Inspection Report

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

55 Sandwich Road

55 Sandwich Road, Whitfield, Kent, CT16 3LT

Date of Inspection: 16 December 2013

Date of Publication: January 2014

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
Staffing	✓ 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	High Quality Lifestyles Limited
Registered Manager	Mrs. Christine Ann Mcghee
Overview of the service	The service is registered to provide care and support for two 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 16 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 staff and reviewed information given to us by the provider.

What people told us and what we found

We reviewed all the information we hold about this provider, then carried out a visit. We used a number of different methods to help us understand the experiences of people who used the service, because some of the people using the service had complex needs which meant they were not able to tell us their experiences. These included observing the care and interactions between the people and staff. People expressed themselves by using sounds, gestures, body language and pointing to objects.

Plans of care followed current guidance of personal centred care (a life planning model to enable individuals with disabilities or otherwise requiring support to increase their self-determination) in that the service promoted people who used the service to improve their own independence. They were supported to have individual long term planning, goals, hopes aspirations and involvement in the service they were receiving.

Medication was being handled appropriately and audits and checks were in place to monitor the service. Whist sufficient staff were on duty during the day some concerns were noted about support at night. The provider responded to our concerns and reviewed staffing levels as a result. Staff benefited from comprehensive training that met the needs of people who used the service. Appropriate checks and audits were in place to monitor the service.

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.

Reasons for our judgement

People who used the service were unable to communicate fully and tell us what they thought of the quality of their care due to their communication difficulties. To gain their views we spent time observing the care given and the attitudes and support given by staff. The atmosphere within the service was relaxed, staff were polite and people were given time to do things in their own way. Staff recognised that some people had enhanced communication needs and spoke with them in a manner they could understand. We observed staff supporting people who used the service in a respectful way and saw that staff took time to explain, where possible, the options available and supported people to make choices.

Staff explained to people what they were going to do before delivering care and support. Staff ensured that people were kept up to date with changes to individual people's care or treatment. We saw information which detailed people's likes and dislikes including food and social activities.

We saw staff respectfully responding to each person's requests. We saw that staff had taken the time to get to know each person's individual needs and what was important to them. Staff sat with people and gave them reassurance. This meant that people were treated with care and respect in a way that suited them best.

Reviews took place with the involvement of the individual and any friend/family member where possible.

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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We observed people expressing their opinions in a way that staff understood despite their communication difficulties. Staff had a good understanding of people's methods of communication and picked up on an individual's body language in order to support people in a way they preferred. We were unable to directly talk to the people who used the service due to their communication difficulties but observed that they were happy with the care and support being offered and that their independence was encouraged.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We reviewed and discussed with staff the care records of the two people who lived within the service. These had sufficient detail and guidelines about the support needed to meet the people's needs. They had an assessment of needs, details on how to support the person and highlighted the assistance provided so that support was consistent and achieved any desired goal. This included guidance to staff about how a person's needs or wishes were to be supported in things like personal hygiene and nutrition. People's individual levels of ability in doing things for themselves had been assessed. The care plans had some common themes for each person but also particular things about people, making them individual and person centred. Risk assessments had been completed as part of the care plan and these were personalised for each individual. Likes and dislikes had been determined along with goals to support people with their needs and aspirations development. This meant that people could feel confident that they were supported with their needs and received the care they needed and wanted.

Plans of care followed current guidance of personal centred care (a life planning model to enable individuals with disabilities or otherwise requiring support to increase their self-determination) in that the service promoted people who used the service to improve their own independence. They were supported to have individual long term planning, goals, hopes aspirations and involvement in the service they were receiving. This meant people were supported as individuals and given encouragement to learn new skills and gain

greater independence.

Through direct observation, discussions with staff and records viewed we saw that the service actively encouraged people to be members of the wider community. Daily reports were written showing things such as, what a person had done that day, what support they had and what they had eaten. Planned activities were arranged for the differing needs of people living in the service. The service promoted activities which took into account people's individual interests. People were encouraged and assisted to participate.. There was a wide range of planned activities and also time spent, where possible, with people on an individual basis.

Detailed guidance was in place for people who exhibited specific behaviours. These behaviours were clearly listed, together with known triggers and strategies were in place to minimise their occurrence. Staff demonstrated that they understood about people's behaviours and the importance of supporting people to minimise the anxieties that could trigger an occurrence. We observed that staff appropriately followed these guidelines during our visit to the service. This meant that care was person centred and that risks were identified and managed effectively.

The service provided psychology and specialist support. We saw details of work being done by a behavioural specialist, and the training they were providing to staff. Individual programmes were available to people depending on their need.

Risk assessments had been completed as part of the care plan and these were personalised for each individual. Where the risk assessments resulted in a restriction on an individual's freedom, for example, only going out with staff support, this has been agreed with the person using the service where possible and was kept under review with the individual. This meant that vulnerable people were protected from harm.

Care records and specific health care records seen showed that people had access to a range of health care professionals including dentists and opticians when needed and they had regular health checks.

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

Appropriate arrangements were in place in relation to obtaining medicine. The system was straightforward and all medicine was checked into the service and recorded.

People received the medication they needed when they needed it. If people refused to take their medication staff used different strategies including going back to the person later or involving relatives or other healthcare professionals. The service arranged medication reviews, with doctors, if and when needed, to ensure that people were on the right medication at the right dose. This meant that people were supported with their medication to maintain their health.

Appropriate arrangements were in place in relation to the recording of medicine. Records showed that medicines were prescribed for people and given to people safely. Guidelines were in place for medicines used on a 'when needed' basis. Medicines were handled appropriately and stored safely and securely. There were arrangements to safeguard the medication keys and storage facilities. Staff training and medication administration records were audited to ensure they were up to date and correct.

The manager explained and showed us that a system was in place which ensured medicines were disposed of appropriately. We saw there was a record of returned medications and good handling and management of the medications ensured that those no longer needed were dealt with appropriately.

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

There were enough qualified, skilled and experienced staff to meet people's needs. An assessment based on the needs of people who used the service showed what staffing levels were needed. We saw that staff were present and that people's needs were being met. The manager stated that temporary staff from an agency were not used. We corroborated staffing levels by reviewing the staffing rota which showed that staffing numbers planned matched the number of staff at the time of our inspection.

The deployment of staff was planned and organised so staff knew their role and responsibilities each day. Staff had a handover meeting between shifts so they were well informed about any changes or issues. Extra staff were available when needed and staffing was planned around activities, appointments and events.

The provider may find it useful to note however that the Commission had concerns with regard to night time support for people who used the service in the event of an emergency or unforeseen event. At the time of the inspection the service only had one member of staff on duty at night without the support of a member of staff sleeping in. Additional support was only available from an on-call member of staff who was off site. It was felt by the Commission following discussions with staff that the response time of on-call staff in the event of an emergency potentially put people's welfare at risk. We spoke with a senior manager about our concerns. The provider responded to our concerns the same day and arranged for the provision of sleep in staff at the service to additionally support the night staff in the event of an emergency. This meant the provider responded to concerns raised and took action to improve outcomes for people who used services.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Staff received appropriate professional development. People who used the service did not comment on this outcome due to their communication difficulties.

Staff demonstrated, through discussion, that they had the skills to carry out their role. Records viewed showed that staff had received training in core courses namely, safeguarding adults, manual handling, the Mental Capacity Act and medication. Training updates had been carried out in line with current guidance as recommended by Skills for Care, a government training agency. Staff said they felt supported by the training to carry out their role. This meant that people receiving a service from the service could feel confident that they were supported by suitably trained and experienced staff.

Care staff said that they received support from the manager. They said that they had a number of opportunities to discuss any issues arising from their training or in general. Care staff said that the training and support they received helped them improve the care and support they provided.

Members of staff had an in house induction when they started working at the service. A foundation induction programme that followed the elements of national guidance issued by Skills for Care was in place for new staff. This meant that staff were able to support people with their needs.

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

Decisions about care and treatment were made by the appropriate staff at the appropriate level.

Staff were involved with the day to day running of the service and engaged with everyone involved with the care and support of the people who used the service. The service had developed close working partnerships with other professionals and evidence of this was gained through reviewing the care planning documentation and talking to staff.

Systems for quality assessment and improvement were in place. Surveys had been asked for and gathered in such a way to allow for monitoring of risks and the quality of care delivery. Representatives and staff were asked for their views about the care provided. Review meetings were held so people could air their views. This meant that relative's views were considered and that people could feel confident that the service saw feedback as a way of improving the quality of care.

A senior manager regularly visited to service to carry out checks and additional audits were carried out by a specialist team of auditors from head office. Evidence of such checks was received subsequent to the inspection.

Regular audits and checks including, medication records, care plans and care records meant that any errors were picked up early so that people remained safe. There was a record of identified risks and issues with action plans in place where needed.

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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