Inspection Report

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

Cams Ridge

7 Charlemont Drive, Cams Hill, Fareham, PO16 8RT

Tel: 01329238156

Date of Inspection: 20 June 2013

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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
Management of medicines	✓ 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	Adiemus Care Limited
Registered Manager	Mrs. Alison Reilly
Overview of the service	Cams Ridge is a 51 bed care home that provides services to older people and people with dementia.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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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 20 June 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We spoke with six people who lived at Cams Ridge during the visit and spoke with the six staff who were on duty. People we spoke with described the home as a nice place in which to live. One person told us: "The carers are very kind, I've nothing to complain about." We spoke with a relative who told us: "This home is first class. If I raise any concerns it gets sorted. We also reviewed six care plans and found that the care was person centred and people were listened to by the staff. We saw the care plans had been drawn up with the person so that the home could be sure they were meeting the person's needs and wishes.

A person we spoke with said, "The home is very clean, spotless." We found the rooms to be clean.

The recruitment records showed the provider had effective recruitment policies and procedures in place to ensure staff were both fit and able to meet people's needs.

Cams Ridge had systems in place that ensured all aspects of the running of the home, and meeting people's needs had been regularly audited. People had been invited to comment on how the home was meeting their needs.

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.

People experienced care, treatrment, and support that met their needs and protected their rights.

Reasons for our judgement

We saw people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We read the brochure which was provided for people and their families or carers. This was a general description of the service provided and emphasised how the provider aimed to meet the needs of people in a personal way.

We spoke with six people who lived at Cams Ridge during the visit and spoke with the six members of staff who were on duty. People who we spoke with described the home as a nice place in which to live. We spoke with people who described the staff as caring and they wanted to do the best for them even when they were so busy doing something else.

We saw the care was person centred and people were listened to by the staff. We saw some people were seated in the lounge areas and others were in their bedrooms. We observed staff interactions with people which were positive. One member of staff noticed that a person looked uncomfortable; she asked if the person would like assistance and then helped her into a more comfortable position.

We looked at the care plans for five people and found them comprehensive and easy to follow. Each one had a 'Residents Identification Sheet' at the front of their file. This contained a picture of the person and a dependency score for; nutrition, assessment of riski for pressure sores, weight, key management and details of their named nurse. Each plan we looked at was last reviewed in May 2013.

In the care records we inspected we found where there were concerns about two people's weight, members of staff had contacted the doctor for advice. We saw that when concerns had been identified there was a record of what people had to eat and drink. We found that people's weights were routinely monitored each month, and care plan records confirmed this. This meant that there were appropriate arrangements in place to ensure that medical advice was sought when needed and that this was acted upon.

Cams Ridge had an activities co-ordinator. There were various activities which were rotated, the people we spoke with liked going out. On the day of our visit, we found people were being prepared to be taken out on a picnic. We spoke with three people who were going out and they all told us how they were looking forward to this event. We found that the home had organised a variety of activities for people living at the home.

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 protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

On the day of our inspection visit the home was clean and tidy. We saw appropriate personal protective equipment available and in use. The staff wore uniforms and appropriate personal protective clothing.

There were effective systems in place to reduce the risk and spread of infection. The home had a designated infection control person and we saw that audits and assessment checks were undertaken monthly. We found Cams Ridge was using the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. The home had an infection control statement that confirmed actions taken by the home to prevent infection. We found that there were policies and procedures in place regarding infection control. We spoke with six members of staff who all stated that they had received infection control training. We subsequently inspected training records and found that 100% of staff had received training on infection prevention and control.

There were cleaning schedules in place detailing the cleaning that was required. The cleaning schedule also had details of the cleaning equipment and materials to be used in specific areas. We saw that the cleaning schedules were signed by the staff carrying out the cleaning routines.

We observed staff carrying out the cleaning duties and staff were able to explain how to ensure good preventative infection control procedures. For example, we spoke with a member of the domestic cleaning team who spoke confidently of how to ensure the risk of infection was kept to a minimum. They were able to describe the process for laundry which ensured there was no risk of cross contamination.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were handled and kept appropriately. The medicines were kept in a locked cabinet in a separate area. The home used a blister pack medication system for each individual. Medication items that were not in the blister pack were kept separately for each person and appropriately labelled.

Medicines were prescribed and given to people appropriately. Some of the people at the home had been prescribed PRN (taken as required) medication. We found there were clear protocols for the use of this medication and guidelines for members of staff to follow.

Medicines were kept safely. We saw that each was kept locked and the keys maintained safely. There were appropriate arrangements in relation to the recording of medicine. We sampled a selection of records in one of the medication trolleys. Each person had individual medication administration record sheets with a front cover that identified their G.P., any allergies, any difficulties with administration and a photo of the individual person.

Medicines were safely administered. We checked training records of staff who administered medicines and saw that everyone had recent medication training which was updated regularly. We found that the recommendations from a recent pharmacist visit (March 2013) were all implemented. We also spoke with a local pharmacist who inspected the home regularly and they told us they had no concerns about this home.

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.

Reasons for our judgement

There were effective recruitment and selection processes in place.

The deputy manager told us that the home operated a recruitment process that was thorough. We were told all applicants were required to complete an application form and were interviewed. We found references were taken up and Disclosure and Baring Service (DBS) checks were carried out before they started work at the home.

We looked at the recruitment files for four members of staff. The files contained an application form, a minimum of two references, proof of identity, photograph, evidence of qualifications if appropriate and criminal records checks. This meant that appropriate checks were undertaken before staff began work at Cams Ridge.

We spoke with eight members of staff and the deputy manager on the day of our visit. Members of staff we spoke with demonstrated knowledge and awareness around topics such as safeguarding, dignity and infection control. This was reflected in what we observed in the way members of staff interacted and engaged with people. Our observations noted that people were in receipt of safe and appropriate care provided by skilled and knowledgeable staff.

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

People told us they were regularly asked if they were happy with the care and the service provided. They told us that the manager was always available to discuss the care provided. They told us that they had an open door policy and any comments they had about how to improve the service, they were able to raise it with them.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted upon. As part of quality monitoring, the home sent out survey questionnaires to stakeholders, including health care professionals, relatives and people who used the service. The responses and comments had been analysed and we found actions had been taken. The home was recently selected by the local GP Commissioners to participate in a pilot project using nursing home beds for older patients who require short stay admission and/or support as an alternative to hospital admissions when medical intervention is required. The pilot project has been successful and the project will continue to reduce unnecessary admissions to hospital.

The deputy manager told us there were a number of monthly audits in place to measure the quality of the service; including, quality systems, home presentation, care documentation, medications management, pressure ulcer care and, safeguarding vulnerable adults' management. We saw in care plans we looked at, the audits had been recently completed.

We saw that team meetings were held regularly which provided staff with the opportunity to discuss relevant issues as a whole team. We found that the home regularly sought professional advice in delivering care, treatment and support. We spoke with a GP practice and a pharmacist who told us they had no concerns about the home.

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@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

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