

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

## The Paddocks

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Tel: 01582601317

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2014

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✗ Action needed
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	The Paddocks
Registered Manager	Ms Kirsty Janes
Overview of the service	The Paddocks provides accommodation, care and support for up to 10 older people. Some people may be living with dementia. It is registered with the Care Quality Commission as a Care Home without Nursing.
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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 May 2014, 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.

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### What people told us and what we found

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We carried out an inspection of The Paddocks on 08 May 2014.

We found that the home had not met the minimum standards required for cleanliness and infection control.

If you wish to see the evidence supporting our summary please read the full report. We considered our inspection findings to answer questions we always ask;

Is the service safe?

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well-led?

This is a summary of what we found.

Is the service safe?

People at the service were cared for in a safe and well maintained home. There was enough staff available to provide them with the care that was required. We did however find that people were not always protected against the risk of infection because some areas of the home did not meet the required standards for cleanliness and infection control. We also found that although people were pleased with the laundry systems in place the laundry rooms were used for storage of items that were not part of the laundry process.

Is the service effective?

When we spoke with people who used the service and observed the care that was being provided, we saw that people were happy in their environment and enjoyed the company

of staff and the manager. People said that staff were busy but that there were enough staff available to take care of their needs. Staff told us that they felt supported and were able to spend time with people. We saw that the care plans were regularly reviewed and contained detailed information about the person and their needs which meant that staff were kept aware of people's needs and were therefore able to provide the correct care and support.

Is the service caring?

People were supported by kind and caring staff. We observed staff interacting with people and had time to sit with people and participate in games and activities. When we observed a person become staff were quick to intervene and reassure the person. The staff provided them with an explanation and responded to their concerns. People told us that staff were, 'lovely' and that, 'nothing was too much trouble' for them.

Is the service responsive?

Care plans and risk assessments were reviewed to ensure that they responded quickly to any changes in people's needs. We saw that staff responded to people's call bells and people in need of care in a timely way. For example on the day of our inspection the provider was requested to take a person for an appointment and they were quick to arrange transport and staff to accompany the person and support them, whilst ensuring that there was sufficient staff to support people at the service.

Is the service well-led?

During our inspection we saw that the manager spent time with people, talking with them and playing games. People we spoke with told us that the manager listened to any issues they had and was supportive. Staff were also happy and said that the manager was always involved with the care of people. We saw that the manager was continuously monitoring the effectiveness of the care, through spot checks, supervisions, and audits. We also noted that all care plan updates were also checked by the manager to ensure that staff had made all necessary updates.

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

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 23 July 2014, 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.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People expressed their views and were involved in making decisions about their care and treatment. The management team held regular meetings with people at the service in which they discussed any issues or concerns including the menu options.

People told us that the staff were 'lovely' and that nothing was too much trouble for them. We observed that staff spent time with people and talked to them. Staff attended to the people in their rooms regularly and we observed that they were happy and enjoying the company of the staff. One person spoke to the care staff and said 'I love you, you are such a good nurse'. The care staff responded with affection and told the person that they also 'loved them'. This showed that staff and people who used the service had a good and caring relationship. We observed that staff were caring towards people and treated them with respect.

We observed the lounge area of the home and saw that people were playing 'hoopla' with the staff, we noted that staff encouraged people and played with them. Other people chose to watch television or to read the paper. We saw that the home had two dogs; people said that they enjoyed having the dogs around. We saw that the provider had advised people before they came to the home about the dogs and had also ensured that people did not have any allergies.

The manager showed us a 'wish tree' which had been created for people at the service. We were told that each person was encouraged to pin a wish to the tree and the staff would ensure that the wish came true. We were shown examples of wishes by the provider and what they had done to make this come true. This included the planting of remembrance roses and trips away.

We were told that staff were caring and treated people with dignity. Staff told us that they always ensured that people were comfortable with the care that was being provided and that the staff respected any decisions that they made about their care. For example if a

person did not wish to have a bath or wanted to stay in their room, then staff would respect this decision. This meant that the staff listened to peoples wishes and acted in accordance with them.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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We reviewed three care plans for people at the service. We saw that the provider had carried out a daily living needs assessment to ensure that they were able to provide people with the care that they required prior to moving into the home.

The staff kept daily records for the people that used the service which included information about their personal care, day's activities and monitored their night time activity and care at night.

We saw that the 'residents care plan', was reviewed monthly by their keyworker and was audited by the home manager to ensure that all required updates had been made. Each care plan contained detailed information and was divided into individual plans for each aspect of care that was to be provided. For example, personal care, communication, mobility, and diet.

The care plans were completed in a person centred manner and provided information about how much assistance people required, the number of staff needed to assist them, and any additional information that staff needed to be aware of. For example details of their evening routine or particular medical conditions

Risk assessments were in place for people and identified the risk to the person and how the risk was to be managed by staff. These were reviewed monthly by the staff and any updates were checked by the manager of the home. Some of the risk assessments that were in place were for manual handling, falls, pressure sores, and urinary tract infections (UTIs).

Emergency evacuation plans were in place for all people at the service.

This showed that care was planned and delivered in a way that was intended to ensure people's safety and welfare.

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

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**Our judgement**

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The provider was not meeting this standard.

People were not cared for in a clean, hygienic environment.

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

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**Reasons for our judgement**

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We reviewed the infection control records for the home, we saw that the provider had a detailed infection control policy in place and that staff had received training on infection control. Staff were provided with a cleaning schedule to complete daily to confirm that cleaning tasks had been completed. These had been completed regularly in the past, but there had been an issue in recent days which we saw had been addressed by the manager quickly.

The bath in the ground floor bathroom was visibly dirty and stained. There were cobwebs on the window ledge and on the cistern for the toilet was an empty plastic pot with some yellow liquid inside. A person's hair brush had been left on the heater cover in the bathroom along with window/glass cleaning spray, shampoo, conditioner, urine test strips, and sealing solution. These items were accessible to people who used the service and meant that they had access to products that could cause them harm if used inappropriately.

We were told that this bathroom was also used by the hair dresser. We noted that there was an upholstered chair in the bathroom, which had a stain on the seat of the chair. There was a pair of trousers and a bag of magazines also stored on this chair. Behind the chair we noted that there were various boxes and items stored. We were told that these were for the hair dresser to use. We noted that the boxes were not all sealed and items were therefore accessible to people using the service. Some of the items that were stored in this corner were red laundry bags, electrical extension leads which were visibly dusty and aprons. We also saw that there was a box of prescription 'leg bags' and catheters stored with the hair dressing items. In one box we found that with catheters there were also hair rollers and setting solution.

We noted that the carpets in the hallways had not been hovered. We were told by the manager that one member of staff was out of the home for the morning assisting with an appointment therefore the cleaning had not been done. We did however note that in one room which had recently been vacated there was a layer of dirt behind the door. We observed and discussed this with the manager who agreed that that this layer was not a

recent build-up it would have taken more than a day to accumulate.

The fire extinguishers and picture frames in the home were observed to have a layer of dust over them. A room which had been vacated the day earlier had not been cleaned, the sink was dirty, and there was a half-eaten sweet left and a dirty glass left in the room. We also noted an unused incontinence pad on the floor of the room. The commode chair within the room, on close inspection, was dirty with yellow stains on the legs and under the seat. We also noted that the seat cover contained splash marks. Although this chair was not in use at present this still posed a risk of infection to people using the service because the room was open and therefore accessible to people.

We inspected the first floor shower room. We saw that this had not been cleaned after use. There was white powder on the bath seat. Pink residue was left on the floor of the shower unit and on the call bell and pedal bin. We saw that the toilet was dirty and also the hand wash sink was visibly dirty. We noted that there was a commode bowl placed underneath the sink. We lifted the lid and found that it contained urine and faeces.

We further inspected the laundry area for the home. We found that this was located away from the main part of the home. We noted that the provider kept the clean and dirty items in separate rooms which protected the clothes from the risk of cross contamination. The main laundry room for the home contained the washing machines, but we also noted that this was used as a store for items such as old carpets, wheelchairs, horse blankets, walking aids, and many other items. This room was also dirty and dusty and contained piles of rubbish which had not been thrown away.

This meant that people were not always cared for in an environment that was clean and well maintained because bathrooms were not always left in a clean state for the next person to use safely and people's laundry was not cleaned in an environment which protected them from the risk 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

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We reviewed the staff files of three staff at the service. We saw that the provider had carried out appropriate checks before staff began working at the service. These included Criminal Records Bureau checks (CRB), references, proof of identity and legal status to work in the UK, where applicable.

Each staff member had completed a health questionnaire and gone through a formal interview and selection process. Training had been provided to people which included; moving and handling, safeguarding, food hygiene and first aid.

This showed that people were cared for by staff that were suitably qualified and skilled to provide them with a good level of care and support.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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The provider had an effective quality monitoring system in place which included spot checks. We saw that the manager regularly audited areas such as kitchen records, staffing hours, cleaning records, food charts, daily notes, bathing records, medical records, fire testing and care plans. If any of the audits identified an area of concern, we saw that this information was passed to staff in team meetings, daily communications and where appropriate, during individual supervisions.

The provider had recently sent out a quality assurance survey to families, there had been some responses but not all had been received. We saw that out of the six responses received so far, the home had received scores of good and very good. We reviewed the quality assurance survey for 2012/2013, we saw that overall the provider had been scored 'very good' and people had said that they were happy with the service. Comments that had been received were that the staff were 'helpful, respectful, patient, and supportive'.

We reviewed the comments book for the home and we observed that from January to April, the home had received six comments which were all positive. People wrote comments about how safe they felt in the home and how happy they were, and that they enjoyed having the dogs in the home.

This showed that people who use the service, their representatives and staff were asked for their views about their care and treatment.

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	<b>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Cleanliness and infection control</b>
	<b>How the regulation was not being met:</b> The provider was not meeting this regulation because the premises was not always maintained to the appropriate standard of cleanliness and hygiene. Regulation 12 (1)(a)(2)(c)(i)

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 23 July 2014.

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 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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