Inspection Report

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

Roberta House

95-103 Island Road, Upstreet, Canterbury, CT3 4DE

Tel: 01227860704

Date of Inspection: 09 February 2014

Date of Publication: March 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
Safety and suitability of premises	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr & Mrs R G B Tarry
Registered Manager	Mrs. Roberta Dorothy Cooper Tarry
Overview of the service	Roberta House provides care for individuals with alcohol-related dementia, short term memory loss and related conditions and specialise in people suffering from Korsakoff's syndrome. Korsakoff's syndrome is a brain disorder usually associated with heavy alcohol consumption over a long period.
Type of services	Care home service without nursing Rehabilitation services Residential substance misuse treatment and/or rehabilitation service
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 February 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

People who used the service told us what it was like to live at this service and described how they were treated by staff and their involvement in making choices about their care.

People said that they were happy with the care they received and that their needs were being met in all areas. They said that the staff treated them with respect, listened to them and supported them to raise any concerns they had about their care. People told us that the service had responded to their health needs quickly and that the manager had talked to them regularly about their plan of care and any changes that may be needed.

Many comments received were complimentary of the service. One person said "No concerns or worries this is the best place for me. Drink was killing me". Another person said "Staff are brilliant. If you need help staff are there for you". Other people were complimentary of the food and had no concerns about the quality of care. Another said when asked if he could talk to someone if they were unhappy said "I am very happy here, but if I wasn't I would talk to the manager".

People were provided with a choice of suitable and nutritious food and drink. People told us they were happy with the food and liked the meals.

Regular health and safety checks took place to ensure the safety of people using the service. Information about peoples' experiences had also been asked for and gathered in such a way to allow for monitoring of risks and the quality of care delivery.

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.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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. The care and support the person required was discussed with them when they first began to use the service and when any new concerns about their care arose. People said that they had discussed their support and preferred routines with staff. They received the help they needed and they were encouraged to do things for themselves. One person said "They sit down with you and we discuss what's best for me". Another said when referring to consent "I talk things through. I give my consent yes. Staff guide me and help me to be independent". This meant that people consent and received the care they wanted and needed.

Each person had a person centred support plan, which had been developed with them or their representatives and documented their wishes and preferences in relation to how their care was provided, how they liked to spend their time and how they preferred to be supported.

All people who used the service signed a contract between them and the service that outlined various service rules/responsibilities. These rules / boundaries were set by agreement to support the individual and allowed everyone within the service to live harmoniously. People using the service said they understood the reasons for any rules and restrictions and they had been agreed by them prior to moving in. This meant peoples human rights were respected.

Regular review of the plans and risk assessments, in consultation with people, meant that they were accurate and up to date and that consent was always considered. They provided guidance for members of staff, to ensure that identified current and ongoing care and support needs could be met consistently and safely.

The service had systems and procedures in place with regard to mental health assessments under the Mental Capacity Act 2005. (These assessed the capacity that a

person as to make decisions and ensure that any decisions made on people's behalf did not compromise their human rights and rights of choice). Examples were seen within the plans of care viewed and examples given by staff in discussions. People who used the service signed the care plans and assessments when they consented to the plan of care. This meant that the service ensured that consent was always sought before care was given.

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. We saw that the people who use the service were making choices about their lives and were part of the decision process. Everyone spoken too told us they were happy with the care and support received and that their independence was encouraged.

We reviewed and discussed with staff the care records of three residents at the home. These had sufficient detail and guidelines about the support needed to meet people's needs. They had an assessment of need, details on how to support the person or what assistance was to be provided. Detailed guidance for staff was available so that they supported people consistently with actions that achieved the desired goal. The care plans were regularly updated.

There was guidance to staff about a person's needs or how they wished to be supported in things like access to the community and any specific care needs. Comments included what someone could and could not do for themselves. The care plans had some common themes for each person but also particular things about people, making them individual and person centred.

Risk assessments had been completed as part of the care plan and these were personalised for each individual. Where the risk assessments resulted in a restriction on an individual's freedom, for example, only going out with staff support, this had been agreed with the person using the service and was kept under review with the individual. People using the service, who were spoken with during the inspection, said they understood the reasons for any rules and restrictions in the service and had agreed by them. The manager and staff ensured that support was provided to people who used the service, as identified on their risk assessments, to enable them to go out in the community and to maintain contact with family and friends.

People using the service told us that they were involved in running the service and enjoyed the meetings. They said that they felt the staff listened to what they said and that they were given support to make their own decisions and that their rights were protected.

Care records and specific health care records seen showed that residents had access to a range of health care professionals including dentists and opticians when needed and they had regular health checks.

The statement of purpose and other available information showed the service works towards rehabilitation with each person who used the service, regardless of ability. The service had a dedicated active therapy team responsible for developing person-centred plans for each person. As part of their overall plan of care people were encouraged to identify areas of their life they would like to develop or refresh and to set goals by which to measure their progress. The active therapy team coach encouraged and enabled people who used the service with development of work-based skills, life skills development including numeracy and literacy, as well as personal development including fitness. This meant that people were supported to learn new skills and become independent.

The service offered a full and complete rehabilitation programme for people who were ready to move out of Roberta House and back into independent or supported living accommodation.

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

People were provided with a choice of suitable and nutritious food and drink. People told us they were happy with the food and liked the meals. Comments included, "The food is good", "It's nice" and "Yes, there is always plenty of it". Menus choices showed that at least two main courses and puddings were offered. People told us the staff had come round each day and asked for their preferences.

People were able to have their meals in the dining room, or their own rooms. Care plans showed that people were encouraged to maintain a healthy weight. People were supported to be able to eat and drink sufficient amounts to meet their needs. Special diets were provided, including diabetic and vegetarian meals if needed. Ethnic meals were also available. This meant that people's equality and diversity was respected.

Some people were more independent and able to cook their own meals. This they were able to do within their own flat which forms part of the service. Other people had different levels of independence and were supported where appropriate and had the opportunity to learn cooking skills.

Menus were planned, to give people more chance to say what they wanted. Staff supported people to make healthy choices. Drinks were available on demand and at set times during the day.

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 has taken steps to provide care in an environment that is suitably designed and adequately maintained.

We found that each person who used the service had their own bedroom. A large communal lounge, and separate dining room were also available for people to use. Furniture was homely and suitable for the needs of the people using the service. This meant that people's rights in relation to privacy and dignity were protected.

We saw records demonstrating that required safety checks of the premises and equipment had been completed. This meant that people were protected from risks associated with the premises as the provider had taken action to comply with safety laws. A detailed environmental risk assessment was in place.

A maintenance plan for the service was in place and we found evidence to confirm that it was being completed. We also saw evidence that routine maintenance, such as repairing broken items had occurred. This meant that people could be assured that the premises and grounds were maintained to minimise the risks of harm to people using or visiting the service. The provider may find it useful to note that a first aid box contained bandages which were out of date.

Fire systems were in place to detect and alert people to the risk of fire. For example, smoke detectors and emergency lights were fitted and extinguishers fitted around the home. The equipment and fittings were tested regularly to ensure they worked properly.

Regular health and safety checks take place to ensure the safety of people using the service. These included electrical and gas safety. This meant peoples health and safety was protected.

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.

People who used the service said, "We are looked after well". Another said, "I am happy to speak to staff if I have a problem. I am very happy here".

Staff were involved with the day to day running of the service and engaged with everyone involved with the care and support of the people who used the service. The service had developed close working partnerships with other professionals and evidence of this was gained through reviewing the care planning documentation and talking to staff. This meant the service consulted with other professionals to improve the quality of care.

Systems for quality assessment and improvement were in place. Information about peoples' experiences had been asked for and gathered in such a way to allow for monitoring of risks and the quality of care delivery. People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Surveys were sent to people to gain their views and opinions. Review meetings were held. A survey undertaken last year was very positive about the service. Many comments were complimentary of the service and staff. This meant that people could feel confident that the service monitored the quality of care and sought comments from people who used the service, their relatives and stakeholders.

Regular audits and checks including, medication records, care plans and care records meant that any errors were picked up early so that people remained safe. There was a record of identified risks and issues with action plans in place where needed. This meant the service ensured that the health and welfare of people using the service was protected.

About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

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

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

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

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

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

How we define our judgements

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

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

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk