possibility of abuse and attempted to prevent it before it occurred. Therefore, people who used the service were protected from the risk of abuse and their human rights were respected.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. One person who uses the service told us, "It's good living here I am listened to".

We saw that there was a record of Identified risks and issues with action plans in place where needed. Information about people's experiences had been gathered in such a way to allow for monitoring of risks and the quality of care delivery. There was evidence of pre assessments before people began to use the service and records of updated dependency assessments. Care plans were regularly updated and audits were conducted to identify any trends in levels of risk to the people who use the service. This meant that the manager had an effective system in place to identify any areas for improvement in order to reduce risk.

The manager met with the staff regularly to discuss issues raised. People who used the service and their representatives were asked for their views about their care and treatment and these were acted on. Complaints were logged and incidents were reported and both had been reviewed to identify trends. Lessons arising from these had been used to make changes to the service. This demonstrated that the quality of the service was monitored and concerns addressed appropriately. Decisions about care and treatment were made by appropriate staff at the appropriate level.

## 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.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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



## Contact us

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