Inspection Report

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

Favorita House Residential Home

28 Canterbury Road, Herne Bay, CT6 5DJ

Tel: 01227374166

Date of Inspection: 15 May 2013

Date of Publication: June 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr & Mrs P Post and Mr K G Post
Registered Manager	Mrs. Pauline Gough
Overview of the service	Favorita House Residential Home is a privately owned care home for up to 16 older people who may have dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Supporting workers	10
Assessing and monitoring the quality of service provision	11
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Favorita House Residential Home had taken action to meet the following essential standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Supporting workers
- Assessing and monitoring the quality of service provision

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 15 May 2013, 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 and talked with staff.

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

What people told us and what we found

There were 13 people using the service and we met and spoke with some of them.

We found that where possible people were asked to give consent and were involved in the decisions about the care and support they received. People told us that they were asked for consent before any care took place and their wishes respected. One person said "The staff always ask me if it is alright if they do something. They explain what they need to do".

People said they liked living at the service and felt safe. People told us that they received the care and support they needed to remain well and healthy. We found records to show how people's health needs were supported and the service worked closely with health and social care professionals to maintain and improve people's health and well being.

People said that they were satisfied with the service they received. We found that staff took time to explain where possible the options available and supported people to make choices.

Staff were supported and supervised to undertake their roles effectively and safely. Some staff had not received up to date training. People told us they thought the staff were very good and knew what they were doing.

Systems were in place to monitor the service that people received to ensure that the service was satisfactory and safe. People told us they did not have any complaints but would not hesitate to speak to the manager or staff if they had any concerns and they would be listened to.

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

People had the opportunity to give valid consent to care and treatment. When people declined support with care or treatment, staff respected this. When complex decisions needed to be made on behalf of people, health care professionals, relatives and social services were involved. This ensured that people were supported when they needed to consent or decide about care or treatment.

Some staff had received training about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards so they could uphold people's rights. Mental capacity assessments were completed when people needed to determine what support they needed to understand and make a decision. This ensured that people's human rights were upheld.

We observed during the inspection that people received the help they needed and they were encouraged to do things for themselves. Staff sought consent and gave choices to people using the service. For example we observed staff asking people if it was alright for them to assist them to the dining area and staff asked people if it was alright to assist them with their personal care. Staff respected decisions made by people even when they disagreed.

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.

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

Reasons for our judgement

Our inspection of 7 December 2012 found that improvements were needed as although most people experienced treatment and care that met their needs and protected their rights the provider could not demonstrate that all the people at the service were receiving all of the care and support they needed.

During this inspection we found that improvements had been made. Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

When people had been considering moving into the service their needs for care and support had been assessed so that they could be confident they would get the help they needed. Each person using the service had a care plan that was individual to them. We looked at four people's care plans.

There was information about people's background and life events. This meant that staff had knowledge about people's life history so they could talk to them about it and were aware of any significant events.

The contact details for people's next of kin and other important people were recorded in the care plans and people had support to keep in touch with their family and friends.

People said that they were satisfied with the health and personal care they received and that their independence was encouraged.

All of the people we spoke with said that they were well supported with their personal and health care, mobility and diet. This included assistance with everyday tasks such as washing and dressing, using the bathroom, eating and drinking and taking care of themselves.

Potential risks had been assessed so that people could be supported to stay safe by avoiding unnecessary hazards without being restricted. There were falls risk assessments in place to make sure that people were kept as safe as possible from the risk of falling over.

We found that the plans identified people's needs and gave clear instructions to staff on how to support and meet their needs fully. People's health and personal care needs were recorded in their individual care plans.

There were moving and handling risk assessments in place which did identify the risks to people. The risk assessments gave guidance on the number of staff needed to move people safely and what equipment was to be used. However, the provider may find it useful to note that there was not always detailed guidance for staff to follow to make sure people were being moved as safely as possible. Some assessments stated "assistance and support but did not clarify what this meant to an individual or how to do this. This meant there was a risk of the person not being moved consistently and safely.

Assessments had been completed when people's skin was at risk of breaking down. We saw from looking at assessments that some people were at significant risk of developing pressure sores. The provider may find it useful to note that there was no information or guidance for staff to tell them what to do to prevent this. However we did see that people used special equipment to protect their skin and staff recorded when they applied creams to skin areas that were at risk of breaking down. They also took action if people's skin condition changed. This meant that people were receiving the care and support they needed to keep their skin healthy.

We found that two people on occasions presented with behaviours that needed to be dealt with in away that was individual and suited them best. There was information for staff to tell them how to consistently manage these behaviours to make sure the people received appropriate care and support at these times.

We saw some care plans which showed what people could do for themselves and when they needed support from staff. When people were tending to their personal care there was precise information about what they could do independently and where they needed staff to assist them. This promoted peoples independence and staff knew when to step in.

Some of the people had health conditions that required specialist intervention and support, like diabetes, dementia or were on special medication for their specific conditions. The local community services gave guidance and instructions to staff to make sure that people's health needs were met in a way that was safe and met their needs and suited them best. This was recorded in people's care plans. The service had very clear information in place to tell staff what to do if a person's diabetes became unstable. This meant that prompt action was taken to make sure the person received the treatment they needed.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

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.

People told us that they felt safe in the home. They said they could discuss any concerns they had with the staff. Observations during the visit showed there was a relaxed atmosphere and people chatted freely and openly with each other, the staff and management.

People told us that they had no complaints or concerns about the service or the staff. They said they would be confident to approach the registered manager or deputy manager if they did.

People told us, "I couldn't wish for anything better" and "The staff are always around when I need them, they couldn't do more".

There was a procedure in place for people to raise complaints and concerns and this was accessible to people at the home and any one else who visited the service. The provider was not dealing with any complaints at the time of our visit. People told us they would have no problems discussing any concerns with the staff or management and they said they would be listened to.

There were procedures in place that described the action that staff should take in order to keep people safe from abuse. Staff knew what to do to keep people safe. Most of the staff we spoke with about this matter had a good knowledge of how to keep people safe. This included the need to immediately act on any concerns by telling someone senior and if necessary by contacting external regulators. However, the provider may find it useful for note that some staff had not received up to date training on how to keep people safe and some staff had not received any training. The provider had a 'whistle blowing' procedure that described how staff should respond to any concerns or allegations of abuse.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. When staff started working in the home they received induction training, which gave them the essential knowledge of the role and training around health and safety issues. New staff worked alongside the team to begin with, shadowing experienced staff to get to know the people using the service and the routines of the home.

Some of the staff we spoke with were able to tell us what training they had completed and we saw records that confirmed this. They included attending courses in mandatory subjects such as fire awareness, infection control and food safety. The service provided specialist training to make sure that staff had knowledge and skills to look after people with conditions like diabetes and dementia. The provider may find it useful to note that not all staff had received the training or fresher training to undertake their roles effectively and safely. For example the service employed 22 staff. Only seven staff had completed refresher training in infection control. Nine staff had completed refresher training in manual handling and seven staff had completed training in dementia. This means that all the staff may not have the knowledge and skills to care and support people in the best way.

Staff had been supervised to make sure they were competent to meet people's needs. There were meetings and handovers between shifts. The staff felt supported to carry out their roles effectively and safely and said that they knew about any changes to people's care and support.

We spoke with staff and observed them at work. Staff were positive and appeared happy working at the home. Staff told us that they enjoyed working at Favorita House Residential Home. They said that the staff team got on well together. Staff always stopped and spoke to people as they passed by. We observed that they had time to listen to what people were saying or indicating and acted on what the person wanted.

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

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The last Quality Monitoring Survey took place in November 2012. The results were had been analysed by the registered manager. We looked at the results of the questionnaires completed. We found that when shortfalls were identified action was taken to rectify any issues. These demonstrated that the quality of the service was monitored and concerns addressed appropriately.

Relatives said, "I am so pleased my mother is receiving care from Favorita. I have faith in the people who manage and run the home" and "We would love a back garden to sit in the better weather but appreciate the staff who take my mother to out to the park and High Street".

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

We were told that people and their relatives were encouraged to come and speak to the registered manager or the provider at any time to discuss any issues regarding the service and the care they were receiving. People told us that they could speak with the manager at any time and if there were any issues they were resolved immediately if that was possible.

There was evidence that learning from incidents, investigations and accidents took place and appropriate changes were implemented to make sure the risk of them occurring again was reduced. This meant that people benefited from safe quality care, treatment and support as the provider had effective procedures in place to monitor the quality of the service and make improvements and changes if any shortfalls were identified.

Systems for quality assessment and improvement were in place. Information about people's experiences had been asked for and gathered in such a way to allow for

monitoring of risks and the quality of care delivery. People told us they were satisfied with the service being provided.

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