Inspection Report

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

Grosvenor Court

15 Julian Road, Folkestone, CT19 5HP

Tel: 01303221480

Date of Inspection: 11 December 2013

Date of Publication: December 2013

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

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Counticare Limited
Registered Manager	Mrs. Christine Weathered
Overview of the service	Grosvenor Court provides accommodation and personal care for up to 17 people who have a learning disability.
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'.

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 11 December 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, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We used a number of different methods to help us understand the experiences of people who used the service, because people had complex communication needs and were not all able to tell us about their experiences.

At the time of our inspection, there were 12 people who lived at the home. We spoke with one person who used the service and two visitors.

We found that care plans were individualised and contained details about people's daily routines, their health care needs and the support they required from staff. Risk assessments were in place to identify and minimise risks as far as possible for people who used the service.

We found that the home had arrangements in place to protect people from the risk of abuse and people appeared comfortable and relaxed when interacting with the staff.

We found that the home had appropriate arrangements in place to manage people's medicines and staff had received training to administer medicines safely.

We found that there were sufficient staff with the appropriate skills to support people's needs safely. One member of staff told us "the manager is very approachable and listens; we are a good team". A visitor told us "staff are supportive; they are really good".

We found that the home kept accurate records and stored them safely and appropriately, to ensure people's details and information was protected.

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

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 looked at three people's care records and saw that they contained details of their medical histories, their health care needs, as well as their individual support needs. This information was used to develop individual care plans that contained detailed guidance about all aspects of their needs, so that staff knew how to provide the care and support each person required.

We saw that staff knew people well and understood their individual needs. We spoke with staff who told us about the support they provided to people and we saw that this reflected the details contained within people's care plans. For example, we observed staff interacting with people in different ways, according to their communication needs and used communication aids, such as pictures and objects to help people make choices about what they wanted. Some people used signs and signals to indicate their needs and we saw that staff understood and responded appropriately to their requests.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that care plans contained individual risk assessments where specific risks had been identified, for example, where people participated in activities, such as arts, crafts and community outings and events. We saw that potential risks were clearly documented, with guidance for staff to follow and actions to take, to minimise identified risks to the people they supported.

We spoke with staff who told us that they had detailed information handed over to them at each shift change, so that they were kept up-to-date and aware of any changes to people's care needs and the type and level of support they required. For example, one person's health condition had required additional monitoring at night time and records confirmed that half-hourly night checks had been introduced. We saw that daily reports were completed by staff for each shift, as well as monitoring charts where people had specific care needs. For example, one person required a 'sleep system' when they went to bed, to

ensure they were positioned correctly. We saw that detailed guidance was available for staff and records confirmed the plan was followed.

People had health action plans, to identify any health care needs they had and to plan for how these needs would be met. They also included assessments for people who may have had additional risks associated with specific health conditions, for example, monitoring for pressure areas to the skin, nutrition and epileptic seizures. We saw that the health action plans contained details of visits from health care professionals, such as doctors, physiotherapists and clinical appointments that people attended. For example, one person had been referred to a physiotherapist to improve their mobility, who had introduced an exercise plan for staff to follow. We saw that this was included in their health action plan and a daily monitoring chart had been put in place to ensure staff followed the plan.

There were arrangements in place to deal with foreseeable emergencies. We saw that emergency contact details were available for staff, should an emergency arise at any time, where additional support was required.

Records showed that people had individual activity programmes that were appropriate to their skills, abilities and social needs. Additional one-to-one support from staff was provided and activities planned to support people's individual needs, for example, shopping trips, local walks and visits to family. One person's records showed that they had gone out to the town the previous day with a member of staff, to do their Christmas shopping. We spoke to a visiting therapist who told us that they provided one-to-one support on a weekly basis to someone who lived in the home. They said that staff were "very good at following through" with the person's therapeutic needs, encouraging and supporting them to continue their activities throughout the week.

We saw that events and entertainment were regularly planned, for example, home-based parties and celebrations, where families and friends were invited. We saw that people, staff and visitors had enjoyed a Christmas party the previous day. During our inspection, we observed a group activity that was organised by a visiting music therapist, who attended on a weekly basis. People appeared animated and keen to participate, when offered a variety of musical instruments to play along with the music.

The Deprivation of Liberty Safeguards contained within the Mental Capacity Act were only used when it was considered to be in a person's best interest. We saw that easy-to-read guidance about the Deprivation of Liberty safeguards was accessible so that people and their families were aware of their rights and protection under the safeguards. The manager told us that all people who used the service had access to representatives who advocated on their behalf if they needed to, about any concerns or significant decisions that needed to be made. The manager told us about occasions when they had used the safeguards to ensure people's rights were considered and had followed the 'best interests' procedure and we saw a documented example in one person's records.

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 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.

Reasons for our judgement

We saw that the home had a safeguarding vulnerable adults policy and a local procedure available for staff guidance, which contained the reporting requirements to be followed in alerting external authorities to any safeguarding concerns. We saw that the home's policy contained detailed information about the different types of abuse and the signs and symptoms that people might display, if they were suffering abuse. The home's policy and procedure had been reviewed, to ensure it contained up-to-date information and guidance. We saw that the safeguarding procedure had been made accessible to people who used the service in an easy-to-read format with pictures.

We spoke to two members of staff who were aware of and familiar with the home's safeguarding policy and explained the procedure and what they would do if they saw or suspected that abuse had taken place. They explained the different types of abuse, the signs to watch for that might indicate abuse was happening, and their responsibilities in protecting the vulnerable people they supported. Staff also told us about the procedure they would follow to report concerns to external organisations and that they knew where to find the contact details. The staff we spoke with told us that they had undertaken safeguarding vulnerable adults training and their training records confirmed this.

Guidance was in place for staff to follow in order to keep people safe who sometimes displayed behaviours that could cause harm to themselves or to others. We saw examples of when the guidance had been put into practice. One person's records showed that incidents had been fully documented and that their support needs were reviewed on an on-going basis, to ensure any risks or distress to staff and other people were minimised.

The manager told us that the home held cash on behalf of some of the people who used the service. We saw that the home had a policy about safeguarding people's finances and that a procedure was in place and followed to ensure that people's finances were protected.

We looked at some staff files and saw that appropriate Criminal Records Bureau (CRB)

checks had been undertaken when staff had been recruited and employed in the home, to help ensure the safety of people who used the service.

Management of medicines ✓ Met this standard

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

The home had a medication policy and procedure in place to provide guidance for staff regarding the safe management of medicines. The manager told us that only those staff who had been trained in medication administration were able to administer medicines to people in the home. Staff we spoke with told us that they had been trained in how to handle medicines safely and that they were aware of the home's medication procedure. Records showed that staff had been trained appropriately, for example, by the local pharmacy, and had undertaken a distance learning programme. Records showed that the manager also observed staff administering medicines on a six monthly basis, to check that they were safe and competent in their practice.

Appropriate arrangements were in place in relation to obtaining medicines. A local pharmacy supplied the home with medicines and records showed that there was a process in place for the ordering of people's medication on a regular basis. Regular medication was dispensed by the pharmacist in monitored dosage systems, to reduce the need for storing more medication in the home than was needed. Records showed that when the medicines arrived in the home, a process was in place to check that the quantities matched what had been ordered against each person's pre-printed medicine chart.

Appropriate arrangements were in place in relation to the recording and administering of medicines. We saw that staff had signed the medicine charts to confirm the time, the dose and the quantities of each medicine given. Some people had been prescribed medicines for short-term use or medicines that were unsuitable to be administered using the monitored dosage system. We saw that these medicines were kept individually in their original pharmacy packages and medicine charts written up to reflect the pharmacy instructions regarding times and quantities to be taken.

We observed a medication round and saw that the home's procedure was followed. We saw that people were encouraged to take their medicines in a supportive and sensitive way. The member of staff focused on one person at a time until the medicine chart had been fully completed. This meant that errors in recording or in administering people's medicines were minimised. We checked the medication records of two people and found that the quantities, dates, times and names of the people matched the pharmacy

instructions on the labels and were within the expiry date.

We saw that some medicines had been prescribed for people who only needed to take them 'when required'. Records showed when the medicines had been offered by staff and if accepted, the quantity administered and the time and date recorded. We saw that individual guidance was in place for each medicine prescribed on a 'when required' basis, identifying when the medicine should be offered, the maximum dosage and the reason it had been prescribed by the doctor. This meant that staff had specific guidance to safely administer medicines in this way.

Medicines were kept and stored safely. We saw that the home provided a locked 'treatment' room, containing a locked cupboard, used for the storage of medication. The manager told us that medicines had been moved to a different treatment room, as the previous room had sometimes become too warm for the storage of medicines. We looked at the room temperature records for the previous two months and saw that temperatures had remained at an acceptable level.

A lockable mobile medicine trolley was kept in the treatment room and used to distribute medicines around the home. A procedure was in place for the control of keys, which passed between staff at shift handovers. We also saw that 'controlled drugs' were kept securely in a locked cabinet, within an outer locked medicine cupboard. We checked one person's controlled drugs and found that they matched the records kept by the home in the controlled drugs register.

Staff told us they were aware of the procedure to be followed if a medication error occurred and how to report it. The manager told us how errors would be investigated and actions taken to avoid a recurrence. Medication checks were undertaken by the home's senior staff, who checked for discrepancies at the end of each medication round. This meant that any errors would be identified quickly, to minimise risks to people who used the service. Records also showed that the manager and deputy manager undertook regular checks and audits of the medicines held and administered, to ensure the home's procedure was followed.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At the time of our inspection, there were enough qualified, skilled and experienced staff to meet people's needs. We were told by the manager that the home employed permanent staff and that gaps in the staffing rota, due to unplanned absence, were covered by staff employed by the home. This meant that people were supported by staff they knew and who were familiar with their needs.

The home employed care staff, who also had responsibility for the cleaning duties. There was a member of staff who undertook the catering duties and a person who attended to the maintenance tasks. The manager told us that there were on-call management arrangements in place to provide additional support if required and we saw that a management rota with contact details was available for the staff on duty.

We looked at the staffing rota and saw that there were a minimum of four care staff on duty in the mornings, although on many days there were five care staff allocated. There were four care staff on the late shift and two on duty at night times. There was always at least one senior member of staff on duty for each shift, one of which was designated as the home's deputy manager. The rota also identified weekly 'one-to-one' time for people who had specific needs and records showed that additional members of staff were on duty at certain times of the day to provide one-to-one support that people required. The manager told us that this aspect of the weekly rota remained flexible, dependent on the plans, appointments and needs of individual people who used the service.

We spoke with two visitors, who told us that they felt people were supported well by the staff and that staff responded appropriately to people's needs. During our inspection, we observed that staff spent time with people and were available when people required assistance. For example, we saw staff assisting people to eat their lunch-time meal; they were patient, not rushing and people were able to take their time, and to eat at their own pace.

Staff we spoke with said that they felt there were enough staff on each shift and that they had sufficient time to support people according to their needs. One member of staff told us that they were able to complete cleaning tasks during their shift, but would always put the care needs of people first. They said "I am definitely able to meet the needs of the

people I support". Another member of staff told us that there was a flexible approach when supporting people, for example, when planning 'one-to-one' time according to their individual needs. Staff told us that they had received essential training and that they felt they had the skills required to support people safely and appropriately.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. We looked at three people's care records and saw that these were detailed and contained sufficient information to safely support people's identified care and support needs. Regular reviews of people's needs were undertaken and their care records updated to reflect any changes in the way their care, treatment or support was provided.

Records were kept regarding people's health care needs and contained details of involvement and interventions provided by relevant health care professionals and any follow-up actions taken, for example, where medicines or treatment had been prescribed and on-going healthcare support was required. This meant that staff were able to effectively monitor people's healthcare needs to ensure they were appropriately met.

Records relevant to the management of the service were accurate and fit for purpose. For example, we saw that the manager produced management reports on a monthly basis that contained a range of up-to-date information about the service provided and the staff, including their training needs.

The provider maintained a range of local policies and procedures that set out the responsibilities of all staff who supported people who used the service. These included a data-protection and record keeping policy, which set out the requirements regarding how documents and records should be stored, and who should have access to them. The policy also contained details about the length of time records should be kept and arrangements for safe and secure document destruction. We saw that staff had signed a 'confidentiality agreement' which meant that staff were made aware of the importance of protecting people's personal information. We saw that the provider had undertaken a recent review of the home's policies and procedures to ensure that the information and guidance available for staff was accurate and up-to-date.

Records were kept securely and people's personal data protected. For example, people's care plans were only accessible to the staff who needed to refer to, and record in them. Care records were kept securely in hard copy files in a lockable cabinet, and could be located promptly when needed. Where records were stored on the computer, these were

password 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

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