

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

Partridge Care Centre

Partridge Road, Harlow, CM18 6TD

Tel: 01279452990

Date of Inspection: 07 January 2013

Date of Publication: February 2013

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✗ Action needed

Meeting nutritional needs ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Staffing ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Rushcliffe Care Limited
Registered Manager	Mrs. Jayne Wood
Overview of the service	Partridge Care Centre has four units providing residential and nursing care. At the time of our inspection the home was providing care to 58 people although it has capacity for 79.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Partridge Care Centre had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Meeting nutritional needs
- Safeguarding people who use services from abuse
- Requirements relating to workers
- Staffing
- Assessing and monitoring the quality of service provision
- Records

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 7 January 2013, 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

The inspection carried out on 7 January 2013 was to check whether the provider was compliant with the three areas in which required improvements were identified during our last inspection in August 2012. During the inspection we also looked at other areas for which information that raised concerns had been received. Improvements had been made in the three areas in which required improvements had previously been identified. We were satisfied that people were cared for, or supported by, suitably qualified, skilled and experienced staff. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others and records were kept securely and could be located promptly when needed. The registered manager had recently left and an acting manager was in post.

We spoke with three people during our inspection. They told us that they were able to make decisions such as what time they got up in the morning, what they had to eat and how they spent their time. One person told us that they were asked what they wanted to wear each day. One person said, "They're very good. It's lovely." A second person said it was, "Fine."

During our inspection we found that the care plans for the two people most recently admitted to the home were incomplete. An initial assessment had been completed prior to their admission but the detailed information and risk assessments for each condition had not been completed.

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 21 March 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

We spoke with three people during our inspection on 7 January 2013. They told us that they were able to make decisions such as what time they got up in the morning, what they had to eat and how they spent their time. One person told us that they were asked what they wanted to wear each day.

People were supported in promoting their independence and community involvement. We saw that one person had wanted to go to the town centre to do some shopping and a staff member had accompanied them. We saw the minutes of two meetings held for people who lived at the home. These showed that the activities co-ordinator had arranged to take people to the town for shopping trips.

The minutes of the meeting also showed that people were encouraged to raise any issues that they might have on an individual basis. Matters raised included making an addition to the menu, suggested activities and issues with a member of staff supplied by an agency.

The people we spoke with told us that they were treated with dignity and respect. We saw that the staff members talked gently to the people as they were assisting them to eat their meals. We saw one staff member wiping food from the face of one person after they had been eating, talking to the person and explaining what they were doing.

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

Our judgement

The provider was not meeting this standard.

People did not experience care, treatment and support that met their needs and protected their rights.

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.

Reasons for our judgement

We spoke with three people who lived at the home. Two told us that they were happy at the home. One said, "They're very good. It's lovely." The second person said it was, "Fine."

We saw comments included in responses to an annual survey from relatives of people who lived at the home. One said, "All the staff are caring and respectful." Another stated, "I cannot fault the staff, their commitment and support of the family as well as the individual."

During our inspection we saw 10 people enjoying a sing-a-long in the reception area led by the activities co-ordinator. People were encouraged to choose the songs that they wanted to sing. The people we spoke with told us that they joined in the activities that they wanted to do from those offered on a daily basis.

We saw from the minutes of the meetings held and the people who lived at the home told us that the activities co-ordinator had agreed to arrange more trips out when the weather gets warmer.

We spoke to one of the two people who had most recently come to live at the home. They told us that they did not have a care plan in place. They said that no one had discussed with them the care that they needed or what they liked to do. They told us that they spent a lot of their time watching the television as there was little else for them to do. They also said that they were given medication but no one told them what it was for.

We looked at the person's care plan. An initial assessment had been completed by the acting manager prior to their admission but further detailed information and risk assessments for each condition had not been completed. The initial assessment showed that the person would require an outpatient appointment at the local hospital for a check up with the cardiology department within twelve weeks of admission to the home. A staff member told us that the letter advising of the appointment had been received but this was not in the care plan. The care worker said that the appointment had been discussed with the person's relative who had decided that the person should not attend the appointment.

As a result the person had not had a check on their heart condition at the hospital. The receipt of the appointment letter and the conversation with the person's relative were not recorded on the care record. There was no information on the care plan to indicate that the person did not have capacity to make decisions about their medical appointments themselves. Consequently the person did not experience care, treatment and support that met their needs and protected their rights.

In a second care plan for a person who had recently come to live at the home we saw that the initial assessment had been completed prior to the person's admission to the home and most of the specific plans and risk assessments had also been completed. However the mental health care plan, behavioural care plan, the resident risk assessment and the medication care plan had not been completed. This meant that the provider could not be sure that the care and support given met the person's needs. We were told by the senior care worker that this was because the named nurse was absent due to illness.

In another care plan the nutritional screening tool had been completed showing the dates assessments had been carried out but the height and weight had not been recorded. We saw a book held by a staff member containing the details of checks that had been carried out. This record showed that the person had lost 2kg in weight in one month. In another care plan the nutritional screening tool showed that the person had lost 3.3kg in a one month period. No record had been made of any action that had been taken in response to this, even though the nutritional screening tool advised that a referral to a doctor should be made if the person lost weight of 2kg or more.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We spoke with three people who lived at the home. Two people told us that the food was, "Very good." The third said it was, "Edible." People told us that they could have a hot drink at any time and we observed several people asking for, and receiving, drinks during our inspection.

People were supported to be able to eat and drink sufficient amounts to meet their needs. We saw staff assisting a number of people to eat their meals. They offered encouragement to the people to eat more when the people had not eaten much of their meals.

We observed people at breakfast and lunch times eating their meals. We saw a member of staff offering a variety of food, including toast, cereal or porridge to a person who wanted their breakfast at mid-morning. We saw that people had a choice at lunch time for their main meal. On the day of the inspection the choice had been Lancashire hot-pot or meat pie with jam sponge to follow. One person wanted neither of these and had been provided with an alternative meal of their choice. When this still was not to their liking the cook made them a sandwich. We saw that the portions were generous and food was served from a hot trolley as the people wanted it.

We saw the forms that were completed for each person as to what they wanted to eat each day and the options that were available to them. We spoke with the catering manager who told us that the menu choices had been decided centrally on a four weeks basis. People were offered choice at each mealtime. This included a full fried breakfast on a daily basis. Alternatives for other meals included a choice of jacket potatoes and sandwiches which were always available.

People's food and drink met their religious or cultural needs. We spoke with the catering manager who told us that one person did not eat pork for religious reasons and was always offered a suitable alternative.

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

We saw that there was an up to date policy on Safeguarding of Vulnerable Adults (SOVA). We saw the training matrix which showed that the majority of staff members received refresher training in SOVA provided by Essex County Council in July 2012. We saw evidence that further training sessions have been arranged for the remaining staff members in January 2013.

We spoke with two members of staff who were able to demonstrate that they had a good understanding of safeguarding and how to escalate any issue that would affect the protection of people who lived at the home.

All the people that we spoke with told us that they felt safe at the home and that their possessions were safe. The staff did not use restraints on people, apart from regular safety equipment, such as a lap belt on wheelchairs and bed rails, for which a risk assessment was in place.

Our observation of care and information received from the service showed that people were protected and safeguarded.

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work.

Reasons for our judgement

Our inspection carried out in August 2012 identified that insufficient checks had been carried out before a person was recruited. There were gaps in people's employment history. During our inspection on 07 January 2013 we looked at four staff recruitment files to consider if robust procedures were in place to safeguard people using the service. Documentary evidence of identity had been recorded for each member of staff.

All four staff members had started work only after a full and satisfactory Criminal Records Bureau (CRB) check had been received and they had demonstrated, where required, that they were legally entitled to work in the United Kingdom. Two references had been obtained for each new staff member. We saw that where there had been any gaps in the employment history on the application form these had been discussed at the interview stage.

Each of the four records contained evidence of the person's qualification for the role for which they had been employed. We looked at the induction records for three of the staff members. These showed that the staff members underwent literacy and numeracy assessments as well as attending relevant courses such as health and safety, infection control, medication awareness and moving and handling.

We looked at the record of one nurse. This showed that they were qualified to work as a nurse and that their registration with the Nursing and Midwifery Council was up to date.

We saw that, where there had been gaps in the employment history of existing staff members, that had previously been overlooked at the interview stage, a questionnaire had been sent for the employee to explain these gaps. We saw that the return of these questionnaires was actively monitored and followed up.

We spoke with two staff members who told us that they felt that supported by the manager and they would have no problem approaching them with any concern.

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with the acting manager who told us that the home currently had 98 staff members caring for a total of 58 people who lived at the home. The acting manager told us that when there were staff shortages existing staff members would be offered additional shifts. Where necessary, agency staff would be used to fill any gaps.

The acting manager showed us the details of the number of people living on each unit of the home, their currently assessed dependency levels and the numbers of staff employed to work on each shift. As a result of these assessments there was an average of one staff member to care for three people who currently lived at the home. During the day three qualified nurses were on duty. At night one qualified nurse covered the two nursing units and was available for any emergency that arose in either of the two residential units. This showed that there were enough qualified, skilled and experienced staff to meet people's needs.

We looked at the signing in book for care staff. This showed that the number of staff that had been assessed as required for the number of people on each unit were working on the day of the inspection. We saw a signing in book for agency staff which showed that agency staff had been employed when the numbers of staff had fallen short of the assessed need.

We spoke with three people who told us that staff responded quickly to any calls.

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

During our inspection carried out in August 2012 we identified that there was no effective system in place to regularly assess and monitor the quality of the service that people receive. We also identified that there was not an effective system in place to manage risks relating to people's health, safety and welfare as there was no follow up action in relation to concerns found.

During this inspection on 07 January 2013, we spoke with the group operational director for the provider who told us that they had introduced two monthly inspections of the home. We saw an action plan for December 2012 and January 2013 that had resulted from an inspection that they had carried out in November 2012. This identified risks, actions to be completed and the staff member responsible to do this. The group operational director told us that they met with the acting manager and the service manager on a regular basis to discuss progress on completion of the action plan. We noted that the next meeting had been scheduled for two days after the date of our inspection.

We were told that annual surveys were sent to people who lived at the home and their relatives. The questions for the survey sent in August 2012 included the choice of home, health and personal care, daily life and social activities, complaints and protection, environment, staffing, management and administration. We were shown the analysis of the responses to this survey and the acting manager advised that an action plan would be devised to address the issues raised.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw the minutes of the meetings held with people who lived at the home. At these meetings people were encouraged to comment on the quality of the care provided. The minutes showed that, as a result of one person complaining about the quality of care provided by an agency care worker, the agency was contacted and asked to ensure that the particular care worker was not allocated to the home again. The management had also advised that the care worker in question should be given further training to address the problems with the care provided.

We looked at the complaints folder. This contained the up to date complaints policy. We

looked at three complaints that had been received in the last year. All had been investigated and a full response sent to the person who had made the complaint explaining the outcome of the investigation and any action to be taken by the home as a result of their complaint.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment. Records were kept securely and could be located promptly when needed.

Reasons for our judgement

During our inspection in August 2012 we found that people's records were consistent throughout and there was no contradictory information on the file's regarding people's care. However the records were not stored securely. On two occasions during that inspection we found that the doors to offices where care plans were stored were not locked and on another occasion we found that people's daily records had been left unsupervised in a communal lounge.

During our inspection on 07 January 2013 we saw that each person who lived at the home had a care plan that included an assessment of their care and nursing requirements. People's care plans were held in the nurse's office on each unit. The individual daily records were held in each person's room so that they were readily available to any care worker or nurse attending to the person. We saw that when unattended the nurse's offices were kept locked. This meant that the records could not be accessed by unauthorised people.

We looked at the daily record sheets for two of the people who lived at the home. These were found to be detailed and contained information on the care that had been provided and how the person had spent their time.

We saw that the records for staff members were held in the office used by the service manager. The acting manager told us that the only people that held keys for this office were themselves and the service manager. We saw that when this office was unoccupied it was kept locked.

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 activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
Diagnostic and screening procedures	How the regulation was not being met: Regulation 9 (b) (i) and (ii) The provider has failed to plan and deliver care in such a way as to meet people's individual needs and ensure their safety and welfare.
Treatment of disease, disorder or injury	

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 21 March 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.

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