

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

Naomi

Highgate Hall, Rye Road, Hawkhurst, TN18 4EY

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Date of Inspection: 11 March 2013

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

Respecting and involving people who use services	✓ Met this standard
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Care and welfare of people who use services	✓ Met this standard
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Safeguarding people who use services from abuse	✓ Met this standard
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Supporting workers	✓ Met this standard
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Complaints	✓ Met this standard
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Records	✓ Met this standard
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Details about this location

Registered Provider	Kenward Trust
Registered Manager	Mrs. Caroline Ralph
Overview of the service	<p>Naomi is owned and operated by the Kenward Trust. The stated objective of Naomi is to provide programmes of rehabilitation solely for women who are recovering from alcohol and other drug dependencies.</p> <p>Naomi is situated in the centre of the village of Hawkhurst on the Kent/Sussex border. It is known locally as "The Naomi Project at Highgate Hall",</p> <p>The Trust has several houses that provide supported living for people progressing from the rehabilitation programmes in their registered homes.</p>
Type of service	Residential substance misuse treatment and/or rehabilitation service
Regulated activity	Accommodation for persons who require treatment for substance misuse

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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 11 March 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

The home provided a specialist service in a homely environment for up to nine women. The people were appreciative of the support they received at the home. People told us they had been treated well by the staff. One person said that "All the staff are supportive and good".

We observed that care and support was delivered with warmth, kindness and dedication. The relationship between the staff and the people who lived there was good and personal support was provided in a way that promoted and protected people's privacy and dignity. We found that people's concerns were listened to, and action was taken to address any issues identified.

The arrangements for keeping the home clean and tidy were satisfactory. The standard of the accommodation, décor and furniture and fittings were good and provided a clean and comfortable place to live.

Staff received ongoing training, and had regular supervision and appraisals.

People spoke positively about the rehabilitation programme and the support they received from the staff. Comments from people that used the service included "I have received support from the staff and the other people using the service". "It is hard, some days more than others, but it is good and I feel that it is beneficial" and "I enjoy the sensory room facility".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them.

We saw that there were reliable processes in place for obtaining information about people prior to commencing the service. This initially included information received from other professional bodies, followed by a visit from the person together with their family or representative if appropriate. We were told that an assessment form was completed during the time of the visit. People who used the service entered into a "programme" that they agreed to complete. This included group therapy sessions and individual counselling and key working sessions that were specifically tailored for them.

We viewed a completed assessment, and saw that it contained suitably detailed information. The assessment included details of medical and health needs; personal care needs; and people's social preferences and lifestyles. We saw that these formed the basis for support planning. People that used the service told us that they were fully involved in discussions about their care. This meant that people understood the care, treatment and support choices that were available to them.

People were provided with comprehensive information about the service. We saw a Kenward Trust leaflet about Naomi that included a sample of a weekly timetable. We were told that every person was given a copy of the Kenward Trust Handbook. We saw that this included information about the statement of purpose, conditions of residence, house rules, medication policy, adult abuse policy, confidentiality policy and the complaints policy. People told us that their privacy and dignity was respected. They said that the treatment they received was individual to them. This showed that people had their privacy, dignity and independence respected.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual support plan.

People told us they were involved in drawing up and reviewing their support plans. They said that they had the support they required and discussed this regularly with their key worker who made any changes as needed.

There were six people who were living at the service on the day of the visit. We looked at one support plan. This contained all the relevant information to ensure that a high level of support was offered. The support plans were informed by a range of risk assessments and included a risk management plan covering, for example, vulnerability within the community. The diverse needs of people that used the service were included in the records maintained by staff. This included dietary preferences and religious observance. Staff told us that they maintained daily records and we saw that regular reviews of the support plans had been recorded. This meant that people were supported with their care in a way that was individual and in accordance with their wishes.

Records were kept to monitor people's health. Within the support plans there was a record that showed that people had been seen by a therapist or the Community Psychiatric Nurse (CPN) and/or other health professionals such as a doctor when required.

We saw that staff talked with people in a respectful and courteous manner. People that used the service said that they were happy with the way they were treated at Naomi. Staff were knowledgeable about how to support each person in ways that were right for them. This meant that people experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.

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

Our judgement

The provider was meeting this standard.

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.

Reasons for our judgement

The provider responded appropriately to any allegation of abuse.

We saw that people that used the service were relaxed in the company of staff. When they needed support they asked for this without any reluctance. People said that they felt safe. Where people were not able to make decisions for themselves the staff made sure that decisions were made for them in line with the law about how this should be done safely. People said that the staff were very kind and helpful and acted in their best interests.

There was a robust policy in place for safeguarding of vulnerable people. Members of staff spoken with said that they had undertaken training in the Safeguarding of Vulnerable Adults, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DOLS). The staff training certificates seen supported this.

Staff said that they were aware of safeguarding procedures and knew who to contact if they needed to raise an alert. There was a written policy and procedure that explained what staff should do if they had concerns. Staff who provided care knew that they would have to take prompt action to keep people who used services safe, in the event of any abuse.

People who used services, and staff, said who they would go to if they had any concerns. They said that the manager ran an open door policy and they felt that any concerns would be acted upon. People that used the service said that they were able to speak about any concerns they had. If matters were of a personal nature people said that their key worker or counsellor would always listen to them.

All staff members had criminal record checks prior to commencing work. This was to ensure their suitability to work with vulnerable people.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Staff received appropriate professional development.

We viewed staff training certificates, and these showed that all staff completed an induction programme and all mandatory training. This included subjects such as safeguarding of vulnerable adults, medication, and drugs and alcohol awareness. Staff we spoke with confirmed that they received regular training updates. One staff member told us that they had completed a First Aid course in January this year. This ensured that the people in their care were being supported by a well trained and competent staff team. The provider may find it useful to note that there was no up to date staff training matrix available.

Staff said that they attended staff meetings and confirmed they had on-going formal supervision and appraisals. We were told that staff meetings were usually held on a fortnightly basis, and we saw that the minutes of these meetings were recorded. The acting manager told us that a written record was maintained in relation to staff supervision sessions. This meant that people received appropriate professional development and were able to obtain further qualifications.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were given support by the provider to make a comment or complaint where they needed assistance.

We saw that there was information in the Kenward Trust handbook that explained to people how to comment on any aspect of their care. There was a complaints procedure and records kept of any concerns raised. We were told by the acting manager that no formal complaints had been received.

People who used the service said that there was an open atmosphere and they felt they could make a complaint if necessary. They said they would speak to the staff or manager if they had any concerns. People spoken with said that they had no complaints. This meant that people who used the service had their comments and complaints listened to and acted on effectively.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Staff records and other records relevant to the management of the services were accurate and fit for purpose.

People did not comment directly to us about their personal records that were held in the office. We saw a variety of records that included support plans, assessment documentation, staff training certificates, and staff meeting minutes. They were neat, legible and fit for purpose. When not in use they were stored securely so that information was kept safe. Records requested as part of the visit were produced promptly. These records were comprehensive and up to date. There was a confidentiality policy in place for sharing information with other agencies.

This meant that records required to be kept to protect people's safety and wellbeing were maintained and held securely where required.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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