

# European Lifestyles (FL) Limited Church House

## Inspection report

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### 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	

### Overall summary

We carried out this inspection on 6 January 2015, it was unannounced.

Church House in Harrietsham, Kent, is a detached property set in its own grounds. The service is one of many services registered with the Commission under the company name of European Lifestyles (FL) Limited. The service provides personal care, accommodation and support for up to eight people with a learning or physical disability.

Due to people's varied needs, some of the six people living in the service had a limited ability to verbally

communicate with us or engage directly in the inspection process. People demonstrated that they were happy in their home by showing open affection to the registered manager and staff who were supporting them. One person said, "The staff are nice". Staff were available throughout the day, and responded quickly to people's requests for help. Staff interacted well with people, and supported them when they needed it. The management and staff team included team leaders and support workers.

# Summary of findings

The service had a registered manager. 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.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager told us that currently none of the people had their liberty restricted but they would know how to respond if this was needed.

People were appropriately assessed regarding their mental capacity to make certain decisions. Processes were in place to arrange 'best interest' meetings involving people's next of kin, and health and social care professionals for making specific decisions about their care and welfare.

There were enough staff to make sure that people's needs were met. Staff had been trained in how to protect people, and discussions with them confirmed that they knew the action to take in the event of any suspicion of abuse. Staff understood the whistle blowing policy. One member of staff told us "It was handled properly" They were confident they could raise any concerns with the manager or outside agencies if this was needed.

People indicated that they were involved in their care planning by showing us their activity planners. Staff supported them in making arrangements to meet their health needs. Care plans were regularly reviewed to show any changes in people's needs. Staff spoke with people in a caring way and supported people to do what they wanted. People were supported in having a well-balanced diet and menus offered variety and choice. One person said "I like the food".

Staff knew about people's individual lifestyles, and supported them in retaining their independence. People

were given individual support to carry out their hobbies and interests, such as swimming, trampolining, going to the cinema and going to various social clubs. People said that the staff were kind and caring and treated them with dignity and respect.

Medicines were managed, stored, disposed off and administered safely. People received their medicines on time.

There were clear risk assessments in place for the environment, and for each person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

The registered manager told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly. Staff files contained the required recruitment information. New staff were taken through a staff induction programme which included basic training subjects. They worked alongside other staff until they had been assessed as being able to work on their own. There were systems in place for on-going staff training and for staff one to one meetings and support.

There were systems in place to obtain people's views. These included formal and informal meetings, events, questionnaires and daily contact with the registered manager and staff. People said that the manager was "Friendly and approachable."

Every aspect of the service was monitored. The premises and equipment were well maintained. The manager carried out checks and analysis to identify where improvements were needed and kept clear records of this. Meetings held regularly gave people the opportunity to comment on the quality of the service. People were listened to and their views were taken into account in the way the service was run.

# Summary of findings

## 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 was safe.

People told us that they felt safe living in the service, and that staff cared for them well.

People were protected from abuse. There were safe recruitment procedures and enough staff to meet people's needs.

Risks to people's safety and welfare were assessed. Medicines were managed safely. The premises were well maintained and equipment was checked and serviced regularly.

Good



### Is the service effective?

The service was effective.

People said that staff understood their individual needs. Staff were trained to meet those needs.

The menus offered variety and choice and provided people with a well-balanced diet.

Health needs were met and referrals were made to health professionals when needed. Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Good



### Is the service caring?

The service was caring.

People and their relatives spoke very highly of the staff and the registered manager.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

People were treated with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people. Staff responded quickly to their requests for support.

People were supported to maintain their own interests and hobbies. Visitors were always made welcome.

People were given information on how to make a complaint in a format that met their communication needs.

Good



### Is the service well-led?

The service was well-led.

The staff were fully aware of the home's ethos for caring for people as individuals, and the vision for on-going improvements.

Good



# Summary of findings

There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these. People's views were sought and acted on.

People and their relatives felt able to approach the registered manager and there was open communication within the staff team.

# Church 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 checked 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.

We carried out this unannounced inspection on 6 January 2015. The inspection team consisted of an inspector and an expert by experience and their support worker. An expert by experience is a person who has personal experience of using learning disability care services.

We spoke with the registered manager, and three members of staff. Some of the people were unable to communicate verbally with us. We spoke with four of the six people that used the service. We looked at personal care records for two people. We looked at medicine records; activity records and two staff recruitment records. We observed

staff interactions with people whilst carrying out their duties such as supporting people to go out to take part in their planned activities. We observed how staff assisted and supported people during the lunch time meal.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received positive feedback about the care people received via email from one social services care manager.

Before the inspection, we examined previous inspection reports and notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We last inspected Church House on 04 July 2013, where no concerns were identified and there were no breaches of regulation.

# Is the service safe?

## Our findings

People told us that they felt safe living in the service. One person said “I am safe here. I like the people who live here and the staff”.

People were protected from the risk of abuse. Staff told us what they understood to be abuse. They were able to name different forms of abuse and some common signs that may indicate someone was being abused. Staff knew how to report any suspected abuse and were aware that safeguarding concerns had been correctly and appropriately reported by the registered manager in the past. Staff had received training in protecting people, and their knowledge on how to keep people safe was kept up to date. The registered manager was familiar with the processes to follow if any abuse was suspected; and knew the local safeguarding protocols and how to contact the local council's safeguarding team. There were posters on display in the service that encouraged staff to 'Blow the Whistle' on any suspected abuse. The posters gave clear directions on how to do this along with contact numbers. People could be confident that staff had the knowledge to recognise and report any abuse.

Financial risk assessments had been made for people. These recorded the fact that some people did not have an understanding of the value of money which made them especially exposed to the possibility of abuse. In these cases, people had budget plans in place to promote their independence but also protect them from potential financial abuse. These assessments gave directions to staff that all receipts for purchases made on behalf of people must be retained. All financial transactions were logged and people's money was kept securely by the service.

Care plans recorded that staff had assessed venues in the community for suitability before taking people. If people were subjected to verbal abuse while out, the staff were instructed to give support and reassurance to the person and to leave the area immediately. This showed that the provider had taken reasonable steps to protect people from the risks of abuse and acted in people's best interests.

The premises had been well maintained and suited people's individual needs. Equipment checks and servicing were regularly carried out to ensure the equipment was safe. The registered manager carried out risk assessments

for the building and for each separate room to check the service was safe. Internal checks of fire safety systems were made regularly and recorded. Fire detection and alarm systems were maintained.

There were suitable numbers of staff to care for people's safely. The registered manager showed us the staff duty rotas and explained how staff were allocated to each shift. The rotas showed there were sufficient staff on shift at all times. There were three members of staff on duty at the time of the inspection together with the registered manager. The registered manager told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly.

The provider operated safe recruitment procedures. The service had a recruitment policy which set out the appropriate procedure for employing staff. Staff recruitment records contained a dated checklist to show that each of the elements of recruitment had been undertaken. This enabled the registered manager to easily see whether any further checks or documents were needed for each employee. This helped prevent anyone starting work before all the necessary checks were in place. One new member of staff told us she started work after the required checks had been carried out. These processes ensured that the service employed suitable staff to care for people who lived in the home.

Medicines were stored, disposed of and administered safely. Medicines had been given to people as prescribed by their doctors and a record was kept to show this had been done. People told us they received their medicine on time. There were systems in place for checking in medicines from the pharmacy and for the correct disposal of unused medicines. Staff accurately documented when each person was given medicines. There was information for staff to read about possible side effects people may experience in relation to certain medicines. Staff who handled medicines had completed training to do so safely.

A range of assessments had been completed to address different types of risks to people. While risks were considered and weighed-up, these did not prevent people from becoming involved in and enjoying activities. One person was at risk of becoming too cold when at the swimming baths. The solution recorded was that staff should encourage this person to take their towel to the pool area so they could wrap themselves up quickly after

## Is the service safe?

exiting the water. Staff were also instructed to offer this person a hot drink. In this way people were encouraged to do the things they enjoyed and were supported safely in a wide range of leisure pursuits by the staff.

Accidents and incidents were clearly recorded and monitored by the registered manager to see if improvements could be made to prevent future incidents. One example of preventing future incidents was in relation to a person absconding from the service. The registered

manager said help was sought from other professionals involved in the care of the person. There was a change of medicine and a home stay with family. The person has returned to Church House and no further incidents have taken place. Risk assessments of the environment were reviewed and plans were in place for emergency situations. The staff knew how to respond in the event of an emergency and how to protect people.

# Is the service effective?

## Our findings

People told us that staff looked after them well. One person said “I like my keyworker”.

Staff were kept up to date with required training. New staff told us that they had received induction training. One staff member said, “When I started work I was supervised by other members of staff. I completed induction training that included safeguarding people and health and safety”. Refresher training was provided in a variety of topics such as administration of medicines and fire awareness. Staff were trained to meet people’s specialist needs such as autism and positive behaviour support. Staff told us that the training provided was both on line training and practical training sessions. Staff were supported through individual one to one meetings and appraisals.

Staff had received training in 'non-violent crisis intervention'. They told us that this training encouraged staff to use reassurance and distraction techniques, in cases where people might be involved or exposed to physical or verbal conflicts. The staff were confident after this training and they were working to deliver effective care that met people’s needs.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). People’s consent to all aspects of their care and treatment was discussed with them or with their next of kin as appropriate. Staff had received training in the MCA 2005 and DoLS. Care plans contained mental capacity assessments where appropriate. These documented the ability of the person to make less complex decisions, as well as information about how and when more complex

decisions should be made in the person’s best interest. The registered manager told us that currently no one needed to have their liberty restricted in their best interests but they knew what they needed to do if this became necessary.

People were supported to have a balanced and nutritious diet. There was a menu in place that gave people a variety of food they could choose from. At lunchtime, people were supported to make their own sandwiches and drinks. One person had bread rolls that contained slices of meat, another person had a meat pie. The main meal was in the evening and people took it in turns, with support from staff, to make the main meal of the day for everyone.

Two people arrived home with staff support after having done the main food shopping for everyone. People also purchased snacks and drinks for themselves from the local shops. They had their own space in the cupboards to store items they had purchased. This helped people to feel more independent and to increase their daily living skills.

The registered manager had procedures in place to monitor people’s health. Referrals were made to health professionals including doctors and dentists as needed. One person had been seen by the dietician and needed to have their food blended. This was done with staff support. Health action plans were part of the care plans. These detailed any medicines being taken along with known allergies. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks. People’s health and well-being had been regularly and professionally assessed and action taken to maintain or improve people’s welfare.



# Is the service caring?

## Our findings

People told us the staff are all very good. One person said “The staff are kind”. Another person said “I like the staff, they look after me”. People said they were happy and that staff knew what care they needed.

People indicated that they had been involved in planning how they wanted their care to be delivered by showing us their activity planners. Relatives felt involved and had been consulted about their family member’s likes and dislikes, and personal history. People exercised choice throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms and where and what they ate.

Due to people’s varied and complex needs some of the people living in the service had a limited ability to verbally communicate with us. Staff recognised and understood people’s non-verbal ways of communicating with them, for example people’s body language and gestures. This meant staff were able to understand people’s wishes and offer choices. There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people. People were encouraged and supported to put their shopping items away in the cupboard. Staff knew the needs and personalities of the people they cared for. They were able to describe the differing levels of support and care provided and also when they should be encouraging and enabling people to do things for themselves. Support was

individual for each person. We saw that people could ask any staff for help if they needed it. People were supported as required but allowed to be as independent as possible too.

The staff recorded the care and support given to each person. Each person was involved in regular reviews of their care plan, which included updating assessments as needed. Care plans were consistent with the care staff offered to people.

We saw that people’s privacy and dignity was respected. Staff gave people time to answer questions and respected their decisions. Any support with personal care was carried out in the privacy of people’s own rooms or bathrooms. Staff supported people in a patient and respectful way. The registered manager told us that one person liked to leave their bedroom door open. It had been discussed with the person to close their bedroom when they were having a shower. The staff would then know when the bedroom door was closed that the person was taking a shower. This was to protect their dignity and privacy.

People were able to choose where they spent their time including in their rooms or in the shared rooms such as the lounge or kitchen. People had personalised their bedrooms with their own belongings which reflected their likes and interests. People at the service were invited to attend meetings, where any concerns could be raised, and suggestions were welcomed and acted on to improve the service. For example, people asked for the conservatory to be re-painted and this has been completed. The registered manager told us that people had asked at one of the meetings for a holiday this year and this is being looked into.

# Is the service responsive?

## Our findings

People told us they received care or treatment when they needed it. One person said “Staff support me to go to appointments”. Staff knew people well and smiled, laughed or joked in response to people in ways that suited their different personalities.

Feedback from a social care professional who visited the service on a regular basis was positive about the overall quality of the service. They spoke highly of the staff, and the care that was given. They said that the staff responded to people’s needs and that care plans reflected people’s individual requirements.

The registered manager carried out pre-admission assessments to make sure that they could meet the person’s needs before they moved in. People and their relatives or representatives had been involved in the assessments. People’s needs were assessed and care and treatment was planned and recorded in people’s individual care plan. These contained detailed and personalised information about each person including 'People who are important to me' and 'Nice things people say about me'. People's likes and dislikes had been noted. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

There was guidance for staff on situations where people needed extra support. One person disliked being told that they had to do tasks. The instruction to staff was that they should break down the tasks into smaller, more manageable steps and explain and support the person at every stage. People's needs were recognised and

addressed by the service and the level of support was adjusted to suit individual requirements. The care plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. People had their individual needs regularly assessed, recorded and reviewed. They and their relatives, as appropriate, were involved in any care management reviews about their care.

People were supported to take part in activities they enjoyed. Activities included attending various social clubs, going to the pub and going to the cinema. People also took part in swimming, cycling, and Boccia, this being a form of playing bowls from a sitting position. People used facilities in their local area and their family and friends were able to visit at any time.

The service was suited to people’s needs and adapted to meet their needs. In one bedroom there was an adjustable height bed and an overhead hoist for when they needed staff help to move around. In another bedroom there was a low bed which made it easier for the person to get in and out of bed and remain independent.

The complaints procedure was displayed in reception. People were given information on how to make a complaint in a format that met their communication needs. The registered manager investigated and responded to people’s complaints. The registered manager said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up.

# Is the service well-led?

## Our findings

People and staff told us that they thought the service was well-led. One person said “I can talk to the manager, he helps me to sort things out”. One member of staff said “The staff are a good team, we all get on well and the manager is approachable”.

The provider had a clear vision and set of values. These were on a poster and included the key words ‘Understand, Together, Respect, Explore and Improve’. The management team demonstrated their commitment to implementing these values, by putting people at the centre when planning, delivering, maintaining and improving the service they provided. Our observations showed us that these values were upheld by the staff who worked at the service. A morning schedule with easy read pictures had been produced to promote a person’s independence and lower their anxiety level in the morning. The registered manager said that this had been successful, as the person no longer needed the schedule; their anxiety level had reduced as they had been empowered by staff to become more independent.

The management team at Church House included the registered manager, team leaders and care support staff. Support was provided to the manager by senior managers at regional level, in order to support the service and the staff. There was also support available from the organisation’s training and development, human resources and sales and marketing departments. This level of business support allowed the manager to focus on the needs of the service, people and the staff who supported them.

People, relatives and health and social care professionals spoke highly of the registered manager and staff. We heard

positive comments about how the service was run. People said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people and visitors and listening to their views.

There were systems in place to review the quality of all aspects of the service. Monthly and weekly audits were carried out to monitor areas such as infection control, health and safety, care planning and accident and incidents. Appropriate and timely action had been taken to protect people and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings; events where family and friends were invited; questionnaires and daily contact with the registered manager and staff. The provider carried out ‘customer’ satisfaction surveys annually to gain feedback on the quality of the service received as well as quarterly ‘resident and relatives’ meetings where people were asked about their views and suggestions. The registered manager told us that completed surveys were evaluated and the results were used to inform improvement plans for the development of the service.

Minutes of monthly staff meetings showed that staff were able to voice opinions. We asked three of the staff on duty if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and ‘be heard’, acknowledged and supported. The registered manager had consistently taken account of people’s and staff’s input in order to take actions to improve the care people were receiving.