

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

## Care Management Group - 361 The Ridge

361 The Ridge, Hastings, TN34 2RD

Tel: 01424755803

Date of Inspection: 15 August 2014

Date of Publication:  
September 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Cleanliness and infection control**



Met this standard

## Details about this location

Registered Provider	Care Management Group Limited
Registered Managers	Miss Jessica Hannah Alleway Mrs Victoria Louise Stapley
Overview of the service	Care Management Group - 361 The Ridge provides accommodation and care for up to 11 adults with learning disabilities. The people may also have physical disabilities or sensory impairment.
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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We carried out this inspection to check whether Care Management Group - 361 The Ridge had taken action to meet the following essential standards:

- Cleanliness and infection control

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 15 August 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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People at the home had complex needs and were not all able to tell us about their experiences at the home. In order to get a better understanding we observed care practices, looked at records and spoke with staff. During the inspection we spoke with the registered manager, three members of staff and two people who used the service.

Our inspection team was made up of one inspector. This was a responsive inspection to look at the improvements made following our previous inspection in May 2014 where we found that people were not always cared for in a clean and hygienic environment. Below is a summary of what we found. If you want to see the evidence supporting our summary please read the full report.

We found that action had been taken to improve the standard of hygiene and infection control in the service. Communal areas, toilets and bathrooms were visibly clean and free from unpleasant odours. There were clear systems in place to make sure that the standard of cleanliness was maintained. Staff had the equipment they needed to keep the risks of cross infection to a minimum.

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

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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

### Cleanliness and infection control

✓ Met this standard

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

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### 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.

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### Reasons for our judgement

At our last inspection in May 2014 we found that people were not always cared for in a clean and hygienic environment. This was because the systems in place for infection control were not effective at maintaining adequate hygiene. The provider wrote to us after the inspection to say that they had taken action to make improvements.

When we returned we looked around all communal areas of the service, including bathrooms and toilets. We found that all parts of the home were visibly clean and there were no unpleasant odours. A shower room on the ground floor had had new flooring and the drainage had been improved. Wall cabinets had been removed from bathrooms so that unnecessary items could not be stored there. One person had been supported to take better care of their toothbrushes which had been found to be unhygienic at the previous inspection. We spoke with two people who told us that they thought the home was kept clean. One person said "They clean my bedroom. I help sometimes" and another commented "It's kept clean. It doesn't smell".

We observed that there was sterilising hand gel available throughout the service including at the entrance for visitors to use. Personal protective equipment such as disposable gloves and aprons was available for staff to use as required. We saw that red bags were used for soiled items to ensure they were kept separate from other items of clothing. Mops and buckets were colour coded to make sure that the risks of cross-infection were kept to a minimum. This meant that staff had access to the equipment they needed to maintain standards of hygiene and infection control.

The manager told us that a new cleaning checklist had been drawn up to make sure that standards of cleanliness were maintained. We looked at completed checklists and saw that these included tasks for morning, afternoon and night staff as well as weekly tasks. Checklists for the previous two weeks had been completed and signed by staff to show that the required tasks had been carried out. The manager showed us a weekly monitoring form which was used to by management to monitor the standard of cleanliness. This

meant that there were clear systems in place to ensure that all parts of the service were kept clean and free from the risk of infection.

At our previous inspection we found that the slings in two bathrooms were not name specific and were hanging together so could be a source of cross contamination. At this inspection we were told that each person now had their own sling which was kept in their bedroom. This was confirmed by three of the staff we spoke with.

We looked at the infection control policy for the service. We noted that, following our previous inspection, staff had been asked to reread this and sign to say they had done so. We also looked at the minutes of a team meeting held in June 2014 which showed that there had been a discussion about infection control and how to make the improvements needed, such as a cleaning schedule. This showed that staff had the information they needed to make sure that people were cared for in a clean and hygienic environment.

## 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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