

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

Eleighwater House Retirement Home

Eleighwater House, Combe St Nicholas, Chard,
TA20 3AG

Date of Inspection: 22 May 2014

Date of Publication: June
2014

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
Care and welfare of people who use services	✓	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	Mrs Tabitha Angela Twidale
Overview of the service	<p>Eleighwater House is registered to provide personal care and accommodation to up to five people.</p> <p>The home specialises in the care of older people.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	6
Our judgements for each standard inspected:	
Respecting and involving people who use services	7
Care and welfare of people who use services	9
Management of medicines	11
Requirements relating to workers	12
Assessing and monitoring the quality of service provision	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 May 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

An adult social care inspector carried out this inspection. We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five 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 told us they felt safe at the home. One person said: "I feel safe here, I go to bed with no worries because I know there's always someone here. If I ring the bell they come instantly."

The recruitment procedure minimised the risks of abuse to people who lived at the home by making sure all staff were thoroughly checked before beginning work.

People lived in a safe environment. Regular health and safety checks were carried out to ensure all areas of the home and any equipment used were safe.

There were safe systems in place to make sure people received the correct medication at the correct time.

Risk assessments for individuals were incorporated into care plans. This made sure care was provided in a safe way and enabled people to take part in activities with minimum risk to themselves or others.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. While no applications have been submitted relevant staff have been trained to understand when an application should be made, and in how to submit one. People's rights were therefore properly recognised, respected and promoted.

Is the service effective?

People received effective care and support to meet their needs and wishes. Everyone said they felt well cared for at the home. One person said: "I couldn't ask for anything better. I'd give it 10 out of 10." Another person told us: "They encourage you to be independent but there is always help when you need it."

People told us they continued to make decisions about their day to day routines. People said they were able to choose what time they got up, when they went to bed and how they spent their day. One person said: "I'm an early to bed person, always have been, no one worries about that here."

Staff who worked at the home received appropriate training to make sure they were able to provide care to meet people's specific needs.

Is the service caring?

Everyone who lived at the home was very complimentary about the staff who supported them. Comments included: "They are all good" and "I think the staff are all kind and would do anything for you." We saw one person who was unable to communicate their views verbally, was extremely relaxed with the staff who supported them and smiled and laughed with them.

People were treated with respect and dignity. Throughout the visit we saw and heard staff interact with people who lived at the home in a friendly and polite manner. Where people needed support with personal care staff provided this in a discreet and respectful way. One person told us: "They treat us all like human beings; it's like being part of a family."

Is the service responsive?

The home monitored people's health and responded to changes in need. We saw that where a person's physical needs had changed the home made adjustments to the care and support provided. This made sure they continued to receive appropriate care to meet their needs.

People received care that was very personal to them. Staff demonstrated an excellent knowledge of the people who lived at the home. All were able to tell us about people's needs and their preferences. One member of staff told us: "Because it's such a small home you get to know people really well and you can just provide things the way they want." A person who lived at the home told us: "It's nice to be somewhere small everyone understands you."

Is the service well led?

The owner worked alongside care staff at the home which enabled them to monitor care on a daily basis. People told us the provider was open and approachable. One person said: "You can talk to her about anything. Well you can talk to any of the staff about

anything really."

People's views were listened to and action was taken to make sure suggestions were put in place where appropriate. One person said: "She always wants to know how things are. We talk about things like food and they make menus up from our suggestions."

People we spoke with did not have any complaints about the care or service they received. However all said they would be able to address any issues with the provider. One person said: "You are always listened to. They never just shrug things off."

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

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.

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

Reasons for our judgement

People who lived at the home were involved in decisions about their care and the running of the home. One person told us: "You can do what you like." Another person said: "I still make choices about everything." Throughout the day we saw that staff discussed issues with people and made sure people were able to make choices.

People told us they continued to make decisions about their day to day routines. People said they were able to choose what time they got up, when they went to bed and how they spent their day. One person said: "I'm an early to bed person, always have been, no one worries about that here."

People were able to spend time in communal areas or the privacy of their bedrooms. We saw that people had unrestricted access to all communal rooms and their bedrooms. One person said: "Staff are very good. I can go to my room whenever I like and people respect your privacy." During the visit we observed that one person asked if a member of staff would assist them to walk around the garden. This request was responded to promptly.

People were treated with respect and dignity. Throughout the visit we saw and heard staff interact with people who lived at the home in a friendly and polite manner. Where people needed support with personal care staff provided this in a discreet and respectful way. One person said: "The staff are all very considerate. They never make a song and dance about things they just make sure you get help when you need it." Another person told us: "They treat us all like human beings; it's like being part of a family."

People who lived at the home had access to local facilities and community groups. People told us that staff assisted them to go out shopping and to local entertainment events. People told us they had recently attended a musical evening in a nearby village and local bell ringers had performed at the home. People had taken part in the 'Archie Project' which is an intergenerational community project designed to make towns and villages dementia

friendly. As part of the project the home had made links with a local school and some children had come to the home to spend time with the people who lived there. One person said: "It was lovely, the children came to read to us and they are coming back again."

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

Our judgement

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.

Reasons for our judgement

People received effective care and support to meet their needs and wishes. Everyone said they felt well cared for at the home. One person said: "I couldn't ask for anything better. I'd give it 10 out of 10." Another person told us: "They encourage you to be independent but there is always help when you need it."

Anyone who wished to move to the home had their needs assessed to make sure the home was able to meet their needs. In addition to permanent residential care the home also offered short stays and day care which was an opportunity for people to spend time getting to know the home before making a decision to move in. It also allowed the home to assess people's needs and wishes in an informal setting.

Each person had a care plan that was personal to them. The home had recently started to use a computerised care plan system. We were shown a sample of care plans and risk assessments. We saw that where a risk had been identified there were plans in place to minimise the risk. We saw that one person had been assessed as being at high risk of pressure damage to their skin. In their bedroom we saw that appropriate pressure relieving equipment had been put in place to minimise the risk.

People received care that was very personal to them. Each care record had information about people's wishes and previous lifestyle choices which meant staff had information about people's preferences as well as their needs. Care and support was provided by the provider and a small group of staff. All demonstrated an excellent knowledge of the people who lived at the home. All were able to tell us about people's needs and their preferences. One member of staff told us: "Because it's such a small home you get to know people really well and you can just provide things the way they want." A person who lived at the home told us: "It's nice to be somewhere small everyone understands you."

The home monitored people's health and responded to changes in need. We saw that one person's physical health and mobility had declined and at the time of the inspection they were being cared for in their personal room. We visited this person and although they were unable to verbally communicate with us fully they were very comfortable and relaxed. We saw that equipment to assist the person with mobility and to keep them safe was in place. When a member of the care staff team came in to assist them we observed the member of

staff was kind and encouraging to the person. The person was smiling and laughing as the staff member assisted them.

People had access to health care professionals according to their needs. People told us a doctor or nurse was always called if they were unwell and the home arranged for them to attend appointments as appropriate. One person said: "A doctor comes here if you are really poorly or they help you go to the surgery." When we arrived at the home one person was being seen by an occupational therapist.

People received support in a calm unhurried manner. One person said: "They never rush you." We observed that staff took time to talk to people and offer reassurance where needed. This created a warm and relaxed atmosphere throughout the home.

People told us staff responded promptly to requests for assistance. Everyone had a call bell to summon help at any time of the day or night. One person told us: "They come really quickly if you ring the bell." They then rang their call bell to demonstrate and a member of staff responded immediately. Another person said: "I feel safe here, I go to bed with no worries because I know there's always someone here. If I ring the bell they come instantly."

Staff told us they had received training in the Mental Capacity Act 2005 and knew how to involve other people in decisions if someone lacked the capacity to make a decision for themselves. We saw certificates in staff files which confirmed staff had received this training. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards with systems in place to protect people's rights under the Mental Capacity Act 2005.

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

At the last inspection we found the home to be non-compliant in this outcome. We found that some medication was not being dispensed from the suppliers packaging and administration records were not always correctly signed. At this inspection we found there were safe systems in place to administer and audit medication.

Medication was usually administered by the provider. If the provider was not available then it was administered by staff who had received specific training and had been deemed competent by the provider.

The home used a monitored dosage system and medication was administered from the pharmacist's packaging to each person. People told us they received their medication at the right time. One person said: "There's an alarm system which goes off when it's time to give someone a tablet so you always get it at the right time."

We looked at medication administration records and found that all medication was checked and signed for when it arrived at the home. All medicines had been signed for when administered or refused. This meant there was a clear audit trail and the home was able to calculate the amount of medicines on the premises at any time.

Each person had a medication record which was printed by the dispensing pharmacist. Where changes had to be made to the record these were handwritten and signed by one person then signed by a second person to minimise the risks of recording errors.

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 skilled and experienced staff.

Reasons for our judgement

The risks of abuse to people who lived at the home were reduced because the home had a robust recruitment procedure in place. During the inspection we looked at the personnel files for two members of staff. The files gave evidence of a recruitment process which ensured that new staff had the relevant skills and were of good character.

The recruitment procedure also minimised the risks of abuse to people who lived at the home by making sure all staff were thoroughly checked before beginning work. We saw that all potential employees completed an application form which gave details about the person and their previous employment. The home carried out interviews and sought references from previous employers. They also carried out appropriate checks to make sure that staff were safe to work with vulnerable adults.

Each new member of staff completed an induction programme to make sure they had the basic skills and knowledge to provide a safe level of care to people. New staff worked alongside the provider of the home until they were competent to work on their own. Staff records showed that their competency with different tasks had been assessed by the provider.

Staff told us there were opportunities for ongoing training in health and safety subjects and specific training according to people's needs. Staff said when one person required a mechanical stand aid to help with their mobility all staff had received training in how to use the equipment safely.

Everyone who lived at the home was very complimentary about the staff who supported them. Comments included: "They are all good" and "I think the staff are all kind and would do anything for you." We saw one person who was unable to communicate their views verbally, was extremely relaxed with the staff who supported them and smiled and laughed with them.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

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

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

There were effective systems in place to monitor the quality of care in the home and to identify and minimise risks. The owner worked alongside care staff at the home which enabled them to monitor care on a daily basis. People told us the provider was open and approachable. One person said: "You can talk to her about anything. Well you can talk to any of the staff about anything really."

People's views were listened to and action was taken to make sure suggestions were put in place where appropriate. The provider was able to seek people's views on a daily basis and also sent out satisfaction questionnaires to people and their relatives. One person said: "She always wants to know how things are. We talk about things like food and they make menus up from our suggestions."

People we spoke with did not have any complaints about the care or service they received. However all said they would be able to address any issues with the provider. One person said: "You are always listened to. They never just shrug things off."

People lived in a safe environment. Regular health and safety checks were carried out to ensure all areas of the home and any equipment used were safe. We saw safety checks including smoke alarms, water temperatures and electrical equipment were up to date.

Risk assessments for individuals were incorporated into care plans. This made sure care was provided in a safe way and enabled people to take part in activities with minimum risk to themselves or others. There were individual evacuation plans in place which made sure people received appropriate support if the home needed to be evacuated for any reason.

About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

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