

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

Cricklade House Residential Home

57 Cricklade Avenue, Streatham Hill, London,
SW2 3HD

Tel: 02086749408

Date of Inspection: 18 April 2013

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2013

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

Meeting nutritional needs ✓ Met this standard

Staffing ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Mrs Mary Madden
Registered Manager	Mrs. Mary Madden
Overview of the service	Cricklade House Residential Home provides personal care and accommodation to up to four older people. The premises are not wheelchair accessible.
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'.

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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 18 April 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, talked with carers and / or family members, talked with staff and reviewed information we asked the provider to send to us. We talked with other authorities.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We spoke with all four people living in the home. We used a number of different methods to help us understand the experiences of people because the people using the service had mild to moderate dementia and could not contribute fully to the inspection process.

We spoke with the relatives of three people using the service. People spoken with felt the care their relatives received at the home was consistently good, they said "the home was small and offered a personal touch which people valued".

A person we spoke with said "I like living here, I feel comfortable because female staff only provide personal care, the staff are kind and help care for me as I am not as capable as I used to be".

The service maintained accurate and up to date records, care plans had written guidance for staff to follow so that they could care for people appropriately and protect them from risk.

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.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. Comments we received included: "All the staff are really nice and ask about my care and how I like it to be done", Our observations and discussions with people indicated that they were happy and had positive relationships with the care staff.

People felt that Cricklade House was a good place to live, and that they were happy and safe. People felt able to talk to staff about what they wanted and needed. A person living at the service said "Staff know what they are doing and I feel safe here".

People's preferences and needs were respected. They told us that they liked their bedrooms and had been able to furnish them with their own personal belongings. We observed that individual wishes and views were expressed, the manager and carers involved people in their discussions and listened carefully to what they had to say. We saw that the environment was welcoming, people were relaxed and comfortable. We observed that staff addressed people by their preferred names. People's preference for the same gender carers were met as only female staff were employed. People said they felt "comfortable with female staff providing personal care".

People were supported in promoting their independence and community involvement. Three of the people living at the home were supported to attend a weekly activity outside the home, it was known as the "Healthy Eating Centre". Staff supported them to the event every week and stayed there so that they could participate in activities.

People's diversity, values and human rights were respected. People we spoke with and their relatives said staff treated people with respect and maintained their dignity. A person told us staff understood their specific cultural needs and helped them decorate their bedroom in a way that reflected this. There were a number of scenes from the person's place of birth displayed on their bedroom wall.

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 treatment was planned and delivered in accordance with their individual care plan. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care plans in place for three people. Each care plan contained all the current information about their care needs.

There was evidence that the service completed a detailed needs assessment of each person and from these developed guidelines about how care should be delivered. The service responded to people's changing needs. For example a person using the service had become less mobile and could not negotiate the stairs. The home did not have a lift. The manager had assessed the person's needs and made appropriate arrangements to respond to these temporarily. The GP was consulted on the changes; a referral was made to the social worker for an urgent review of the person's needs for a nursing placement. The relative we spoke with told us they were waiting to view prospective placements.

People told us they were happy with the care they received. They said the care staff understood each person's needs and preferences and cared for them accordingly. People's health and care needs were assessed and reviewed by external professionals where appropriate. For example the GP, dentists, psychiatrists and district nurses. Records of their visits were kept.

We found that people who used the service were protected against risk of receiving inappropriate care. Care plans had written guidance for staff to follow so that they could protect people from risk. All of the people or their relatives when appropriate were involved in their care planning and reviews.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Each person had a care plan with details of the care and support needed. Staff identified any potential areas of risk and management plans were put in place to ensure they were safe. We saw that plans to minimise risks to people from falls were adhered to by staff, a person was unable to mobilise safely when using the stairs.

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's food and drink met their religious or cultural needs. We were told by people living at the home that they had meals they liked and that they enjoyed their meals. We saw the menus offered a wide variety of meals and were based on personal preferences, and provided for dietary and cultural needs.

People were provided with a choice of suitable, nutritious food and drink. During the inspection visit we saw the lunch served was enjoyed by all four people. It was hot and served promptly to people. We observed the mealtime was relaxing as people chatted to each other and to the care worker. A person told us "the food here is good, I enjoy everything served, there is nothing to complain about".

We observed people needing assistance were supported discreetly to be able to eat and drink sufficient amounts to meet their needs. A person that choose to remain in the bedroom for mealtimes told us they were able to take their meals in their preferred place.

Staffing

✓ Met this standard

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

There were enough qualified, skilled and experienced staff to meet people's needs. People experienced consistency in the service, they had experienced few changes within the staff team, and their regular care workers were familiar with their needs. People using the service and their carers spoke positively of the care staff.

In addition to a care worker the owner/manager was present at the home on a daily basis and was involved directly in the daily care delivery, meeting with people who used the service daily and responding as required to any changes in care or support needed. A staff member spoken with said that the manager's presence in the home on a daily basis provided support and direction to staff caring for people living at the home.

People we spoke with felt they were well cared for, they felt safe and reassured because they had a member of staff present over a twenty four hour period.

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 because accurate and appropriate records were maintained.

Reasons for our judgement

We found that record keeping had improved in the home since the last inspection in December 2012. The manager had introduced robust arrangements to record the information required for each person living in the home. The personal records we saw contained clear guidance to staff on how to meet individual needs, manage areas of risk, and respond to any changes that arose.

The records developed for planning reflected how the service promoted equality, diversity and human rights within the service. For example a record was held that a person was restricted due to decreasing mobility, staff had taken action to ensure the person's human rights were respected by spending more time with them in their bedroom to prevent them feeling isolated in the home. People's personal records including medical records, were clear and concise and informed the reader. The majority of records were well organised and could be located promptly when needed. Care records were stored securely in an office which was not accessible to non staff members.

Records were seen to confirm that a safe environment was promoted. We saw a copy of an up to date fire risk assessment in place for the premises, records were seen that confirmed the servicing and maintenance of the premises and of essential equipment.

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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