

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

## Keychange Charity Romans Care Home

1 Roman Rd, Southwick, BN42 4TP

Date of Inspection: 20 September 2013

Date of Publication: October 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Keychange Charity
Registered Manager	Mrs. Vanessa Farmer
Overview of the service	Keychange Charity Romans Care Home provides care and accommodation for up to 30 adults.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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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 20 September 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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During our inspection we spoke with five people who used the service and four relatives and a GP. We also spoke with five staff members, three of which were care staff. The people we spoke with told us they were happy with the care they had received and with the staff team. One person who used the service told us "I really like living here" and, "They pamper me and always come when I ring my bell". Staff told us, "I like that we can talk to the people and no day is the same". Staff we spoke with said that they had undertaken safeguarding vulnerable adults training, and people we spoke with told us that they felt safe and knew who to talk to if they had any concerns.

The staff also told us they felt valued and supported by the management and had their training needs met. The staff told us they felt confident that the quality of individualised care delivered in Romans Keychange was of a high standard. We found care plans, staff records and other records relevant to the management of the home were accurate, reviewed regularly and fit for purpose.

The home had systems in place to assess and continually review the service that it provided and had made improvements where needed. We found that people were involved in all aspects of their care, and in any changes to the service that may have affected them.

We also looked at other records to help us understand the needs and views of the people who used the service. These included residents, relatives and health professional satisfaction surveys, resident's meeting minutes, staff personnel files, the home's incident and complaints log, the communication book and the home's operational policies.

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

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

**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

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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The people who used the service told us they were happy with the care they had received. One person told us "If you have to be in a home, it's a lovely home to be in". Another person said, "The staff look after us excellently, they are very good indeed". One member of staff told us, "I'd personally recommend this home". People said that they were asked regularly for their opinion and that they could attend resident's meetings or raise a concern directly with the staff or manager at any time. We reviewed documentation that reflected what we were told about people being involved in their care and in how the home delivered the service. This meant that the provider had identified what was important to people in relation to their care, treatment and support and met these needs. It also demonstrated that staff had listened to people who used the service and respected their decisions and they were consulted about the way their personal care was delivered.

The rooms that we viewed were decorated in a personalised way that promoted a homely and familiar feeling for the people who used the service. We were told by the deputy manager that the people who used the service and their families were encouraged to bring personal belongings. People who used the service told us that their relatives were also treated with kindness when they visited. The relatives we spoke with told us they were happy with the care delivered in Romans Care home. One relative told us, "The care is very good, the staff are caring and nothing is too much trouble". This meant that the provider had treated people who used the service and their relatives with dignity and respect.

We saw that information about the service, the care options available and details of activities were displayed around the home. When we arrived at the home we saw the people who used the service were enjoying in a game of bingo. We were also told that the people were regularly consulted on the daily activities provided. One person told us, "They do activities but I prefer to stay in my room". This meant that the provider had put the people who use the service at the centre of their care and supported them to make decisions.

We saw the home was planning a fundraiser for a local charity in the area. The people we spoke to told us they were looking forward to this event. We also observed a family member asking staff if they could attend this event. This meant that the provider had encouraged and enabled the people who used the service to be an active part of their community.

Each care plan we viewed contained evidence of people's involvement in the planning of their care. The files contained an initial assessment, extensive social history and a variety of individual risk assessments. They also contained records of professional visits; mental capacity assessments and staff document logs. Plans included a signed consent form for people who wish to be checked hourly at night by care staff. This meant that the provider carried out regular assessments of people's needs.

The people we spoke with told us they were treated with dignity and respect. They also felt that they were able to raise concerns with any member of staff and get a timely resolution. One person told us, "I have a choice about where I eat and when I go to bed". This meant that the provider ensured the people who used the service were able to express their views, so far as they are able to do so and were involved in making decisions about their care, treatment and support.

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

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**Our judgement**

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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**

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The people we spoke with told us that they had experienced care, treatment and support that met their needs and protected their rights. We viewed the care files of six people who used the service. The care plans we looked at provided appropriate and adequate information to enable staff to support people in line with their needs and wishes. We saw evidence of assessment paperwork used to assess the needs of people who used the service. We also saw evaluation sheets that had been used for the monitoring of general health, medication, mobility, pressure care, nutrition and fluids. We found evidence of regular recording of appointments, such as visits from the doctor or physiotherapist, district nurse and chiroprapist. This demonstrated that the service was planning and delivering care to meet individual needs.

The six care plans we viewed had risk assessments that related to identified risks to people's safety. They contained details of actions to be taken by staff to minimise these risks, such as falls prevention. We were told by the deputy manager that care plans were reviewed regularly or when people's needs changed to ensure that staff remained aware of the current care needs of people who used the service. We saw evidence in the care files that care plan reviews had been carried out regularly. This demonstrated that through the planning of care, the service had ensured the welfare and safety of people who used the service. The provider may find it useful to note that despite the obvious trend in care plan reviews it was noted that on the day of inspection the reviews for the month of August had not been completed.

We saw that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. During our inspection the staff we observed had a good understanding of the support needs of people who used the service. We observed that staff interacted with people in a caring and professional manner. We saw that the people who used the service responded positively to staff and appeared happy. Staff told us that they get time to read people's care plans to keep updated. One person who used the service told us, that they, "Wouldn't want to change anything about living at the home". The relatives we spoke to told us they were very happy with the standard of care. One relative told us, "My mum looks healthier now than when she moved in". This meant that the people were experiencing effective, safe and appropriate care that met their needs and



protected their rights.

The four relatives we spoke with confirmed that communication with the home was effective. One relative told us, "They always phone if there is a problem". The GP we spoke with told us that, "The standard of care in the home was good". He explained the system between the GP surgery and the home have in place to ensure people's needs are continuously addressed. The system was a telephone review clinic that would be followed up by a GP onsite visit if necessary. The care plans we viewed had evidence that this system was used regularly in the home. We also noted the phone clinic in session when we arrived at the home. This meant that the provider was delivering care that met individualised needs and maintained people's welfare and promoted their wellbeing by talking account of all their needs.

We were told about the homes activities by the people who used the service and the activities co-ordinator. One person told us, "I enjoy the activities but you don't have to take part". Staff told us, "When we first started activities we had only three or four people now it's from twelve and upwards". People told us that they could choose the activities and particularly enjoyed the music and singing. This meant that the provider had maintained the welfare and promoted the wellbeing of people who used the service by taking into account peoples social needs.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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During our inspection we saw that people who used the service were protected from the risk of abuse. We saw evidence of internal safeguarding, mental capacity and whistle blowing policies and procedures used by the provider. We were told by the deputy manager that staff had attended training for the safeguarding of vulnerable adults, to update and increase their knowledge of safeguarding practices and procedures. We looked at a training schedule used by the provider which supported this. We also viewed staff training certificates. This demonstrated that the provider had ensured that staff knew how to identify, report and respond appropriately to suspected or actual abuse because there were clear procedures that were followed in practice, monitored and reviewed.

The staff we spoke with said that they had undertaken safeguarding training and knew the correct procedure to follow if they witnessed or suspected abuse. One member of staff told us "If I had any concerns I would tell whoever is in charge". Another member of staff told us "We have had training in safeguarding". The care workers were aware of their responsibility to escalate any problems and were able to identify where they would find the necessary contact numbers. This demonstrated that the provider had ensured that staff would recognise the signs of abuse and would raise them with the right person when those signs were noticed.

We saw that information about safeguarding vulnerable adults had been displayed around the home. The people who used the service told us "I can talk to the staff about anything" and "If I have a problem I can talk to staff and it would be taken seriously". This demonstrated that the provider had ensured that people who used the service were aware of how to raise concerns of abuse. We were told that the provider operated in accordance with the local authority safeguarding procedures and saw evidence to support this. This had ensured that people who used the service benefited from a service that worked collaboratively with other services, teams, individuals and agencies in relation to all safeguarding matters and had safeguarding policies that linked with those of the local authority.

**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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We saw that there was safe ordering, storage, administration and disposal of medicines within the service. Staff had a good understanding of their responsibilities in relation to the safe administration of medicines.

We saw that the provider was protecting people against the risks associated with the unsafe use and management of medicines. Appropriate arrangements and policies were in place for obtaining, recording, handling, using, safekeeping, dispensing, safe administration and disposal of medicines which had been followed. We saw that documented evidence was available showing that the provider had systems in place to ensure compliance with the requirements of the Medicines Act 1968 and the Misuse of Drugs Act 1971. This demonstrated that the provider had ensured that they followed published guidance about how to use medicines safely.

During our inspection, we viewed the treatment rooms that acted as medication preparation and storage areas. We saw that the areas were clean and tidy and in line with provider's policy and procedures. We carried out checks, which showed the medication stock to be in date. We saw that the medication trolley and the Controlled Drugs (CD) cupboard were locked. We reviewed the recording regarding CD management, and found it to be accurate fit for purpose. We reviewed the service's CD returns procedure and found it to be transparent and well documented. This indicated that medicines were stored securely and that stock levels, including those of CD's were accurate.

We looked at the Medicines Administration Record (MAR) for people living at the service. MAR charts had been reviewed and evidence was readily available to demonstrate that medicines had been administered in a timely manner and in a person centred way. Blister medication packs were also reviewed and we found these to match the MAR chart prescriptions for people who used the service. We reviewed the provider's medicines audit tool and the data collected over a six month period and found it to be accurate and robust. We saw that each MAR chart had a picture of the person who used the service and clearly documented important information about their conditions and allergies. This meant that people received their medication as prescribed and administration was accurately recorded.

We spoke to the care staff who confirmed that medication policies at the service were being adhered to and that regular training was readily available. We observed a medication round during the inspection. We found the medication was administered in line with the homes medication policy and national guidelines. Staff told us they had medication training and this was evidence in the training records we viewed. This showed that the provider ensured that those administering medication had the necessary skills to do so.

Staff were able to tell us the process to follow in the event of any medication errors, and this information corresponded with the service's policy and procedures. This meant there was a robust system for managing any medication errors.

We were told about the homely remedy service offered at the home. This allowed people to receive drugs for example Paracetamol, Senna and flu remedies. This was where common remedies could be administered without delay or the need for a GP review. We noted updated risk assessments were in place for these drugs to be administered.

We observed a drug round and reviewed a total of eight MAR charts. We found that two charts contained blank unsigned spaces. This mainly correlated with peoples PRN medication. The provider may find it useful to note there was intermittent recording of a signature or an appropriate symbol to signify the refusal or decline of a drug.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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We saw that people were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The care workers we spoke with confirmed that a variety of relevant training and support had been provided on a regular and on-going basis. We were told by staff that the management was supportive. One care worker told us "The manager is helping me with my skills for care course". Another staff member told us, "We all work well as a team". This demonstrated that staff had been properly supported to provide care to people who used the service.

During our inspection the deputy manager told us that staff had received appropriate training and professional development. We were able to confirm this by talking to staff and looking at a schedule which showed what training had been completed, and reviewed certificates of training and induction records in the care worker files. One care worker told us "We have access to lots of training". We reviewed records that demonstrated that care staff had received a "Skills for Care" induction (Adult Social Care education that aims to give carers the skills to deliver quality care) National Vocational Qualifications (NVQ) and dementia care training. This demonstrated that staff had received a needs based learning and development plan that had taken into account recognised standards in the sector.

We were informed by the deputy manager and staff that there were effective systems of communication within the service. This had included a handover at the change of shift, staff meetings and communication message board in the staff office. Staff told us they had regular appraisals and supervisions with management and said they found these sessions useful. This was to ensure that staff had the necessary support and opportunity to discuss any issues or concerns that they may have. One care worker we spoke with told us "We have all had regular supervisions and you can talk to the managers about anything". This demonstrated that the provider was supporting staff appropriately and promoting effective communication.

## 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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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The provider had an effective system to regularly assess and monitor the quality of service that people received. We saw from the records that information had been gathered regularly in relation to the safety and quality of the service delivered. This included infection control, cleaning audits, adverse incidents, resident satisfaction surveys, comments and complaints. We saw this information had been evaluated and action had been taken to rectify any shortfalls identified. This meant that the provider was regularly assessing and monitoring the quality of the services provided.

We saw the home had completed annual fire, health and safety, legionnaires and asbestos risk assessments. We viewed the legionnaires test certificate, clinical waste and passenger lift service contract. We also viewed the home's indemnity insurance certificate and noticed it was on display in the entrance of the home. This meant that the provider had managed risks in relation to the health, welfare and safety of people who used the service who may be at risk from the carrying out of a regulated activity. The provider may find it useful to note that the clinical waste bin and area was not secure. We noted the clinical waste bin was not locked and the door to secure the waste area was also unlocked.

We saw that people who used the service or their representatives were asked for their views about their care and treatment. This meant that the provider had treated the people who used the service, relatives and visiting professionals with dignity and respect.

During the inspection we saw evidence that the service held regular staff and residents meetings, to provide people with an opportunity to comment on the provision and delivery of care. Minutes of these meetings had been recorded and were available to view. The provider had demonstrated that they had appropriate systems in place for gathering, recording and evaluating accurate information about the quality of the service provided.

We also saw evidence of a complaints policy in place. The staff we spoke with were aware of each step in the complaints process. However, we noted the service had no complaints and this was evident when we reviewed the complaints book and from the conversations

we had with the people who used the service, their relatives, and other professionals. We saw that an accident/incident reporting system was in place, which contained information that was up-to-date and appropriate. We saw a formal system in place used to analyse and learn from incidents that had taken place, and to implement appropriate changes where they had been required. This meant that that provider had regularly assessed and monitored the quality of the service provided in the carrying out of a regulated activity. It also meant that the home had a continuous quality improvement system that is used to protect people who used the service.

## 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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