

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

Abbott House - Oundle

Glaphorn Road, Oundle, PE8 4JA

Tel: 01832277650

Date of Inspection: 12 December 2012

Date of Publication: January 2013

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

Respecting and involving people who use services	✓ Met this standard
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Care and welfare of people who use services	✓ Met this standard
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Safeguarding people who use services from abuse	✓ Met this standard
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Staffing	✗ Action needed
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Assessing and monitoring the quality of service provision	✓ Met this standard
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Details about this location

Registered Provider	Shaw Healthcare (de Montfort) Limited
Registered Manager	Mrs. Paula Hogan
Overview of the service	Abbott House is a purpose built care home on the outskirts of Oundle, Northamptonshire and provides accommodation for up to forty older people including those with dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 12 December 2012, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We spoke with a number of relatives of the people who used the service and received comments such as "staff are very caring, not just for the people who live here but for their relatives as well, they become friends" and "there are not enough staff with at least four ladies who need hoisting and that takes two staff each time, bells are always going off and are not answered in time."

Other comments included "there are not enough staff, my relative needs hoisting by two people to get out of bed." Another relative told us "staff are very, very caring, they are brilliant."

We spoke with another relative who told us that there did not appear to be enough care staff on duty or enough stimulating activities such as exercise classes.

We saw however that the staff were working hard carrying out numerous tasks and were polite and treated the people who used the service with respect and dignity at all times. This showed that the staff were diligent in their work but because of lack of staff they were totally task oriented this left little or no time for social interaction with the people who used the service.

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

What we have told the provider to do

We have asked the provider to send us a report by 05 February 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them and people's diversity, values and human rights were respected.

We heard staff explain what they were doing, particularly whilst helping people who needed reassurance or guidance.

Staff told us that people choose what they wanted to wear. People who were unable to dress or choose appropriate clothing because of their dementia were assisted by staff. The people we saw were dressed appropriately. We saw that staff working on both floors of the home acknowledged people by name.

People who used the service were involved in regular residents meetings which encouraged them to be involved in how the service was run.

People were encouraged to be involved in the local community, going to places of worship if they wished and trips to seashores, stately homes or trips along the Grand Union Canal.

One person we spoke with said "The staff are great, they always knock on my door before coming in my room."

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Each person had a documented care plan which was agreed with them or their representative. We saw two examples. These plans appeared up to date, providing the information and guidance staff need to be able to care for the person effectively.

We saw records relating to the daily care people received. These records also highlight any action staff need to take, and have taken, such as calling a doctor if someone felt unwell. We saw completed examples of these records.

The home was free from unpleasant odours and the communal areas we saw were clean, comfortable, and in good repair.

We saw a good level of interaction going on between staff and people in residence, with lots of smiles, words of encouragement and good humour.

The people accommodated on both floors of Abbott House appeared relaxed and happy to be in the company of staff.

We saw people receiving support from care workers that was individual, personal, flexible and consistent with the care plan. We saw care workers listening and responding to individual requests throughout the visit.



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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Training records showed that carers had undertaken training in safeguarding people from abuse. We spoke with carers who knew how to respond to safeguarding concerns to keep people safe and promote their rights. They knew how to recognise the signs of abuse and knew who to report their concerns to. We saw policies and procedures were in place with the appropriate contact details for the local authority safeguarding team. We saw that the provider had a whistleblowing policy with the appropriate contact details. We saw evidence that the provider had liaised with relevant healthcare professionals in maintaining the safety of people who use the service

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

Our judgement

The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People told us there were not always enough staff to call upon when they needed help. When we visited we found that there were sometimes insufficient numbers of staff on duty to provide appropriate care and support for the people on both floors of the home.

Staff we spoke with said they were unhappy about current staffing levels within the home. They stated that the company had instigated a system of 12 hour shifts and that staffing levels had not increased. On the day we visited staffing levels for a 40 bedded care home were two care staff plus one senior on the first floor and on the ground floor there were two care staff and a team leader. The staff told us and we saw that the people who used the service were becoming more dependent and often needed two members of staff for personal care responsibilities. We noted that on the ground floor six of the people who used the service required two members of staff to attend to them for personal care. This left only the team leader available. Call bells went unattended and there was no time for social interaction with the people who used the service. We observed that people who used the service were sometimes seated for long periods of time with no interaction from care staff. We spoke with staff who told us if that a person who used the service needed to go to hospital in an emergency a member of staff on duty would have to accompany them and the remainder of staff would have to cope.

We saw however that the staff were working hard carrying out numerous tasks and were polite and treated the people who used the service with respect and dignity at all times. This showed that the staff were diligent in their work but because of lack of staff they were overly task oriented. This left little or no time for social interaction with the people who used the service.

We spoke with a number of relatives of the people who used the service and received comments such as "there are not enough staff with at least four ladies who need hoisting and that takes two staff each time, bells are always going off and are not answered in time."

Other comments included "there are not enough staff, my relative needs hoisting by two people to get out of bed." We spoke with another relative who told us that there did not appear to be enough care staff on duty or enough stimulating activities such as exercise classes.

We examined the 'relatives and stakeholders' meeting file and saw that at the meeting dated 9 October 2012 there was a comment that stated 'more staff needed' and a remark regarding buzzers not being answered.

This meant that people could not always be assured of getting the support and attention they needed from 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 who use the service, their representatives and staff were asked for their views about their care and treatment. Decisions about care and treatment were made by the appropriate staff at the appropriate level, there was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We spoke with the acting manager who demonstrated a clear understanding about the purpose of the service, based on the provider's values and priorities. The service had policies and procedures that covered important aspects of care and service delivery which was available to staff. These were reviewed and updated centrally, in line with current research and practice.

There were systems in place which checked that staff followed policies and procedures in practice, and ensured that care was consistently delivered to meet people's needs.

Care workers told us that were fully aware of health and safety policies through training.

We found evidence in staff records that confirmed staff were monitored by managers to ensure that they put the theory into practice. Regular random health and safety checks took place to protect everyone at the home. The provider maintained a record of meeting relevant health and safety requirements and legislation and closely monitored its own practice.

Records were of a good standard and were routinely completed. People who used the service and also their representatives were aware of the complaints procedures and safety arrangements.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing
	How the regulation was not being met: People who use the service should be safe and their health and welfare needs should be met by sufficient numbers of appropriate staff. The provider could not demonstrate that they had sufficient numbers of trained care staff on duty to meet the the needs of the people who use the service at all times.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 05 February 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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