

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

## Wayfarers

St Barts Road, Sandwich, CT13 0AW

Tel: 01304614155

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

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Meeting nutritional needs</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Kent County Council
Registered Manager	Mrs. Susan Harrison
Overview of the service	Wayfarers is a Kent County Council run home offering up to 33 beds for older people requiring residential care. The home is set in a residential area of Sandwich, close to the town centre. There are gardens to the rear of the home.
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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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At the time of our inspection Wayfarers had reduced the number of people residing there from 33 to 17 to accommodate a major refurbishment. This had allowed the home to move people from wing to wing whilst work was being carried out. All people living at the home, their families and care managers had had the situation explained, all were in agreement. The work include radiators replaced with cool surface ones, upgrade to shower rooms and bathrooms, all pipework boxed in and new carpet and decoration where required.

During our visit out of the 17 people in residence we spoke with three people living there. We also spoke with five staff members and the visiting hairdresser. One person told us, 'I love living here, I have been here five years and wouldn't want to be anywhere else'. Another said. 'I love talking to the staff and feel at home'.

The provider had reduced staffing due to less people living in the home, but still had sufficient staff available to meet the needs of the people remaining. All staff spoken with confirmed that they received good training and were supported by the manager and the provider. All staff spoken with showed a very good understanding and knowledge of those in their care. Staff were observed to have good relationships with people residing at the home, there was a pleasant warm atmosphere throughout. Care staff were seen to have been involved in the care planning for their key people showing they were aware of their specific needs.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### 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

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### Reasons for our judgement

Wayfarers accommodates people on a long term basis, short term basis and for assessment for local social services and for day care. This meant the dynamics and the workload of the home changed on a frequent basis, however the staff spoken with and from observations made they appeared to cope with these challenges. The people using the service also appeared to enjoy this, as they got to spend time with a wide variety of people, the majority from the local community and so many already known to them. People living in the home were seen to be very involved within the community with visits from local churches and primary schools.

We spoke with staff on duty and they showed very clearly that they knew and understood the people living at the home very well. We saw that the three care plans looked at, took into account each person's level of independence and any potential or actual risks to their safety or welfare. All care plans showed detailed information of the person and their abilities and likes and dislikes. However, we saw that only those on a short term placement showed a full needs assessment in place ahead of moving in, this meant that staff did not follow the same assessment process to ensure all peoples needs would be met. The care plans did not always indicate approach or detail required to ensure best practise was used at all times. For example; the staff present informed us that one person needed their medication delivered to them in a very specific way to alleviate their anxiety but this was not recorded in the plan. This meant that the person may not be being supported consistently.

We saw evidence of care plans being updated on a regular basis, but then information was not always transferred to each section which meant that this could lead to confusion to staff reading for the first time. Assessed risk was not consistent either; one care plan looked at showed two different assessments for mobility. One had a rating of low risk and the other had more detail and evidence that the person could be difficult to move on occasions due to anxiety so the risk was said to be higher. This could lead to staff being confused and uncertain of how to carry out the task so leaving the person more vulnerable

to falls. However, all the people we spoke with, were very complimentary about their care and the home in general. One person told us they had lived at the home for five years and wouldn't want to live anywhere else.

Staff were observed supporting people with a variety of needs as individuals. The approach was respectful but jovial on occasions. People using the service appeared and stated they were happy with the support they received and that they felt safe in their home.

We saw evidence within care plans that the staff liaised with health professionals on a routine basis around weight loss, dietary needs and other health needs. There was evidence of input from district nurses working alongside the home to ensure the needs of the people using the service were met. Care plans were seen to have been updated frequently but recording of this was not very clear at times.

At the time of our visit we were informed that nobody was subject to a Deprivation of Liberty Safeguards (DoLS) - part of the Mental Capacity Act 2005. Staff spoken with were fully aware of the process required should they need to use it. DoLS ensures that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. This meant that people were supported by staff who understood the legislation and procedures to protect them from inappropriate restrictions.

Staff showed us that they held quarterly meetings for the people residing at the home to air their views, the minutes of the most recent meeting was displayed on the notice board for all to see.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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We spoke with the home's main cook. They explained the home ran to a four week rotating menu. This was created with input from all people living at the home (via residents meetings,) cooks and kitchen staff. The menu was changed seasonally. This showed that the people living at the home had input and their choices were taken into account. The menu showed a healthy variety of meals were offered and that people had up to four choices at each meal to choose from. We saw an alternative would still be offered if a person was unhappy at the meal time. Care staff told us they asked each person in the morning for their choices for the day and informed the cook accordingly.

People were supported to be able to eat and drink sufficient amounts to meet their needs dependent on choice and advice from dietician or GP's. The cook managed the provision of supplements when required. People spoken with said they enjoyed the food and we saw people ate all the meal offered on the day. The cook told us all fresh produce was sourced locally and delivered to the home once or twice weekly. Staff were on hand throughout the meal to ensure anyone requiring assistance received it. Support was seen to be offered respectfully and with compassion.

Each wing of the home had it's own kitchen area open to the people to use as they required either for themselves or if they had visitors. Staff were on hand to assist where required for people to make a drink whenever they wished.

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

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## Our judgement

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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.

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## Reasons for our judgement

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The home had a dedicated medication room to house all medicines and medical related equipment, this was clean, tidy and well organised. At the time of our inspection only the senior staff administered medication. However, the manager had been working towards involving care staff in this role in the new year. With this in mind the provider had ensured carers had received training in the management of medication. This included an assessment of their competency to administer medication in line with the homes policy and procedure. The senior team had undertaken training to assess competency in this area. This meant people were supported to take their medicines by staff who have been trained and assessed as safe to do so. Staff spoken with told us senior staff would continue to be responsible for all ordering and management of medicines.

The homes deputy had carried out random audits of all medication administration records (MAR) sheets. When senior staff handed over between early and late shift all medicines were checked as correct including controlled medications. This meant people could be assured that there was sufficient stock to enable them to continue to take their prescribed medication.

We observed medication being administered to people residing at the home. We saw care and consideration was taken into account for each individual. One person liked to have fully finished their meal before accepting their medication, so staff accepted this and patiently waited until the person was ready before offering it to them. This meant people's preferred method of taking medication was considered and acted on.

Records were in place to evidence the temperature of the medicine room and fridge were taken and recorded daily to ensure it was at the required level at all times. Records of administering medications were all well managed with all signatures present. However, the provider might like to note the records seen did not hold any protocol or guidelines to clearly show when as and when required medication should be administered.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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Wayfarers was a large purpose built building so incorporated large wide corridors and doorways providing accessible space for people with a disability. The home had been carrying out extensive repairs and upgrades. Each wing had a newly refurbished shower room and bathroom. All radiators had been replaced with cool touch surface ones. All pipework was in the process of being boxed in. We were advised that a few windows that were showing some condensation inside the double glazed unit were going to be replaced.

All bedroom doors had door guards fitted ensuring that the doors closed when the fire alarms sounded. This meant people could exercise choice of having their door open whilst being safe in the event of a fire. All corridors were clear of clutter this meant the areas were safe for people to walk in. We saw people's bedrooms were well decorated and showed the persons individuality. All people spoken with stated they were very happy with their rooms and the decoration.

There was a smaller lounge where people could go for quiet time on their own beside their own rooms and four different communal areas to be together with others. All decoration was good apart from the areas still waiting redecoration after work carried out. There was also the activity room shared with people attending for day care only. There was also a room set aside for the hairdresser.

The home had a dedicated maintenance person. They carried out routine health and safety checks and liaised with the senior team as to daily repairs. There was also an annual maintenance plan agreed with Kent County Council for ongoing upgrade and maintenance.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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We saw evidence of the staff carrying out residents meetings four times a year. The minutes of the most recent was displayed on the notice board for all to see. We were told that the information gained at these meetings were then incorporated into any changes required. This may involve activities or the homes menus or anything people were unhappy with. Any issues that arose were then taken to the staff via team meetings and to the manager where they were discussed and an action plan agreed. Action plans would be enforced by the manager and fed back to the people residing at the home.

The manager also issued surveys each year to gauge quality and care provided for people living long term at the home. Those on short term visits were given a feedback sheet to be completed at the end of every visit. The homes deputy confirmed that all information gained was then analysed and changes required were planned and acted upon as soon as workable. Feedback from these surveys were fed back to the people living at the home at the resident meetings. The deputy told us that they also maintained records of staff training required and care plan reviews. We saw no evidence of surveys completed by professionals involved or visitors and relatives. However, we were told that the annual surveys were in the process of being looked at to gain better information from all involved in the future.

A complaints system was seen to be in place. We were informed that all people had information in their rooms of how to complain should they be unhappy. People spoken with confirmed this and said they felt very able to address any issues with the manager if they needed to.

Any complaints received were investigated within the timescales and acted upon.

## 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.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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