

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

Abbeyfield Edward Moore House

Trinity Road, Gravesend, DA12 1LX

Tel: 01474321360

Date of Inspection: 21 June 2013

Date of Publication: July 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

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Abbeyfield Kent Society Limited
Registered Managers	Mrs. Amanda Odd Mr. John Ogbe
Overview of the service	Edward Moore House is a purpose built residential care home for up to 39 older people. This includes older people who have dementia. Most resident's accommodation is for single occupancy with three rooms with en-suite facilities. The service is divided into four units with communal facilities which include a combined lounge and dining room as well as a kitchenette.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 carried out a visit on 21 June 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke to seven people who use the service about their experience of living at the home. We also spoke with two relatives of people who use the service during our inspection.

We were consistently told by people who use the service and relatives that the staff were very caring. Their comments included "I couldn't ask to be cared for by nicer people", "These people are just lovely and excellent at what they do" and "I never expected to receive such good care when I first moved in".

Throughout our inspection we saw that staff's approach towards people using the service was compassionate and respectful whilst maintaining a degree of professionalism. The atmosphere in the home seemed relaxed and staff were observed to be caring and supportive in their approach to people. We found that most staff appeared to know people using the service well and clearly understood their needs and preferences.

Staff told us that they were able to access the required training in order to deliver safe and appropriate care to people who lived in the home.

We found that the service had completed the appropriate checks in order to maintain a safe and suitable environment for people using the service.

At the time of our inspection we found that there were two registered managers for this location. Enquiries confirmed that only one manager was responsible for this location so we will take action to remove the other person from our register.

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.

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

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 reviewed the care plans for three people who used the service and found that they were personalised and gave guidance about individual needs and abilities. We saw that staff had been given clear instruction about people's preferences, likes and dislikes. Most staff that we spoke with were able to demonstrate a good understanding of the individual needs and preferences for people that mirrored information in people's care plans. However, we found that whilst speaking with one member of staff, they were not aware that one person using the service had specific dietary requirements which had been clearly recorded in their care plan. We raised this concern with the registered manager who took action to address this issue.

We observed that staff communicate in a kind and caring way with the people who lived in the home and demonstrated a good understanding of individual needs. We saw staff encouraging independence wherever possible and that they involved people in decisions and activities in the home. People we spoke with told us that they were happy with the care and support provided by the service. Comments included "I am so happy, I would never want to go anywhere else".

We saw that where health and social care professionals had visited people using the service, these visits had been recorded in peoples care plans. Staff told us that any concerns or urgent matters were discussed during the handover which was completed before the start of each shift which ensured that all staff were aware of any potential issues. For example, on person had started to wander the home at night and staff were concerned about the persons welfare. The care co-ordinator liaised with the family, staff, General Practitioner and the person using the service to discuss the new behaviour and an appropriate plan of care had been introduced to manage the behaviour. This helped staff to deliver care in order to meet people's individual health needs.

Care and treatment was planned and delivered in a way that was intended to ensure

people's safety and welfare. We saw that risk assessments had been completed which included areas such as mobility, manual handling, skin integrity and nutrition. The risk assessment clearly detailed the actions for staff to take in order to minimise the risk.

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. We spoke with people who used the service and they told us that they felt "Safe" in the home and with the staff who worked there. No forms of restraint were used at the home and we saw staff treating people in a kind and considerate way.

The service had a policy and procedure for safeguarding vulnerable adults. We saw that this was located in the main office and staff we spoke with confirmed that they were able to access this easily. The policy and procedure referred to Kent County Council (KCC), the local lead agency for safeguarding concerns. We saw that the service had updated the copy they held of the Kent and Medway Multi Agency Procedures which ensured that staff had access to most up to date guidance and contact details for the local authority.

Staff we spoke with demonstrated a clear understanding of the safeguarding policies and procedures including whistle-blowing. They said that they would be confident in promptly reporting any abuse to the manager and felt that their concerns would be effectively acted on.

We reviewed the Whistleblowing Policy for the service which was dated July 2010 (version 1). We considered that the policy lacked the relevant information and guidance to enable staff to escalate concerns relating to poor practice. The registered manager took action on the day of our inspection to address this. We were provided with a copy of the organisations most recent whistleblowing policy which was sent by way of email to us on 25 June 2013. The latest policy was more robust and contained the appropriate information which would be needed to assist staff with raising concerns about poor practice. The manager informed us that the new policy had been placed in the home's policy folder and had been communicated to all staff by way of the staff communication book.

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

The Registered Manager told us that new staff received an induction when they started their role which covered all aspects of the service and included the job role, aims and objectives, policies and procedures for the service, health and safety, fire safety, accidents and incidents procedure and equality and diversity. As part of their induction staff had also spent a period of time 'shadowing' senior staff to help familiarise themselves with the day to day running of the home. We spoke to staff who told us that they had found their induction had given them a good knowledge of the home and of the people who used the service. One person said "I was able to work with the Senior Carer until I felt confident".

We saw that a record was kept of the induction. This meant that staff were aware of the requirements and expectations of their role before they started working in the home.

We spoke with six members of staff who confirmed they felt well supported and had received regular supervision from their line manager. Comments included "I feel supported" and "I can discuss anything with the care co-ordinator or manager". We saw evidence in staff files which confirmed that recent supervisions had been completed.

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 used the service told us they were involved in regular resident and relative meetings at the home regarding the care and support provided by the service. People said that they felt they could raise any concerns they had with the manager and felt confident that the appropriate action would be taken to improve the quality of care provided. The Registered Manager told us that the service aimed to hold regular meetings for residents and their relatives to attend in order to give people an opportunity to discuss any concerns of issues they may have. We reviewed the minutes taken from the last resident and relatives meeting and saw that these had been held in February and March respectively.

We saw that the service had a system for audits that were regularly reviewed. These included health and safety, infection control and fire audits. We reviewed the last "Care Plan Audit" which had been carried out in June 2013. We found that the audit was comprehensive in identifying whether specific documents had been completed by staff. Where documents had not been completed, the service took action to address this. We saw that action plans were created and implemented as a result of any concerns highlighted as a result of the audits being carried out. This meant that learning points had been identified to help improve the service.

The Registered Manager told us that the daily reviews were completed by management for people's daily records and clinical charts, such as fluid charts. This was to ensure the care provided mirrored the individual's care plan in order to meet their needs. However, the provider may find it useful to note that the daily documentation review did not always detect discrepancies between the care and support people required versus the care people received. For example, on the day of the inspection we reviewed a care plan which stated that staff should support the person to eat a banana each day. We found that the person had only eaten a banana on 4 out of 25 days. This meant that there was a risk that the care and support given to each individual had not been recorded correctly in order for the service to ensure that each person's health and care needs had been met.

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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