

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

The Laurels

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Date of Inspection: 29 January 2014

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Caretech Community Services (No 2) Limited
Registered Managers	Mr. Belgacem Arifet Mrs. Anna Page
Overview of the service	The Laurels is registered to care for up to six people with mental health needs or learning disabilities.
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

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 29 January 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 carers and / or family members and talked with staff.

What people told us and what we found

People told us that they were happy living at the service. Their comments included "I like everything", "The staff are nice" and "They are all nice people". Relatives we spoke with were positive about the care their relatives received. Comments included "They have done wonders with my [relative]", their relative has "become far more independent", the service is "absolutely excellent", "The staff are helpful" and "The manager is excellent".

We saw that staff ensured that people's privacy and dignity was upheld and we heard staff talk with people using respectful language. We saw that people were involved in making decisions about their care.

People received care that met their needs and promoted their rights. Advice and guidance was sought from health and social care professionals to be able to meet people's needs effectively and promote their welfare and safety.

There were systems in place to manage people's medication effectively and we saw that people who took their medicine without support from staff had been assessed as being safe to do so.

Staff were supported to undertake their roles safely and effectively. They received relevant training, regular supervision and were encouraged to undertake further professional development. Staff told us that "It is a good team" and the manager was approachable.

There was a system in place to manage compliments and complaints and we saw that complaints had been responded to promptly.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People's privacy and dignity were upheld by staff. We saw that people had their own keys to their rooms, promoting their independence and privacy, and we saw that staff knocked on people's doors and waited for them to answer before entering their rooms. Staff sought a person's consent before showing us a health record they kept in their bedroom. During the inspection staff provided people with the opportunity to talk with us in private. We saw that staff were kind, polite and respectful towards people. They gave reassurance to people when they needed it and did not rush people when speaking with them.

People were involved in making decisions about their lives. For example, one person's records showed that they did not want to be moved to a different service because they considered this service to be their home. People were involved in planning their weekly menu and one person had drawn up their own vegetarian menu. People were involved in deciding what activities they wished to participate in. During the inspection one person went to visit a day centre, and another person visited a local shop and told us about their forthcoming trip abroad and what they were planning to do there.

People's independence was promoted. People had been involved in writing their care plans and were encouraged to be as independent as possible. We saw that people were supported to clean the service and to make meals. There were meetings for people to attend to talk about their care and to have a say in how the service was being run. Records showed that during a recent meeting one person had asked for a different telephone at the service that had larger buttons on it and we saw that this item had been provided. A relative we spoke with told us that "They have done wonders with my [relative]" and their relative had "become far more independent".

The manager told us that everyone living at the service had the capacity to consent to their care. We saw examples where people had signed their care plans to show their agreement with the support being provided. One person's care plan had not been signed

by them having recently been reviewed and updated. We saw that people had signed a form giving consent for the service to use photographs of them in the service newsletter. Records showed that one person had been offered the services of an advocate to support them and had declined.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People told us that they were happy living at the service. Their comments included "I like everything", "The staff are nice" and "They are all nice people". Relatives we spoke with were positive about the care their relatives received. Comments included "They have done wonders with my [relative]", their relative has "become far more independent", the service is "absolutely excellent", "The staff are helpful" and "The manager is excellent".

There was a process followed before deciding whether a person could move into the service. This involved assessing the individual's needs and giving consideration to the impact any new person may have on the people already living at the service. We saw an example of an assessment of a person's needs who had applied to live at the service. The manager told us that they had declined applications from people who wished to live at the service where they considered they could not meet the individual's needs effectively.

People had opportunities to participate in activities at the service such as visiting the gym and they spent their time as they chose to. For example, we saw one person wished to go out to lunch and the manager asked them to choose where they wished to go. During the inspection the atmosphere was calm and friendly.

We looked at care records and saw that they provided comprehensive information for staff to be able to meet the needs of the person living at the service, for example, people's likes and dislikes and their end of life plan. They contained information showing what people had achieved, such as certificates of training events attended. Records showed that people's care plans were regularly reviewed ensuring that they were up to date and people's needs were met. A relative told us that the staff were "very committed" to meeting their relative's needs. They gave an example where it was important to their relative to believe in Father Christmas and how staff supported the person to leave food out for them on Christmas Eve and signed the visitor book to show they had visited the service. They told us the service was "absolutely excellent".

Risk assessments had been completed to minimise the risk of harm to people, whilst supporting them to be independent. For example, one person who had an ongoing health condition used public transport unsupported by staff and there was a risk assessment in

place that showed how the assessed potential risk to their safety was managed. This included the use of an alarm and action staff should take to ensure the welfare of the person if they were presenting behaviour that suggested they would not be safe in the community unsupported by staff. A staff member we spoke with knew the action that should be taken to promote the individual's safety and the individual told us that the staff knew how to support them in respect of their health condition.

The service was responsive to people's changing needs, respected people's choices and assessed the risks to people accordingly. One person had chosen to stop taking a medicine and records showed that their decision had been respected, advice had been sought from a mental health professional to ensure the person's health and this information had been shared at a review of the individual's care. Records showed that a risk assessment had been drawn up in response to this change to enable the individual to go abroad and ensure their safety. Another person had reported side effects from a medicine they were taking and records showed the action that had been taken to follow up this matter and the changes made in respect of this medicine.

Records showed that people had health action plans that set out what support people required to meet their health needs. Records showed that priority was given to meeting one person's urgent health matter, and in order to do so a routine check-up, which could take place at a later date, had been postponed. This supported the person's need not to attend several appointments in a short space of time. We saw that people's appointments with health professionals and information about people's medication were recorded. We saw records that documented the action staff had taken in response to one person's health need. These records detailed the professional they had liaised with and the guidance in place for staff to follow.

There were arrangements in place to deal with foreseeable emergencies. For example, there was a disaster plan that provided information about what action should be taken should the service become uninhabitable due to events such as a flood or fire. The service would be able to use another local service under the same provider in the event of an emergency.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We saw that there were effective systems in place to manage medicines safely at the service. We were shown where the medication was stored upon its arrival, we were told how it was logged and we saw how any items that needed to be returned were done so safely. We saw that regular temperature checks of the medication were completed and audits of medication and the completion of charts recording the administration of medication were undertaken regularly.

Records showed that where people took their medication without staff support they had been assessed as being safe to do so and this decision was regularly reviewed. We saw that there were systems in place to monitor this aspect of people's care to ensure people's safety. For example, we were told about a system in place to check whether one person at the service was monitoring their diabetes effectively and we saw that it was in use. One person we spoke with knew what medicine they were taking, what it was for and records showed that they had taken it in line with the instructions in place.

We saw there was a system in place to ensure staff were suitably trained and competent to handle and administer medication and their competency was reviewed.

The supplying pharmacy undertook a recent audit of the management of medicines at the service. They had noted that the policy in place was not dated to show that it was the most current. The manager told us that the provider was reviewing its policies.

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

We saw that staff received support that enabled them to carry out their role safely and effectively. A staff member told us about the induction they received that included a corporate induction about the provider and a local induction about the specific service they worked in. Records showed they had successfully completed the induction to be able to carry out their role. They told us they were supported in carrying out their role, that it was a "good team" at the service. A senior staff member told us that they provided shadowing opportunities to new staff as part of the induction process. They told us that it is a "really good team".

There was a system in place to ensure staff received regular support on a one to one basis. Staff told us that they received regular supervision and they found this process useful and they received an annual appraisal that enabled them to set goals. Records showed that regular supervision was provided and annual performance appraisals were held. Staff told us they were supported in their role and the manager was approachable.

We saw there was a system in place to monitor people's training needs. The manager recorded staff training needs on a matrix that identified when staff training had been completed and when it was due. We saw that staff had undertaken training in areas relevant to their role, including adult protection, epilepsy awareness and equality and diversity. We saw that staff were encouraged to obtain further relevant qualifications. One member of staff told us they were completing the National Vocational Qualification ("NVQ") and another staff member told us they were completing a course about acquired brain injury.

We saw that staff received information about service delivery and were able to discuss issues related to practice and people's needs during regular staff meetings. Recent records of these meetings showed that people's needs were discussed and the needs of a person who had applied to live at the service.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints were responded to appropriately.

Reasons for our judgement

We saw that the service had a complaints policy in place and people had a copy of this in the records they kept in their bedrooms. Records showed that staff had read this policy.

There were systems in place for people, relatives and professionals to compliment or complain about the service. An annual survey was provided and we saw the results of a recent survey that showed the feedback was positive. A social care professional who visited the service to provide support to a person had commented that the individual "had achieved a lot since being resident at the Laurels". Relatives we spoke with told us that they were able to talk to the staff or the manager if they had any problems and they were confident that any matters raised would be addressed without repercussions.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. One person we spoke with told us that if they had any complaints they would talk to the manager or deputy manager. Records showed that two complaints had been made by a person living at the service and both had been addressed and resolved promptly. For example, records showed that a complaint had been made about the washing machine and the following day a new machine had been ordered and three days later it had arrived.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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