

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

The Adelaide

Adelaide Place, Ryde, PO33 3DQ

Tel: 01983568621

Date of Inspection: 22 August 2013

Date of Publication:
September 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Isle of Wight Council
Registered Manager	Mrs. Susan Gibbs
Overview of the service	The home is registered to provide accommodation for up to 24 people who require personal care. The home provides a short term respite service for the elderly and people with dementia. The home is also registered to provide personal care on a domiciliary basis. However, this regulated activity was not being provided at the time of the inspection.
Type of services	Care home service without nursing Domiciliary care service
Regulated activities	Accommodation for persons who require nursing or personal care 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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Cleanliness and infection control	10
Requirements relating to workers	11
Assessing and monitoring the quality of service provision	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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 22 August 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

We spoke with five people who used the service. They all told us staff sought their consent before they delivered any care. They said they were very happy with the level of care provided and staff understood their needs. One person said "My diabetes is up and down so they make sure I have carbs if I need them". Another person told us "when I press my buzzer it is answered in less than a minute. The staff here are first class". We looked at eight care plans and saw they were individualised and included the necessary information to inform staff as to the specific care people required. We saw these were renewed for each period of respite care. We observed care in the communal areas of the home and saw staff interacting with people in a positive way.

We saw the home was clean and well maintained. The manager told us the responsibility for overseeing infection control was delegated to an assistant manager, who was the infection control lead. We spoke with four members of staff and the manager, all of whom said they had received infection control training. Everyone we spoke with told us the home was always clean. One person said "everywhere is perfect. Cleaning ladies are always popping in [to my room] and asking if they can just Hoover or clean the bathroom".

Appropriate checks were undertaken before staff began work and there were effective recruitment and selection processes in place. We found the provider had an effective quality assurance system in place and sought the views of service users through regular surveys. We spoke with a visiting health professional and two care managers who told us they did not have any issues regarding the quality of the service provided. One care manager told us "I have no concerns. I use the Adelaide all of the time".

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

More information about the provider

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

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

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

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People's human rights were respected by staff who understood whether people had the capacity to consent in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We spoke with five people who used the service and looked at eight care plans. The people we spoke with told us staff sought their consent before they delivered any care. One person said "they ask me if I am happy for them to do something". Another person said "yes, they always ask first".

We saw people had been involved in the development of their plan, which was personalised to reflect their individual needs and their likes and dislikes. We saw each plan was refreshed for each new period of respite and had been signed by the person agreeing to the care provided. For example, whether they wanted to self-medicate, manage their own finances, the frequency of nightly checks and the preferred gender of their carer. The daily record sheets were up to date and contained information regarding activities and peoples choices about what they wanted to do.

We spoke with the manager who told us some of the staff had received Mental Capacity Act training and others were booked on forthcoming courses. We looked at the training file for the home which confirmed this training had taken place. In addition, all of the care staff were in the process of completing a distance learning training programme covering dementia and mental health awareness, which included some elements of the Mental Capacity Act. The manager told us all of the people who use the service had the capacity to make their own decisions, which was recorded in their care plan.

We spoke with four members of staff and the manager who told us they understood people were able to make decisions for themselves. One staff member told us "I always ask for consent first. Like I would ask someone if they wanted a bath, if they said no, that's their wish. I would try and encourage them and I would write their refusal in their care plan." We saw where consent was not given this was respected by staff and documented in the person's care plan. We observed care in the communal areas of the home and saw staff seeking consent before carrying out any care or treatment.

We also spoke with a visiting health professional and two care managers who told us they had no concerns regarding people being asked for their consent. The visiting health professional told us "yes, the staff definitely respect people's consent". A care manager said "people are asked before the staff do anything". Therefore, staff were aware of people's rights to make choices and decisions and people were supported to exercise their legal rights.

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. They were cared for by staff who were informed about their care needs and were able to meet people's individual needs.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at eight care plans and associated risk assessments. We saw the plans had a consistent structure and included the necessary information to inform staff as to the specific care people required. We were told the plans were reviewed and updated for each period of respite. We spoke with five people who used the service and they told us they went through a reassessment process for each period of respite. One person said "they've got a folder and they go through it with me and say is there anything different, for example my medication".

We also looked at eight daily records of care, which showed care was being provided in line with the care plans. For example they showed the times when people were checked throughout the night. One person told us "every night you see the door open as they look in and check on you and if you want a cup of tea you can have one anytime". Therefore people received care that was individualised and focussed on their needs.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The people we spoke with told us staff understood their needs and were available when they needed them. One person said "My diabetes is up and down so they make sure I have carbs if I need them". Another person told us "when I press my buzzer it is answered in less than a minute. The staff here are first class". We spoke with four members of staff who were able to demonstrate a clear understanding of individual's care and welfare needs. Staff told us they felt they generally had enough time to meet people's needs; however, there were occasions when they felt they were rushed. One member of staff told us "we do have enough staff but our level of dependency can change on a daily basis". Another member of staff said "I love it here sometimes I will sit with the ladies and do their nails for them".

We observed care in the communal areas of the home and saw staff interacting with people in a positive way. For example, we saw a member of staff supporting a person to use their mobility aid to get to the toilet. We saw they patiently encouraged the person to walk by themselves providing assistance when necessary. We observed a staff handover where in coming staff were briefed as to the status of each person and any changes to

their care or needs. Therefore, people were cared for by staff who had the time to ensure their needs were effectively met.

We spoke with one visiting health professional who said "the staff here are very good. They are patient and very attentive to people's needs". We spoke with two care managers who told us staff understood people's needs. One said "the staff are really knowledgeable about people's needs and there is good communication between them". The other manager said staff "carry out anything I have asked. If they have any concerns they would phone me to discuss them".

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 protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment by staff who had received infection control training.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We saw that although there was no overarching infection control policy, there were a number of other policies which detailed the relevant infection control issues and guidance for staff. The manager told us responsibility for overseeing infection control was delegated to an assistant manager, who was the infection control lead. They told us there was a team of staff dedicated to domestic duties. They showed us the daily cleaning schedules for the home and a checklist which identified when the cleaning had been completed. Each bedroom was deep cleaned once a person had finished their period of respite.

We spoke with four members of staff and the manager, all of whom told us they had received infection control training. They were all able to demonstrate they understood the issues and implications relating to infection control. We saw personal protective equipment, such as gloves, aprons and alcohol hand wash were available for staff to use throughout the home. While observing care we saw staff using their personal protective equipment when it was necessary. People were protected from the risk of infection because they were cared for by staff who had received appropriate training, which they put into practice.

We observed care in the communal areas of the home; we inspected the bathrooms, toilets and looked in some of the bedrooms. We saw everywhere was clean and appropriately maintained. We spoke with five people using the service and they told us the home was always clean. One person told us "everywhere is perfect. Cleaning ladies are always popping in [to my room] and asking if they can just Hoover or clean the bathroom". Another person told us "the place is spotless. If you have used the toilet they are in and cleaning it". A third person said "I am a very messy person but I look round and they have tidied up for me". We spoke with a visiting health professional and two care managers and they all told us they did not have any concerns regarding the cleanliness of the home. Therefore people were cared for in an environment that protected them from the risk and spread of infection.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. The service had in place a process for ensuring the necessary recruitment checks had been carried out.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We looked at eight staff files and saw they contained all the necessary checks required. These including application forms with details of qualifications and previous experience and Disclosure and Barring Service (DBS) checks. We spoke with the manager who told us they followed an enhanced procedure for recruitment of new staff, which included two reference checks and the DBS check.

We were told all the checks were completed prior to the employee commencing work at the home. We found the dates of the checks and the dates staff started working confirmed that staff had not worked until appropriate checks had been completed. We saw that the DBS checks were updated as part of an on-going review process. We spoke with four members of staff who were clear about their role and responsibilities. They all confirmed they were not employed until all of the checks had been completed. This meant the provider carried out rigorous pre-screening and took reasonable steps to assure the worker was suitable for their role, trustworthy and honest.

There were effective recruitment and selection processes in place. The manager outlined the process they followed to select and appoint new staff. This included a formal interview which examined applicant's suitability for the role. Once employed, new staff shadowed experienced staff, and completed a programme of induction training. This ensured staff were suitably trained for their role.

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. The provider sought the views of people using the service and their relatives and took action to address any concerns raised.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and these were acted on. The manager told us each person using the service was asked to complete a feedback form for each period of respite care they received. We looked at the recent feedback sheets and saw they were all positive. We saw two with comments about issues with the environment, which had both been resolved. We spoke with five people who used the service. They told us they were very happy with the service provided and were regularly asked for feedback. One person told us "on the morning you are leaving they ask you to fill out a form with loads of questions like, were you happy with your stay or was the home clean and tidy". Another person said "If I am asked if I know where a good respite place would be. I would put this one as number one". Therefore the provider had a system in place to identify people's concerns and respond appropriately.

We saw the manager had instigated a care plan audit process. We reviewed eight care plans and saw evidence that these audits were carried out monthly with the last one having taken place at the beginning of August. We saw there was a structured quality assurance process in place to regularly assess and monitor the quality of service people received. These included, in addition to the care plan audits; medication administration record audits; fire safety procedures audits and health and safety audits. Therefore, people benefited from care and support which was safe because the provider had a structure in place to identify, monitor and manage risks.

There was a staff meeting structure, where staff could raise any issues or concerns. This included monthly care staff meetings and meetings for the kitchen and domestic staff. We saw there was an effective complaints policy in place, which was published in the service users' guide and in each of the bedrooms. The manager told us they had not received any formal complaints in the last six months. The people we spoke with told us they knew how to complain but had not had any reason to do so. We spoke with a visiting health professional and two care managers. They told us they did not have any issues regarding the quality of the service provided. One care manager told us "I have no concerns. I use the Adelaide all of the time".

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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
