Inspection Report

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

Te Hira Care Home Limited

23 Moultrie Road, Rugby, CV21 3BD

Tel: 01788561521

Date of Inspection: 05 August 2014

Date of Publication: August 2014

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

Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Te Hira Care Home Limited
Registered Manager	Miss Christina Robinson
Overview of the service	Te Hira Care Home is registered to provide accommodation for up to 14 people who do not require nursing care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 August 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

When we visited Te Hira Care Home we found there were 12 people living at the home. We spoke with the registered manager, two senior care assistants, two care assistants, the cook and six people who used the service including people's relatives. Speaking with these people helped answer our five questions; Is the service safe, effective, caring, responsive and is the service well led?

Below is a summary of what we found. If you want to see the evidence supporting our summary please read our full report.

Is the service safe?

We saw most people's care records accurately reflected their care needs. We found people had appropriate risk assessments in place that made sure any risks were managed. We found people's care records were regularly evaluated and reviewed by senior staff.

We found evidence learning took place from incidents and investigations within the service and appropriate changes were implemented to improve the service.

People were cared for in an environment that was clean and hygienic.

We saw there were sufficient staff on duty to keep people safe at all times.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We were told nobody who lived at the home was under a Deprivation of Liberty Safeguard.

Is the service effective?

People told us the care they received met their needs. People told us they had been involved in planning the care they received.

Staff we spoke with had a clear understanding of the needs of the people they supported and what they told us was reflected in people's care plans.

Is the service caring?

We spoke with six people who used the service and they were all positive about the staff who supported them. People told us care staff were, "Very good", "Helpful" and "Genuine."

Staff we spoke with were positive about their role as care workers and enjoyed their job.

Is the service responsive?

We found people were asked for their views about their care and these were acted on. We saw the provider had sent out an annual quality assurance questionnaire. We saw the results from the survey were positive.

We saw incidents and accidents had been responded to and actions had been taken to make improvements following investigations.

People's needs and abilities were assessed before they moved into the home. The care plans we looked at were regularly reviewed and changed as people's needs changed. We found staff supported people to see other health professionals, such as doctors, dentists and opticians when they needed to.

Is the service well led?

We found the service had a quality assurance system in place where identified actions had led to improvements in most areas of the service. There was no formal check made by the manager on health and safety issues within the home.

We found people who used the service felt able to raise any issues or concerns they had with staff. We saw care staff responded to people's comments straight away on the day of our inspection.

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

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People we spoke with were positive about the care they received. One person told us, "Staff are very helpful. If you want anything you just have to ask for it." Another person told us when they used their call bell, "Staff come when you call them." A relative told us their relative was, "Really happy", at the home.

We saw people moved freely around the home and took part in activities, such as playing dominoes. We observed some people enjoyed listening to music in the conservatory. One person we spoke with told us they enjoyed a walk to the local shops.

Care staff told us they encouraged people to be independent and make their own decisions. People we spoke with who lived in the home told us they were able to make their own choices, for example what time they got up in the morning and when they wanted to go to bed.

We found people's care plans were easy to read and well organised. Records were person centred, which meant they contained information specific to the needs of the individual person. We found an initial assessment had been completed by the manager. People's records included a 'Life story' which was a description of them which included their interests and beliefs. We saw people's care plans gave instructions to care staff and recorded people's preferences. For example, we saw in one person's care plan they had requested support to have a full body wash each day because they did not want a bath or a shower. The person's care records reflected they received this type of personal care.

We saw people's care and support needs had been fully assessed and any risks relating to their care had been identified and acted upon. For example we saw people's weight was recorded regularly. We saw evidence that demonstrated if care staff had any concerns, the relevant health professionals were contacted for advice. One person had lost weight quickly and care staff had made a referral to the dietician for advice. We saw that other health care professionals, such as the GP, had been called when required.

Most care plans we looked at provided instructions to care staff on how to support people according to their needs and to prevent any harm. For example, one person had been assessed for support with eating and drinking. The care plan gave instructions to care staff about how they should support that person safely. During our visit we observed this person during a meal time. We found the support care staff provided reflected the information in the person's care plan. This meant people's needs were assessed and care was planned and delivered in line with their individual care plan in a way that was intended to ensure their safety.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager knew about a recent judgement by the Supreme Court in relation to (DoLS), and had taken action to ensure they complied with any changes in the local authority's policy and procedures. They had recently assessed the needs and abilities of everyone who lived at the home and found no one required a Deprivation of Liberty Safeguard at that time.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We found care staff shared the cleaning responsibilities in the home. The cook and staff in the kitchen were responsible for cleaning the kitchen area. All other areas of the home were cleaned by care staff.

We found the home was clean and tidy. We saw appropriate cleaning equipment and supplies were maintained. We saw bathrooms and toilets had soap dispensers and disposable paper towels for washing hands. This reduced the risk of infection being transferred from soap or a towel to another person's hands.

We looked at the cleaning schedules for duties in the home and found some schedules had not been completed fully. The manager told us they were in the process of writing new cleaning schedules because the existing ones were not being used properly. The manager explained to us they were also in the process of reallocating staff to dedicated cleaning duties, in order to reduce the joint responsibility care staff had.

The manager told us they conducted spot checks on the cleanliness of the home to ensure high standards were maintained. They told us if there was a problem they would speak with staff straight away to make improvements. The provider may find it useful to note we found these checks were not formally recorded.

We looked at the provider's infection control policy and saw staff had access to information about how to minimise the risk of infection when caring for people. We found the policy contained some gaps, for example how staff should deal with soiled laundry items in order to minimise the risk of spreading infection. We discussed this with the manager who told us the policy was currently under review by a senior member of staff and would be updated as soon as possible.

Staff were able to explain the laundry process to us and they understood their responsibilities for infection prevention. For example they were aware of the washing temperature for soiled clothes.

We looked at the staff training record in infection control and saw care staff had received appropriate training and refresher courses which ensured their training was up to date.

We spoke with care staff about how they minimised the risk of spreading infections and helped maintain a clean environment for people to live in. One member of staff explained the use of colour coded equipment, such as red mops for bathrooms and yellow in communal areas. Another member of care staff told us how they used personal protective equipment (PPE) such as gloves and aprons, when they supported people with their personal care and how they disposed of these appropriately. They told us how they washed their hands regularly to reduce the risk of spreading infection.

We asked care staff to explain how they would care for someone with an infectious disease. Staff told us that they would use gloves and aprons when supporting someone with personal care. They would transfer and wash people's laundry separately.

We looked at the areas where care staff were cleaning people's commodes. Staff told us commodes were being cleaned in different places within the home. We discussed this with the manager who gave us their assurances care staff would be asked to use the designated sluice room to clean commodes in the future, in order to reduce the risk of spreading infections.

People who lived at the home and their relatives told us care staff wore PPE when they supported them with personal care. People we spoke with raised no concerns about the standard of hygiene provided by the service. One relative told us the cleanliness of the home was, "Very good."

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

When we arrived at the service there were two care assistants and a senior care assistant on duty. The manager, another senior care assistant and a cook joined these members of staff later in the day.

We observed care staff did not appear rushed and had time to spend with people over and above meeting their basic care needs. For example, we saw staff had time to spend sitting talking with people or supporting them to take part in activities. One person told us care staff, "Couldn't do better."

The manager told us they completed staff rotas. They told us they looked at people's dependency levels and staffed the service accordingly. The manager told us there were always two care assistants on duty during the morning and afternoon shifts, this number always included a senior care assistant. They told us there were more care staff on duty at busy times such as in the morning, to ensure people received appropriate support to get ready. The manager told us there were always two members of care staff on duty at night time and they did not use agency staff. We looked at previous rotas and spoke with staff. We found the rotas reflected the information we had been given.

People we spoke with told us they liked the care staff that provided their care. They told us the staff were, "Very nice" , "Staff are very good" and "Staff are very helpful. There are enough staff." We asked people's relatives about staffing levels. One relative told us, "There are enough staff and they seem well trained." Another relative told us, "There always appears to be someone downstairs."

Care staff we spoke with told us they had received appropriate training that enabled them to provide the individual care people required. One member of care staff told us training was, "Really good." They told us their managers asked them what training they would like to do and they had just been enrolled for courses in dementia and leadership.

The training records we looked at showed staff training was up to date in areas such as moving people safely, infection control, dementia, safeguarding vulnerable adults, fire safety and food hygiene. We found most care staff had relevant care qualifications. Some newer members of staff were working towards achieving a qualification. This meant there

were enough qualified, skilled and experienced staff to meet people's needs.

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

We looked at how the home was managed to ensure that it met people's needs and the quality of the service was monitored. We looked at how people and their families were given opportunities to comment on different aspects of the service.

We found people who lived at the home had been asked for their views about their care in an annual quality assurance questionnaire. The most recent of these was conducted in February 2014. The responses had been evaluated by a senior member of staff. The manager told us the results had been shared with people who lived at the home at a meeting. The results were very positive. One person wrote, 'I find the service provided is flexible, adaptable and intuitive.' The manager explained how any issues raised in the survey were addressed with individuals in order to make improvements to the care people received.

We found there were regular meetings for staff and for people who lived at the home. We found evidence people were asked for their views on the care they received and these were acted on. For example one person told us they had attended a meeting for people who lived in the home which had been held the day prior to our inspection. They told us the meeting was, "Useful." They had discussed, "Little things like what you'd like." The person had asked for more yogurts and we saw these had been provided on the day of our inspection.

People who used the service told us they were able to speak with the manager and felt able to raise any issues or concerns they had. On the day of our inspection we saw someone raise an issue with a senior member of staff and found the staff member took appropriate action to resolve the problem. This meant people felt happy to share their views with the staff at the home.

We found there was a system for monitoring the quality of the service. This system included monthly accident and incident reporting, care plan monitoring forms on individual's files and a medication audit. We saw the care plan monitoring form checked that each person's records were up to date and recorded if any improvements were

required.

We looked at the procedure for recording incidents and accidents. The manager explained care staff were responsible for completing the incident or accident form and then passing the details to a senior member of staff to act on. The manager told us they were responsible for assessing information and identifying any patterns which could present a risk to people. We saw evidence of these checks in the monthly summary sheets completed by the manager. This meant there was learning from incidents and appropriate changes were implemented following investigations.

We looked at the complaints file and found that there had been no formal complaints made in the last 12 months. The manager explained if an issue was raised how they or the senior members of care staff would resolve the matter. We saw in the complaints monthly audit a comment someone had made had been clearly documented. We saw what actions had been taken as a result of the comment. This meant the provider took account of complaints and comments to improve the service.

The provider may find it useful to note there was no formal check made by the manager on health and safety issues within the home. When we looked at the health and safety information we found there had been no water temperature testing carried out since March 2014. We discussed this with the manager who was unaware the monthly check had not been carried out. They gave us their assurances they would put a formal audit in place as soon as possible, in order to monitor all health and safety activity within the home.

Care staff told us the last staff meeting had taken place the day prior to our inspection. They told us meetings were regular and a meeting was held if there something important to discuss. One member of care staff told us at the meetings they could, "Give ideas of what would work better within the home." The manager told us they always tried to have a staff meeting directly following a meeting for people who lived at the home, so important information could be shared as soon as possible. This meant people were asked for their views about the service and these were acted on.

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

We found people's care records were kept securely in the care office, in lockable cabinets. People's care records could be easily accessed by staff, when required. We found older records were archived and kept securely. This meant records could be retrieved promptly when needed.

People we spoke with who used the service told us they were happy with their care records. A relative told us they, "Reviewed the care records every six months." They told us they had been involved in the best interests review to see if their family member was deprived of their liberty. They told us they were, "Happy the care plans were up to date."

We found most people's care plans contained accurate information. We saw assessments of risk had been written for each person and these were relevant to the person's needs. We saw people's care records had been reviewed and that the reviews were ongoing.

The provider may find it useful to note on one person's records we found two of their care plans were not up to date. Important information concerning the person's weight and their use of bed rails had not been recorded on the relevant care plans. We found the information had been recorded elsewhere on the person's file. We discussed this issue with the manager who brought the records up to date during the day of our inspection.

We found staff meetings and meetings for people who lived at the home had been recorded. This meant we could see what issues had been discussed and how information had been shared with people.

We looked at the provider's policies and found they did not all include the date they were written. This meant we could not identify the age of the policies and when they needed to be reviewed. We discussed this with the manager who explained one of the senior members of staff was currently in the process of reviewing all the policies. The manager gave us their assurances that all policies would be reviewed and amended as soon as possible.

We looked at the cleaning schedules for duties in the home and found some schedules

were not clear and there were gaps in the completion of schedules by care staff. For example the night staff schedule had not been completed for a week prior to our inspection. We found not all cleaning tasks were detailed on the cleaning schedules, for example cleaning people's bedrooms. We discussed this with the manager who told us they were in the process of writing new cleaning schedules. The manager told us they had consulted staff and asked them for their views on the best way to record cleaning tasks. They gave us their assurances new cleaning schedules would be used in the future.

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.

Contact us

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