R Cadman

King Edward House

Inspection report

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Date of inspection visit:
01 November 2018

Date of publication:
07 December 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 1 November 2018 and was announced.

King Edward House is a 'care home' for up to 5 people with learning disabilities. At the time of the inspection the people living at the service were also older people. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There were 5 people living at the service at the time of our inspection. The service was set in a large house with a private garden which was based in a residential area. The accommodation was spread over 2 floors which one bedroom on the ground floor. There were two lounges and a kitchen dining room with a comfortable seating area.

At the last inspection, on 4 May 2016, the service had an overall rating of 'Good'. This inspection report is written in a shorter format because our overall rating of the service has not changed.

At this inspection we found the service remained 'Good'.

People continued to be protected from abuse. Staff understood how to identify and report concerns. Medicines were managed safely, and people received their medicines when they needed them. Risks were assessed and there were actions in place to minimise risk and keep people safe.
There continued to be sufficient numbers of staff who had the skills and knowledge they needed to support people living at the service. Staff were appropriately supervised and supported. New staff had been recruited safely and pre-employment checks had been carried out.

Peoples' care met their needs. Care plans continued to accurately reflect people's needs and included information on their religious and cultural needs. We observed that staff followed the guidance in people's care plans. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were aware of people's decisions and respected their choices.

Staff continued to support people to maintain their health and wellbeing. People confirmed that they had access to healthcare services. People were supported to eat safely and had a choice over what they ate.

People were treated with respect, kindness and compassion. Their privacy was respected, and they were supported to lead dignified lives. People were supported to maintain their independence. There were systems in place to seek feedback from people to improve the service. People were encouraged to express their views and were listened to.

The service was clean and the setting pleasant and welcoming. The building had been adapted to meet

people's individual needs. People had chosen the decoration for their room and the shared areas. Staff were aware of infection control and the appropriate actions had been taken to protect people.

The service was well-led. People knew the registered manager well. Staff told us that they were happy at the service and were proud to work there. The service was regularly checked to identify where improvements were needed, and actions were taken.

Incidents were recorded, investigated and acted upon. Lessons learnt were shared and trends were analysed. The service worked in partnership with other agencies. The registered manager was well informed about best practice and shared this learning thought the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

King Edward House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 1 November 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the service is small, and people are often out during the day. We needed to be sure that they would be in.

The inspection team consisted of one inspector and assistant inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection report and notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

We sought feedback from relevant health and social care professionals and staff from the local authority on their experience of the service. However, we did not receive any.

During the inspection, we spoke with five people who lived at the service. Not everyone at the service was able to verbally engage with the inspection process so we observed the interaction between people and staff in the communal areas. We were not able to speak to relatives of people, to gain their views and experiences. We looked at two people's care plans and the recruitment records of the last two staff who were employed by the service.

We spoke with the registered manager and two members of staff. We viewed a range of policies, medicines management, complaints and compliments, meetings minutes, health and safety assessments, accidents and incidents logs. We also looked at what actions the provider had taken to improve the quality of the service.

Good

Is the service safe?

Our findings

We observed that people were comfortable and relaxed at the service and with the staff who supported them. When we asked people if they felt safe they said or indicated yes. Staff were available for people to talk to if they had any concerns and we observed that staff listened to people and paid attention to their needs.

There continued to be policies and procedures in place to protect people from harm and abuse. Staff knew how to report safeguarding and how to blow the whistle. Staff were confident that the registered manager would act on concerns and the registered manager knew how to do so. There had been no safeguarding concerns since the last inspection.

Risks to people continued to be identified and assessed. There was clear guidance in people's care plans for staff to follow to lessen the risks to people. For example, one person was supported with their continence needs Staff had the appropriate training and there was guidance on how to ensure that the person was not dehydrated or retaining fluid. There was also information on how to identify concerns such as possible infection or that the person may be in discomfort. We observed that staff followed the guidance that was in people's care plans.

Checks on the environment continued to be completed to ensure people were safe. The building had all the needed health and safety certificates and the certificates were all up-to-date. For example, the gas and electrics had been tested to ensure that they were safe. The staff carried regular checks such as undertaking a fire alarm test every week. There was an evacuation plan in place for each person to ensure they could be safely evacuated in the event of an emergency.

There continued to be sufficient staff to meet people's needs safely and staff spent one to one time with people. The registered manager continued to ensure that staff were suitable to work with vulnerable people before they started, including carrying out the needed pre-employment checks. Appropriate checks were also carried out on any agency staff used.

People's medicines continued to be managed safely. Medicines were obtained, stored, administered and disposed of appropriately. We observed that procedures were followed. For example, medicine administration records were complete and accurate. The registered manager checked that medicines were stored at the right temperature to protect them from spoiling. Where people had been prescribed medicines on an 'as needed' basis, such as pain relief, there was guidance in place for staff to help them administer these safely.

Risks of infection continued to be minimised by health and safety control measures, such as infection control audits and the use of personal protective equipment. The water system had been tested to ensure that it was free from legionella. The food standards agency had rated the service as good, meaning that they had assessed the storage and preparation of food to be safe.

Incidents and accidents were recorded by staff and action was taken where needed. Trends were identified and analysed. For example, one person had fallen on more than one occasion. The service had sought support from an occupational therapist and had the appropriate equipment in place. Staff had identified ways to encourage the person to use their equipment to help prevent further falls.

Good

Is the service effective?

Our findings

No one had moved in to the service for a since the last inspection. There was one vacancy at the home. The registered manager told us they would meet with any new person and invite them to spend time at the service before moving in so that they could meet the staff and the people who lived there. The assessment before the person moved in would be used to develop the care plan and address all areas of the person's needs including risks, personal care, cultural and social.

Staff were recruited safely and had the skills they needed to be effective. Staff had undertaken further training in areas such as person-centred care, and end of life care. Staff were positive about the training and told us if they had questions the registered manager was very supportive in ensuring that these were answered. New staff continued to complete an induction before working alone with people, this included reading policies and care plans, shadowing a more experienced member of staff. Staff had regular supervision and a yearly appraisal.

People were involved in preparing meals, for example one person liked to help prepare vegetables and another person set the table. One person told us they washed up and enjoyed doing so. When we asked people indicated that they liked the food. People were supported to eat and drink safely and were offered a balanced diet. People used pictures to tell staff what they wanted to eat. The menu for the day was displayed on a picture board. The menu was planned on the day or on the day before. People had a choice of what they wanted to drink. People been assessed by the Speech and Language Team (SaLT) because they were at risk of choking and had SaLT assessments in place. Copies of these were in a kitchen folder and we saw that guidance was followed such as ensuring that people were supported when eating.
Staff continued to support and promote people's health. For example, by supporting people to remain as physically active as possible. There was guidance for staff in people's care plans to help staff identify when someone was not well. We saw evidence that people had access to health care professionals when they needed it such as doctors, occupational therapists and district nurses.

The building was suitable for people's needs. People had their own bedrooms and access to adapted bathrooms. People's bedrooms were personalised and decorated in their taste. The registered manager, who was relatively new, was working with people to choose further decorations and people had recently chosen some new carpet for the shared spaces.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Applications for DoLS had been made where appropriate. We checked whether

the service was working within the principles of the MCA and found that they were.

Good

Is the service caring?

Our findings

The people we spoke with told us or indicated that they were happy at the service and liked the staff who supported them. The service had a positive atmosphere and felt like people's home. Staff told us what made them feel proud was "seeing people laughing" and "making them smile".

People continued to be treated with kindness on respect. When the inspectors arrived at the service the door was opened by someone who lived there who was supported by staff to welcome us and invite us in. The registered manager told us, "This is their home and we are all guests in their home". We observed staff talking with people in a polite and friendly manner. Staff knelt to talk to people when they were sitting down so that they were at the same level. Staff made eye contact with people. People at the service often smiled and laughed with each other and with staff.
Someone who had lived at the service had recently died. Staff were supporting people to cope with the loss. Staff told us that they talked to people about the loss of their friend and listened to people when they were upset or wanted to talk. During the inspection we saw that the registered manager was supporting one person to choose photos from a holiday so that they could have these displayed in frames to remember their friend.

The service was developing new care plans and were working with people to do so. The new plans included pictures so that they were easy for people to understand and people were choosing these for their own plans. The registered manager told us, "It will take time to finish the new plans as we want to make sure that people are fully involved." People had communication plans in place which included information about how they liked to communicate and the words and gestures they used. People who did not communicate verbally used facial expressions, touch and gesture to tell staff what they wanted. Staff understood these gestures and responded appropriately. One person had made the decision to not wear their hearing aid, staff had respected the person's choice and followed guidance on how to communicate with the person.

The staff were working according to the Accessible Information Standards (AIS). AIS is a framework put in place in 2016 making it a legal requirement for providers to ensure people with a disability can access and understand information. For example, information was provided in an easy read format and staff used these documents to explain things to people.

People's privacy was respected. The registered manager supported people to have privacy. For example, when the registered manager showed us around the home when we arrived but told us to ask people themselves if we wanted to see people's bedrooms. People's files were kept locked in the office and staff were careful not to leave the door unlocked when the office was unattended.

People were encouraged to remain as independent as possible. We saw that people's care plans contained information about what people could do for themselves and staff followed this guidance. For example, people cleaned their own rooms and were involved in daily tasks such as folding their own laundry and helping in the kitchen. Staff told us, "If they need help we do things together, we don't take over".

Good

Is the service responsive?

Our findings

People told us they were happy with the support they received. Relationships between people and staff were positive. The staff we spoke to knew people well and understood their likes and dislikes.

People's care continued to be based around their needs and choices. Care plans were personalised to the individual and gave clear details about each person's needs and how they liked to be supported. Plans contained information about people's life history, their personal care needs and what was important to them. For example, there was information about how people preferred their bedroom to be. The guidance for staff which broke down tasks detailing what parts people could do for themselves and what parts they needed support with, such as, where people needed support to wash their hair but could wash their face themselves. Care plans also contained a circle of support to show what relationships people had and who the people were that were most important to them. These circles had been developed with people. There was information for staff about how people wanted to be supported to keep in touch with the people who were important to them.

People were involved in reviewing their own care. We saw that people's care plans had been reviewed monthly and had been regularly amended when people's needs, and preferences changed.

There were regular meetings for people. At these meetings people discussed recent events at the service and the activities they wished to participate in. Records showed that people went out regularly, for example, to museums, the cinema or for personal shopping. There was an activities folder with leaflets and pictures which people used to tell staff where they wanted to go. Staff told us, "We ask people what they want to do and give them choices". People went on holiday and there were photos of people on holiday on display at the service. Some people told us they chose not to go out on some days and took part in activities at home, such as reading magazines and arts and crafts. The registered manager told us that they respected people's wishes and that it was important that people could choose to live their life like any other citizen.

The service continued to have a suitable complaints policy and procedure. People told us that they knew how to complain. The complaint procedure was written in large print and it was colour coded and bullet-pointed, this made it easier for people to read and understand. There was a system for recording complaints and to ensure that these were dealt with appropriately. There had been no complaints since the last inspection.

People were supported at the end of their life. One person at the service had recently passed away. People were being supported to grieve and were planning to attend the person's funeral with staff support. The registered manager told us that they had discussed a "bucket list" with the person and that person had been supported to go on holiday as this was their wish. The registered manager spoke with the hospice for advice and support and the person was supported to access an advocate. Advocates are independent people who help people express their views and wishes. We observed that plans for the person's funeral respected their wishes and preferences. There was information on people's wishes and preferences at the end of their life in easy read format. This included what people wanted to happen to them after death, their cultural

preferences and what plans they wanted for their funeral.

Good

Is the service well-led?

Our findings

People knew the registered manager very well. The registered manager provided support to people and spent one to one time with them. We saw that people frequently talked to the registered manager and were open with them and the registered talked to people kindly and with respect.

The service continued to be well-led by a committed and passionate registered manager who had the necessary skills and experience. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
The registered manager and staff shared a clear vision for the service which was based on ensuring people felt like the service was their home and could live life like any other citizen. A member of staff was completing the training they needed to allow them to deputize for the registered manager when they were away from the service.

Records demonstrated that there were regular staff meetings and hand over meetings between shifts. Staff told us that they were able to make suggestions and that their ideas were listened too.

Staff continued to feel supported by the registered manager. They spoke highly of the registered manager and the support they received from them. One staff said, "The registered manager is hardworking, honest, reliable, committed and tries very hard to make a difference to people." Records were very thorough and well organised as well as being complete and accurate. Regular audits to check the quality of the service continued to be completed. Audits included checks on medication, care plans, daily records, training, supervisions, fire safety and handover meetings. Where actions were needed we saw that these had been completed.

People's views continued to be listened to. People were asked to regularly feedback at monthly meetings on what changes they wanted at the service and whether they were happy or had concerns or worries.

The registered manager was well informed about best practice and followed the latest guidance and best practice. For example, there was information on a recent patient safety alert regarding understanding liquid consistency for people at risk of choking. They continued to work closely with health professionals such as occupational therapists and GP's.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that happened at the service. We used this information to monitor the service and to check how events had been handled. This demonstrated the registered manager understood their legal obligations.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where

a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.