

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

St Brannocks

Dymchurch Road, New Romney, TN28 8UF

Tel: 01797366663

Date of Inspection: 22 April 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Parkcare Homes (No 2) Limited
Registered Manager	Ms. Samantha Jayne Harrison
Overview of the service	<p>St Brannocks is a privately owned seven bedded service for adults with learning disabilities. The service is situated in New Romney with good transport links to local Towns. The service is a chalet bungalow, which comprises seven bedrooms and two bathrooms. There is a main lounge, dining room, kitchen and a conservatory, overlooking a large garden. There is an outbuilding used for recreational activities. The service has the use of vehicles to access local amenities.</p>
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

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 22 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

People living at the service told us they liked living there, the staff were nice and they felt safe. An existing staff member had taken on the role of activity coordinator and we saw that people participated in activities they enjoyed. One person told us the service was "fantastic". A relative told us "The service is so much better now. [Their relative] is much happier and goes out more often".

People were supported to consent to their care and treatment. There was written guidance available to staff around the Mental Capacity Act 2005 and staff had undertaken training in the subject. Staff were able to demonstrate their knowledge related to safeguarding and the procedure to follow.

People received care that met their needs and promoted their rights. People's care was reviewed regularly and service delivery was amended accordingly. Advice and guidance was sought from health and social care professionals to be able to meet people's needs effectively and promote their welfare and safety.

There were enough staff on duty to be able to meet people's needs effectively. Staffing levels were adjusted to reflect people's needs. One person had one to one support to assist in reducing behaviour that could be described as challenging.

Information about how to make a complaint was available to people in an accessible format. Complaints were investigated and action was taken to address the issues identified.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

People who lived at the service told us staff sought their consent in relation to their care. We saw that staff asked people's permission before providing support to them, such as supporting an individual to cook a lunch. People were involved in making decisions around their menu and activities being provided.

We saw that there were systems in place to encourage people to choose how they wished to spend their time. There were weekly meetings held between the activities coordinator and each individual. This provided them with the opportunity to be able to inform them of the activities they wished to participate in. These requests informed each person's activity schedule.

We saw that care plans and assessments contained information about the choices and decisions people had made in relation to their care and support. For example, we saw people had been supported to draw up goals they wished to achieve, such as going into the community unsupported by a staff member. We were told that people were invited to sign their care plans confirming their agreement with the information and we saw one person had done so. Most people at the service had active next of kin to support them with decision making and no one at the service accessed the support of an advocate.

There was written guidance available for staff to reference around people's capacity to give consent to their care and treatment. We saw that there was written guidance available to staff on one person's care plan around what action should be taken should they be assessed as unable to consent to their care and treatment. There were systems in place to ensure people's rights were being promoted.

Staff we spoke with had an awareness of the Mental Capacity Act 2005 and told us where they could find further written information about this at the service. We were told there was a rolling programme of training and staff had either undertaken training around this subject or were due to.

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

Staff knew the needs of people and were able to meet people's needs effectively. One person displayed behaviour indicating they were anxious and we saw different staff members made themselves available, verbally reassured the individual, using a consistent approach, and how this calmed them.

People had their social needs met and participated in activities they enjoyed. There was a schedule of activities on display in the office for people to view and we saw people accessed the office freely throughout the day. We saw people coming and going from the service to undertake the activities they had chosen, the atmosphere was busy and relaxed. We saw that people who remained at the service participated in activities they chose such as cooking a meal for themselves and another person and playing a game of dominoes in the newly refurbished day centre on site. A staff member told us "Service users are always well looked after, they all have the choices they make". Another staff member told us "People seem much happier now they are doing what they wish to do". One person told us the service was "fantastic" and how much they liked the refurbishments that had taken place. Another person told us they were interested in doing yoga in the new day centre and would feed this back to the activity coordinator.

At our inspection on 1 October 2012 we identified concerns that people's care was not always reviewed to ensure service delivery reflected people's current needs. At this inspection we saw that people's needs were reviewed, we saw that a review of one person's needs led to the staffing ratio they required to support them accessing the community being reduced. The individual told us how happy they were about this. A historic decision to restrict a person's access to their remote control to manage the risks posed around what they may be watching had been reviewed. The individual now had access to their remote control to be able to watch television in their bedroom freely. They told us how pleased they were with this change. The staff told us that they managed the risks associated with images the person may be seeing by censoring the individual's television guide. However, the provider might like to note that there was no written guidance around managing the risks involved around what the person may be viewing or seeing for staff to be able to reference. Following the inspection we were provided with a copy of written guidance, in respect of these matters, for staff to be able to

reference reflecting how the risks were being managed.

People's needs were monitored and guidance was sought from wider health and social care professionals to assist in meeting people's needs more effectively. One person displayed behaviour that could be described as challenging at times and we saw there was detailed written guidance available for staff to be able reference around managing this behaviour effectively and we saw staff implemented this consistently. We were told that the manager had devised a system to monitor the behaviour to identify any patterns that may assist in reducing it. The person also had one to one support from staff. The manager had worked with a social care professional to refer the matter to a mental health professional to seek guidance to be able to support the individual more effectively. A social care professional told us the person had a behaviour support plan in place.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. A goal had been drawn up with one person around accessing the community without support from staff. There was a risk assessment completed to promote the individual's independence and manage any risks posed. We saw the support plan being implemented, for example, the individual informed staff that they were leaving the service to go into the community and a staff member checked they had what they required to undertake the outing safely.

At our inspection on 1 October 2012 we identified concerns that people's health plans were not always reviewed frequently, therefore their health records may not always have been up to date. At this inspection we saw that people's health needs were reviewed regularly and people's appointments with health professionals were recorded. One person's medication had been recently been reviewed and amended and we saw that while their care records highlighted to staff that this information needed to be updated, the manager had taken steps to ensure the person's needs were being met because they had informed the staff who administered medication verbally of the change and all staff were made aware of the change during a staff meeting which was confirmed by the meeting minutes. There was written guidance available for staff to reference around focusing on particular health matters people had, for example, one person's nails needed to be kept clean and short.

We saw that people's assessments around administering their own medication were reviewed when required. For example, one person's arrangements were reviewed when they did not take the required dose on time and their care was amended to promote the person's health and welfare.

There were arrangements in place to deal with foreseeable emergencies. For example, people would be able to use another local service under the same provider if the service became uninhabitable.

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. Adult protection matters were reported appropriately by staff.

Reasons for our judgement

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We saw that effective systems were in place to safeguard people who lived at the service. We saw that staff had undertaken adult protection training. Staff we spoke with were able to demonstrate how to recognise potential abuse, what action to take including who to report concerns to and when. We were told about an occasion when a staff member had reported an adult protection matter in order to promote the individual's safety. We saw the service had a policy on safeguarding vulnerable adults and staff told us where it was kept. Staff told us where they could find information about the service's whistle blowing policy. They knew where they could locate the safeguarding policy and the whistle blowing policy to be able to reference it easily. We were told that safeguarding records were held on a computerised system, which was being repaired, therefore we were unable to review these records during the inspection.

We saw there was a system in place to safeguard people from the risk of financial abuse. We saw there was a system in place to manage people's finances that included two staff signing to confirm money had been withdrawn and returned and the accounts were balanced twice a day. There was a policy in place around managing people's money for staff to be able to reference.

Staff told us that they did not use restraint at the service; they used diversion and distraction techniques to support people at the service who displayed behaviour that could be described as challenging. People were free to access all areas of the service without restriction.

People that used the service told us they could talk to any of the staff if they were worried about anything and they felt safe living there.

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.

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

Reasons for our judgement

At the time of inspection seven people lived at the service. We saw that there were enough staff on duty to facilitate people to participate in the activities they chose, such as going bowling. There were enough staff on duty to be able to meet people's needs promptly.

Staff were recruited to vacant positions to ensure the staffing level was adequate to meet people's needs. We were told about a new permanent member of staff starting soon to be able to have four staff members on duty during the day. We saw that staffing was adjusted in response to people's needs, for example one person was assessed as requiring one to one support from staff and this had been provided. The rota was devised to ensure there were enough staff on duty at the times when people required support to participate in activities and support with personal care. One staff member told us the staff all work "collectively as a team".

Staff told us there were enough staff on duty to provide the care people required during the week, but there was not always enough staff on duty at the weekends to enable people to go out both days. Therefore, not everyone was able to access the community visiting places such as a local market. A relative told us their relative did not always go out each day at the weekend, but this was not often and because they participated in the activities they chose the rest of the week they did not consider this had a detrimental effect on their relative. One person told us there were enough staff on duty to meet their needs at all times and one person told us there were activities to do at the service now the new day centre had been built so they did not mind not being able to go out both days at the weekend. We were told that staff covered absences between themselves because it provided people with consistency.

Staff were suitably trained and skilled to undertake their roles effectively and we saw there was a system in place to monitor staff competence. We saw there was a system in place to monitor staff training and identify any areas that required updating. Staff told us they received regular supervision where training matters and learning was discussed. There were regular staff meetings where people's needs were discussed and staff were updated about changes to people's needs. The manager used a communications book to log changes to the service and the delivery of care. New staff completed an induction that

included shadowing staff to learn how to meet people's individual needs. Staff told us they had been given the necessary training to be able to undertake their role and the staff team were approachable if they had any questions. One person told us "I like my staff, they are well trained".

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was a complaints system in place and relatives and people living at the service were confident the process would be followed accordingly.

Reasons for our judgement

Information around how to make a complaint was available to people who used the service in an accessible format. People were given support by staff to be able to make a complaint. People were reminded about the procedure each week and some people had been supported to make complaints. Complaints made by people at the service were collated, reviewed and acted upon by the manager. For example, several people had complained about a person's behaviour that could be described as challenging and the impact this had on them, such as having to go to their bedrooms to maintain their safety when this behaviour was being displayed. The manager increased staff support for the individual, devised a system to monitor the circumstances around this behaviour and frequency and referred the matter to relevant health and social care professionals for advice.

People we spoke with told us they knew how to make a complaint and they would report any concerns they had directly to any of the staff or the manager.

There was a system in place to invite relatives and people who used the service to provide feedback about the service. We were told that an annual survey was provided to relatives and people who used the service and the complaints procedure would be followed should any be included in the feedback. The surveys had not been returned at the time of inspection to review the findings.

A relative told us they would report any concerns directly to the manager and they were of a view that their comments and complaints would be listened to and acted upon. They told us "The manager is very easy going and would look into any complaint appropriately."

Social care professionals linked to people at the service told us they were able to contact the manager if they had any complaints and were confident their complaint would be responded to appropriately.

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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