Inspection Report

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

Derriford House

Pinewood Hill, Fleet, GU51 3AW

Tel: 01252627364

Date of Inspection: 02 January 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Derriford House Limited
Registered Manager	Mrs. Mihaela Paduraru
Overview of the service	Derriford House is a care home offering care and support for up to 34 older persons.
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'.

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 2 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

At the time of our inspection 33 people were living in this home.

People told us they enjoyed living in the home and were positive about the care staff and about the food the home provided.

The staff respected people's choices about their care. When people were unable to make decisions the staff worked with others to assess what was in the person's best interest.

We saw that peoples care was well planned and delivered. The home responded to people's changing needs.

People had a good choice of food, which was provided according to their individual needs and preferences.

Cleanliness and hygiene was well managed. Appropriate plans were in place to manage potential outbreaks of infectious diseases.

The service recruited suitable staff by well planned recruitment and induction processes. People in the home were happy with the staff and the more experienced staff felt that new workers were suitable for the duties expected of them.

The service had a complaints policy in place that is accessible to people in the home and to their visitors.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We spoke to five people living at this home. They were able to describe how they chose to live at the home. Most had the support of a family member when looking at the home and making the decision and were able to give reasons for their choice. For example liking the care they had received on short stays in the home before becoming a long term resident. Therefore people gave valid consent to receive care and support from the provider.

We reviewed care plans for three people. One had a do not attempt resuscitation form (DNAR) completed by the General Practitioner. Further records we reviewed showed that this was completed following ongoing assessment of the person's declining physical health and mental capacity by the staff at the home in regular discussions with the district nurse and family members.

One care plan we reviewed indicated that a person had made an advanced decision not to be resuscitated in the event of cardiac arrest.

We observed one member of staff discussing "do not resuscitate" issues with a health professional. The information that the staff member gave the health professional matched the information we saw recorded in the person's care plan.

All three care plans we reviewed contained completed mental capacity assessments regarding routine care support. These had been reviewed on a monthly basis. Most forms we reviewed were appropriately completed, however the provider may find it useful to note that one form indicated a person had mental capacity to consent. However a best interest decision was made on the form to provide personal care. Further records we reviewed had evidence that this person at times lacked capacity to consent to personal care, and therefore at those times a best interest decision had been appropriate. This was brought to the attention of the registered manager at the time of the inspection.

The evidence we reviewed demonstrated that people could be confident that their human rights were respected and taken into account.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

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

We spoke to four people about the care they received at this home. They all spoke positively about the care given by staff.

We reviewed three care plans for people using this service. Each plan contained an up to date summary of important information about the person. For example the person's full name, preferred name, next of kin, and the name of their general practitioner (GP). An initial assessment of needs had been undertaken with people before admission and these assessments were in the support plans along with plans setting longer term goals for the person's development. We saw that risk assessments had been carried out, for example regarding peoples deteriorating memory and had been reviewed at least monthly, with changes to people's needs and risks recorded.

Some care plans explained that access to and from the premises was restricted due to people's vulnerabilities. The provider may find it useful to note that when we arrived the front door was open and we were able to enter the premises without the knowledge of the staff. This was discussed with the registered manager at the time of the inspection and the door was then closed and locked in line with the plans we observed.

We observed staff providing care and support. We saw that people were given choices and support in line with their care plan. Where people had particular risks associated with dementia, staff were sensitive to their needs and guided them appropriately. Therefore the provider demonstrated that care was planned and delivered in a way that ensured people's safety and welfare.

Meeting nutritional needs ✓ Met this standard

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

People were supported to be able to eat and drink sufficient amounts to meet their needs.

We spoke to four people about the food that was provided in the home. They told us that the food was good, one person commenting that it was "Super, I can't tell you how super it is." People told us that a good range of options for breakfast were always available and that options for the main meals were discussed daily for the next day's meals.

We observed a mealtime in the home. In the kitchen we saw that meals were served according to people's stated choice, and support plans were followed for specific needs. For example diet managed diabetes, portion sizes related to people's needs to lose weight or gain weight or to meet people's personal preferences. We observed that meals were served in the kitchen, covered and then carried through to the dining room once people were ready so that meals were as fresh as possible for people. We observed that daily recordings were made of cooked food temperatures to ensure it was safe for people to eat. Therefore people were provided with a choice of suitable and nutritious food and drink.

We observed people in the dining room at a mealtime. We saw that staff asked people if they were happy with the food they received and where people were unhappy with the food, alternatives were offered that people accepted. We observed that most people received their food within a minute of arriving in the dining room. However the provider may find it useful to note that two people were brought to the dining room in wheelchairs, and then had to wait over five minutes for their food while other people were served, these two people were able to eat independently once they received their meals, so staff support was not an issue in providing their meals. The provider may find it useful to note that people may be receiving an inferior service due to their disabilities. This was brought to the attention of the registered manager at the time of the inspection.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

We inspected the premises and saw that the home was clean. Hand soap and disinfectant gels were available in all bathrooms, toilets and staff rooms. We observed that disposable gloves and aprons were accessible close to people's bedrooms and were being used by staff providing personal care.

We also observed that disposable aprons of a different colour were available in the kitchen and were used by staff handling and serving food so that cross contamination was avoided. There were adequate supplies of cleaning cloths in the kitchen with storage bins for dirty cloths so that catering materials were washed separately from peoples clothes or bedding. We reviewed records of cleaning schedules in the kitchen that showed daily checks of cleanliness were carried out by staff along with checks on fridge, freezer and oven temperatures to ensure that food hygiene was maintained.

Within the laundry room we saw that clean and dirty laundry were kept in separate areas to avoid soiling of washed clothes and bedding. Red dissolvable laundry bags were available for the safe carriage and washing of clothes soiled with bodily fluids or other hazardous material.

We reviewed infection control audits carried out in the home. These identified any potentially hazardous issues, for example a leaking toilet. The provider may find it useful to note that the audit records were incomplete as issues that were identified were not shown to be resolved in subsequent audits. This was discussed with the registered manager at the time of the inspection and we were shown separate records that demonstrated that the necessary action had been taken.

We spoke to the person responsible for infection control within the home. They were able to describe the processes that were used to maintain hygiene. These included plans for when infectious diseases were present in the home, for example ensuring door handles and other contact points were regularly disinfected. Other measures included ensuring people with infectious illnesses kept to their rooms and had adequate staff support and some social stimulation while isolated.

Other staff we spoke to were able to accurately describe infection control measures and could name the lead staff member for infection control that they would report concerns to. Therefore the provider demonstrated that there were effective systems in place to reduce the risk and spread 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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were effective recruitment and selection processes in place

We reviewed three staff files. These contained application forms giving detailed employment history and satisfactory references showing good conduct in previous work with vulnerable groups. All three staff members had received enhanced checks from the Criminal Records Bureau (now known as the Disclosure and Barring Service).

We reviewed training records that showed that all care staff had undergone induction training that included protection of vulnerable adults, moving and handling, first aid, resuscitation (CPR), dementia awareness and Mental Capacity Act awareness. We also observed in the records that refresher training in essential skills including first aid, moving and handling and resuscitation was provided approximately every six months to all care staff.

We spoke at length to three members of staff. They told us that they were confident that new staff were properly trained and allowed sufficient time to shadow experienced staff before being placed on the staff rota. One member of staff told us that they have observed that newer staff were encouraged to ask questions if they were not sure about any aspect of care, and that such queries were dealt with positively by more experienced staff.

All the evidence we reviewed demonstrated that the provider has an effective recruitment, selection and induction process.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs.

We observed that the provider had a short complaints policy on display on notice boards in the home. We reviewed the company brochure and the resident's handbook and observed a fuller guide to making complaints. We also reviewed the service's written policy on complaints which set out timescales for responding to and resolving complaints. All the literature we reviewed directed people to appropriate organisations outside the service that they could go to if they were not happy with the service's response. The service had not received a formal complaint in the time since our previous inspection. Earlier records we reviewed showed that complaints had been recorded and dealt with in line with the home's stated policy.

The people we spoke to in the home were aware that they could make complaints to staff if they were unhappy or did not feel safe in the home. The staff we spoke to were able to accurately describe how they should respond to a complaint. Therefore the provider demonstrated that they had an appropriate complaints system and that people were made aware of it.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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