

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

Newlands

4 Church Lane, Westbere, Canterbury, CT2 0HA

Tel: 01227713883

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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
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	White Rose Care Organisation
Registered Manager	Ms. Lucy Fenton
Overview of the service	Newlands is a privately run home which provides residential care and support for Adults who manage a learning disability. It is situated on the outskirts of Canterbury and is registered to provide accommodation for up to 21 people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 24 October 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and spoke with one or more advocates for people who use services. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

People who used the service, who could tell us that they enjoyed living at the home. One person told us "love it here". A relative we spoke to told us "There is a real family atmosphere and we can visit our relative any time we like. The people who live here are included in everything and the staff really do seem to love their jobs".

A health professional we spoke to told us "The care and support people receive here is excellent. The home is very proactive in meeting people's health needs and gaining assessments where necessary. They have no problem in pursuing things when they are not happy about the health care and treatments people have experienced". Another professional we spoke to told us. "People experience a very good quality of care here and the home has built up good relationships with health and social care authorities".

We used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allowed us to spend time watching how staff and people who used the service interacted and helped us record how people spent their time and whether they had positive experiences. This included looking at the support that was given to them by the staff. We observed that all interactions between staff and the people who used the service were positive.

We saw that the service followed legal requirements around issues of consent and that people who used the service were supported to make choices on a daily basis.

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.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

People who used the service, who could, told us they enjoyed making choices. One person told us, "We are going to a Halloween party at a night club tonight. We are dressing up". Staff told us that they had helped some of the people who used the service to choose their fancy dress costumes and that there would be a party in the home later in the week to include the people who were unable to, or chose not to, attend the night club. Other people who used the service confirmed this and another person who used the service told us, "I am looking forward to two parties". This meant that people's decisions and choices were respected.

Staff demonstrated that they knew people well and we observed them adjusting their communication to a level each individual could easily understand. In addition, we observed that staff were good at interpreting the body language and sounds of people who were unable to communicate verbally in order to facilitate their wishes.

For example, we used SOFI2 and observed that a person who used the service was stood by the kitchen door and kept grabbing the hands of a member of staff who was passing them. One member of staff we spoke to, told us that the person wanted a drink from the kitchen and that they would be back to assist him when they had finished the task in hand. A few moments later they returned and the person grabbed their hand and led them to the kitchen where the member of staff helped them choose what they wanted.

Throughout the inspection staff demonstrated a strong person centred approach in that they interacted with people who used the service in a positive manner whilst encouraging people to make their own choices. We saw that staff explained what they were doing and sought consent from the people they were assisting before carrying out any activities necessary to meet their needs. This meant that staff were able to demonstrate their understanding of the Mental Capacity Act (MCA 2005) through providing advocacy and

person centred support to enable people to make choices and give their consent to personal care and other activities on a daily basis.

We found that where people who used the service did not have the capacity to consent, the provider acted in accordance with legal requirements. The arrangements to support people to make decisions were based on legislation and best practice. For example, we saw that the provider had built good links with professionals from the local learning disabilities team and local advocacy services. They worked jointly with them when best interests decisions had to be made for those who lacked capacity to do so themselves. This ensured that people were supported appropriately when consent or decisions about care or treatment were required.

Staff had received training about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards so that people's rights were upheld. Mental capacity assessments were completed when people needed support to understand and make a decision. When complex decisions needed to be made on behalf of people, health care professionals, professional advocates, relatives and social services were involved. We found that all the people who used the service were encouraged to continue to make decisions and had continued to receive appropriate support for day to day and major decision making. This meant that people's autonomy was maintained and that their human rights were upheld.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs. We observed that people were provided with a choice of suitable food and drink. One person who used the service told us, "Food here is good, if I want something I have it, I don't have to wait for lunch time, I have what I want". We observed a lunch time service and saw that people had a choice of two main dishes. They could also choose not to eat either of the main dishes and have sandwiches or other food of their choice. We saw that people had access to food, drinks and snacks at all times.

People were supported to be able to eat and drink sufficient amounts to meet their needs. Support plans (plans of care) detailed people's nutritional needs and choices. We observed staff giving people the appropriate amount of assistance to ensure they were able to eat their food as independently as possible and at their own pace. People's nutritional needs were risk assessed and these included any actions necessary to ensure people received the correct amount of nutrition and fluid.

We looked at a sample of food, fluid and weight charts and found that they were fully completed and up-to-date. People who were observed to have any difficulties in swallowing or were not receiving enough nutrition were referred to speech and language therapists or dieticians, as appropriate and we saw from people's care plans that guidelines were followed.

This meant that people received a choice of suitable and nutritious food and hydration when they wanted and in quantities that met their needs.

□

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

Medicines were handled appropriately. We found that medicines were safely administered and appropriate arrangements were in place in relation to obtaining and disposing of medicines. We found that the service had a contract with a local pharmacy and medicines were supplied, mainly in blister pack format every four weeks.

We saw there were arrangements for the disposal and recording of unused or unwanted medicines. We saw the results of a monthly audit in which the stock balances of medication were checked. Members of staff we spoke with, told us they did not encounter problems with the availability of people's medicines.

Staff who administered medicines told us they had received appropriate training to do so and we saw training records to confirm this. We saw records on the prescription sheets that medicines were reviewed each month. We also saw there was a section in people's care plans which outlined the medicines being used.

We saw that medicines were stored in a locked cabinet and that a locked medicines' fridge was available if medicines needed to be stored at a low temperature. The fridge temperature was checked daily. This meant that medicines were kept safely.

We checked three medicine administration records and found that these had been accurately completed. We saw that all medicines signed as given from blister packs were not present. We saw that when 'as required' medicines had been given this was noted in the daily care records and that there was a reason for administration and an evaluation of its effectiveness recorded. This meant there were appropriate arrangements in place in relation to the recording of medicine.

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. People who used the service were not able to comment on this outcome. Relatives we spoke to told us that staff were knowledgeable about their relatives needs and were good at communicating with them. One relative told us "The staff here are excellent and they have a good relationship with my relative". Another relative we spoke to told us, "There is always a lovely atmosphere and staff are eager to include us in everything our relative is involved in. There always seems to be something going on, they have lots of parties and functions. The staff are so respectful".

Appropriate checks were undertaken before staff began work. We found that all the information required by the regulations was available. These included a Disclosure and Barring Service (DBS) check. This is an employer's check to ensure that prospective staff are not barred from working with vulnerable people or have a criminal conviction that would make them unsuitable for their job. We saw that references were obtained that showed the staff were of good character and that their conduct was satisfactory in previous employment.

We saw that all staff had the necessary experience for their job. We noted the majority had or were working towards Vocational qualifications recommended by Skills for Care. We saw the home's mandatory training matrix and saw that staff were up to date with their training. There were training sessions available to care staff which included training topics which were relevant to the needs of the people who used the service. For example, topics included, Person Centred Support, Diabetes and the Administration of Insulin, Health and Safety, Safeguarding and First Aid.

We used SOFI 2 (Short Observational Framework for Inspection) and observed that staff had the necessary skills and attitudes to support people. This meant that staff with relevant skills and experience were recruited. Staff had training to maintain and develop their skills and were encouraged to take the opportunity to gain qualifications.

We saw copies of signed job descriptions on staff files. These outlined the duties and responsibilities of the post holder, and also the standards of conduct expected. We found that the home had a robust disciplinary procedure. This meant that staff were made aware of expected behaviour, and that there were systems in place to manage unsatisfactory

conduct.

We saw that staff had completed a health declaration to show they were physically and mentally fit for their role. We saw that after any periods of sickness absence the manager met with staff. This meant that the provider had systems in place to check that staff developed the necessary skills and experience and remained, fit to do their job.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and they were acted upon. The provider had a number of different methods in place to monitor the quality of its service and ensure that people were satisfied. We found that any issues raised had been addressed. In addition, the manager said they send out a survey each year and was planning to include other stakeholders and professionals. Senior staff and managers from the providers other services also monitored the quality of care when carrying out reviews of the care plans.

We found that audits were completed regularly and we saw action plans to address any shortfalls that were identified. We saw evidence of regular audits in relation to documentation on accidents, infections, care planning, risk levels, emergence planning and the environment. We found that issues and discrepancies were addressed swiftly and effectively.

We saw minutes of regular staff meetings where changes or issues within peoples care were discussed. In addition, we saw evidence of meetings with people who used the service to ensure they were consulted and encouraged to contribute their ideas about the running of the home. People who used the service told us that they were encouraged to make everyday choices and that they were asked their views on how the service was run. This meant that systems were in place to enable the health, welfare and safety of the people who used the service to be monitored effectively by the provider.

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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