

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

## Averlea Residential Home

Fore Street, Polgooth, St Austell, PL26 7BP

Tel: 0172666892

Date of Inspection: 23 October 2012

Date of Publication:  
November 2012

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

|  |   |                   |
|--|---|-------------------|
| <b>Respecting and involving people who use services</b>          | ✘ | Action needed     |
| <b>Care and welfare of people who use services</b>               | ✘ | Action needed     |
| <b>Safeguarding people who use services from abuse</b>           | ✘ | Action needed     |
| <b>Management of medicines</b>                                   | ✘ | Action needed     |
| <b>Safety and suitability of premises</b>                        | ✔ | Met this standard |
| <b>Requirements relating to workers</b>                          | ✔ | Met this standard |
| <b>Staffing</b>  | ✘ | Action needed     |
| <b>Supporting workers</b>  | ✘ | Action needed     |
| <b>Assessing and monitoring the quality of service provision</b> | ✘ | Action needed     |

## Details about this location

|                         |  |
|-------------------------|--|
| Registered Provider     | Mr & Mrs D Evely   |
| Registered Manager      | Mrs. Beverley Easdon   |
| Overview of the service | Averlea is a residential care home. The home predominately cares for people who have a dementia. The home can accommodate up to 14 people. |
| Type of service         | Care home service without nursing  |
| Regulated activity      | Accommodation for persons who require nursing or personal care   |

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

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 October 2012, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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.

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### What people told us and what we found

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People told us they were not given any choices about meals and did not know what they were going to be served. People told us there was a lack of social activities; one person told us they were "sick of just sitting here all day".

We found appropriate checks were undertaken before staff began work and people were protected against the risks of unsafe or unsuitable premises.

However, we found people's privacy, dignity and independence were not respected and people's views and experiences were not taken into account in the way the service was provided and delivered in relation to their care.

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

People who used the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

There were not enough qualified, skilled and experienced staff to meet people's needs and the provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

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

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 15 December 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where we have identified a breach of a regulation during inspection which is more serious, we will make sure action is taken. We will report on this when it is complete.

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.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** × Action needed

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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### Our judgement

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The provider was not meeting this standard.

People's privacy, dignity and independence were not respected and people's views and experiences were not taken into account in the way the service was provided and delivered in relation to their care.

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.

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### Reasons for our judgement

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People in the home who had a form of dementia were not always able to express their views due to their complex needs and we found there were no measures in place to assist with capturing the views and opinions of these people. We spoke to staff about how they would have an awareness of the needs of people who could not communicate verbally. Staff told us they had no way of knowing, and in such circumstances, relied on carrying out care essentials and explaining to the person as they were doing so.

When we inspected Averlea on 31 January 2012 people who lived at Averlea told us they did not know what they were having for lunch. They also told us they were not told nor were they given any choices about what they would like for lunch. During our inspection on 23 October 2012, people confirmed again that there were no choices and they were unaware of what they were going to be having for lunch. One person commented "some times it's a good surprise, sometimes its not". Other comments included, "I don't remember anyone asking", and "they do put a lot of sprouts on our plate". One person remarked that they did not know what their next meal would be as they were never told what the meals were and were not offered any choices.

Menus are a guide for people and enable choice. We observed a menu which was positioned away from the dinning area on a corridor wall, the corridor was poorly lit. We saw the menu detailed only one choice for lunch which was roast turkey and we observed eight people out of thirteen being offered this meal.

The person who told us about the amount of "sprouts" demonstrated that staff did not always know what peoples likes and dislikes were. We spoke to the registered manager about what people had told us and explained our concerns about the lack of choice and people's involvement in the creation of the menus at Averlea. We were told the menu was on the wall and people were told in the morning what was for lunch. However, people at

Averlea predominately suffered from a form of dementia, and may not always remember what they had been told.

During our inspection on 31 January 2012 we found bathroom and toilet doors did not have any form of lock fitted (apart from the staff toilet). The locks on the bedroom doors were the type that, if they were locked from the inside and the key left in, prevented the staff from gaining access in an emergency. This had implications for people's rights to privacy.

During our inspection on 23 October 2012 people told us their privacy and dignity were respected and personal care was always conducted with the bathroom/toilet door closed. However, it was observed bathroom and toilet doors still did not have locks fitted and this raised doubts as to peoples' dignity and respect with regard to their privacy. One relative remarked the situation regarding locks on bathroom doors was, "not ideal for privacy". We spoke to the registered manager about this who informed us they had not got round to fitting locks.

During our inspection on 31 January 2012 we looked at four care plans and found they had not been signed by either the people living in the home or a relative/representative. This indicated people had not been involved in drawing them up. Care plans are essential to plan and review the specific care needs of a person. They are a tool used to inform and direct staff about a person and their individual care needs.

On 23 October 2012 we looked at four care plans. The care plans were still not signed and there was no evidence that people were aware of the content. The people we spoke with confirmed they were not aware of having a care plan and were not involved in regular reviews of care plans. People did not have an understanding of the care, treatment and support choices available to them.

During our inspection on 23 October 2012 we observed one person's bedroom was being used to carry out hair-dressing for other people who used the service. The person whose room was used told us, they did not mind allowing their room to be used in this way. However, this happened on a weekly basis.

We found there was no formal documentation in place to detail the person's consent. We spoke to the registered manager about this and asked what would happen if the person did not want his room to be used or was unwell. We were told an empty room would be used or another persons bedroom (with their permission). On the day of our inspection, there was an empty room available; however, it had not been used by the hairdresser.

We observed the dining room was also used for staff correspondence and there was a lot of paper relating to the day to day running of Averlea; such as polices and staff information on the walls. We spoke to the registered manager about this, and expressed our concern that confidential personal information (CPI) was displayed on a 'white board' and that this did not take into consideration peoples dignity and respect.

We talked with five people who lived at Averlea and also talked with one relative. Everyone we spoke with said they were satisfied with the home and found the staff to be polite, respectful and easy to talk to with. One person told us "it could be better".

People told us care was generally good and they would feel comfortable expressing their views if they felt strongly about something. One person told us if issues arose, they would

be addressed quickly by the manager and gave an example of initially being unhappy with an allocated room which was felt to be like a 'prison', and had a musty smell. But then was moved as soon as an alternative room became available.

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

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**Our judgement**

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The provider was not meeting this standard.

People did not experience care, treatment and support that met their needs and protected their rights. Peoples' needs were assessed, care and treatment was planned, however, it was not always in line with their individual care plan.

We have judged that this has a moderate impact on people who use the service. This is being followed up and we will report on any action when it is complete.

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**Reasons for our judgement**

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On 31 January 2012 we looked at the organisation's policy on quality care. It detailed there was a "wide range of leisure activities" available. On 23 October 2012 we met a new activities person who had been employed for two hours a day, five days a week. We spoke to this person and asked if they had asked people about what activities they would like and whether they had undertaken any dementia training.

The person told us they had not undertaken any dementia training. They also told us it could be difficult at times to establish what people liked to do. We saw pictures on the wall which had been coloured in by people living at the home. The pictures were childlike. We discussed our observations with the activities person who explained to us it was difficult to find other colouring pictures. Dementia training enables staff to have a knowledge base which facilitates high quality dementia care.

During our inspection, we observed the activities co-ordinator asking one of the people who lived at Averlea if they had a newspaper because the person who usually lent them a newspaper to read had visitors. The staff member then continued to sit in the lounge and read it. There was no communication made with the people who lived at Averlea.

We spoke to one person who told us "I am 88 years old, but when I sit here I feel like 100". This person was descriptive about daily life at Averlea, and told us they were "sick of just sitting all day". This person pointed to another person who was sitting in the lounge and told us they just "sleep all day". We were told that this person was "tired" of "living like this".

Care plans are essential to plan and review the specific care needs of a person. They are a tool used to inform and direct staff about a person and their individual care needs. On 31 January 2012 we looked at the care records and found there were gaps in care plans. We also found peoples mental health needs were not described in detail. For example, people's mental health needs were not described in any detail and the care plan did not say how the staff were to meet those needs; the care plans listed what medication people

were taking but did not say what the medication was for or under what circumstances 'as required' medication should be given.

On 23 October 2012 we reviewed four care plans and found they were not regularly reviewed and did not accurately reflect changes to medications and were sometimes contradictory. For example, in one case it was documented that a person who used the service required one carer to assist with mobility, it was also documented in another section that two carers were required for mobility assistance. The dates of both assessments were similar. In another example, contradictory information was provided as to whether a person required assistance with meals; in one instance stating the person required assistance always but in another section stating the person's independence should be respected by encouraging them to try independent eating with awareness they 'might' require assistance due to cognitive impairment.

We also found no 'Life Narrative' about an individual's past history and experiences; such information is useful in ascertaining people's preferences, likes and dislikes, and for tailoring care to the needs of the individual, as well as understanding that a person's past is significant of who they are today.

We saw that a bedroom on the first floor had been allocated to a person with significant dementia. This person had a history of falls and we observed that he had recently returned from the hospital after another fall leaving him badly cut and bruised on the face and head. Staff also told us he had a tendency to wander and had been found on more than one occasion on the stairs thus increasing his risk of falling. A stair lift was seen to be in place but not always used particularly when people were agitated and confused.

We were unsure of the reason for why this person had been allocated a first floor bedroom given the knowledge of his falls history. We spoke to the registered manager about this who did not feel it was a concern. We were told however; if and when a room downstairs became available the person would be moved.

During lunch time we used our SOFI (Short observational Framework for Inspection) tool to help us see what people's experiences at mealtimes were. The SOFI tool allowed us to spend time watching what was happening in the service and helped us to record how people spent their time and whether they had positive experiences. This included looking at the support that was given by staff. We spent 40 minutes watching at lunchtime and found that overall people had a poor experience.

One person who required assistance with eating lunch was left without lunch for half an hour after everyone else had been served. The reason given for this was staff attended to this person's needs when they had time. It was observed even when a member of staff was able to assist this person the staff member was called upon to leave several times to get other people their puddings and remove plates, leaving the person who required assistance, unsupervised and continually interrupted.

It was observed when one person remarked they did not like the pudding they had been given, they were offered and accepted an alternative choice. However, we were concerned staff had not read this person's care plan as their care plan specifically detailed this person had a preference for fruit as a pudding.

We did not observe service users being asked what they wanted to drink during the lunch time period. We saw that everyone in the dining room and in the sitting room were given

the same blackcurrant squash provided in plastic cups. The use of plastic cups, were childlike and demonstrated a lack of respect.

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## **Our judgement**

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The provider was not meeting this standard.

People who use the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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.

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## **Reasons for our judgement**

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People told us they felt 'safe' living at Averlea. People also told us if they had any concerns they would feel comfortable about speaking to staff and or/ the registered manager. We saw information about reporting abuse was available in the entrance foyer. However, this information may not have been be in a suitable format for everyone who lived at Averlea.

On 23 October 2012 we asked two staff members if they knew what to do should they witness an incident, or suspect, that a person who lived in the home was being mistreated, abused or neglected. They told us the first person to contact would be the registered manager of the home. They were not aware they could contact external agencies, such as Social Services, the police or the Commission if they had concerns without being prompted.

Staff told us they had received training in safeguarding vulnerable adults from harm, abuse or neglect and knew where the homes organisational policy and procedure was. We asked staff if they could access the homes policy. The staff we spoke to told us all policies and procedures were in the registered manager's office (which was locked on 23 October 2012). However, the registered manager informed us on 24 October 2012 that staff had access to policies in the dining area of the home. This indicated a lack of communication and understanding amongst the staff team.

We asked the registered manager to provide us with information about staff training We could not see from the information which was provided to us that staff had undertaken any training in the safeguarding of vulnerable adults.

On 31 January 2012 we found the organisation's policy on protecting people from abuse was out of date and did not provide enough information for staff to know how to recognise and report abuse and there was no copy of the local authority's 'Alerters Guide' that told staff what action to take.

On 23 October 2012, we found the organisations policy had not been updated. However,

the registered manager told us all staff had been provided with a copy of the Alerters Guide.

On 31 January 2012 we discussed the implications of the Mental Capacity Act and deprivation of liberty safeguards (DOLS) with the registered manager who confirmed that no-one in the home was subject to any restraint or restriction, for example, doors were not locked and people could come and go as they pleased. However, we found that the front door had a coded lock on it and one person's freedom of movement/actions was limited due to her needs and at the request of relatives. Therefore we advised the registered manager to check with the local authority to establish whether this needed a 'best interests' meeting or DOLS authorisation. The Mental Capacity Act 2005 and deprivation of liberty safeguards provide a legal framework that protects people who lack the mental ability to make decisions about their life and welfare.

On 23 October 2012 we enquired if this had been carried out and were informed it had not been.

We saw from information that the registered manager had provided to us that all staff had undertaken training in relation to MCA and DOLS.

On 31 January 2012 we looked at the way the home supported people to manage their own money. We found a discrepancy on one person's records (dated 1 November 2011) and the registered manager agreed to look into this as she was confident it was an administrative error. However, this demonstrated that there were no auditing arrangements in place to ensure that the records were kept accurately as, if there had been, this discrepancy would have been identified and resolved prior to our visit.

On 23 October 2012 the registered manager showed us a new auditing tool which had been put into place following our previous inspection. The registered manager told us they felt the audit was helpful. We were informed the organisational policy relating to personal monies required updating to reflect new processes.

**People should be given the medicines they need when they need them, and in a safe way**

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## Our judgement

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The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

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.

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## Reasons for our judgement

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We were told there was no one who lived at Averlea who self medicated and that all medication was administered by staff. We asked the registered manager to send us information relating to peoples medication training. The training information detailed that eight members of staff had undertaken medication training within the last three years.

On 23 October 2012 we observed a staff member administering medicines at lunch time. We were concerned at the practice we saw. One reason for this was because the member of staff dispensed medication into two plastic medication pots; in each pot was a piece of paper with the person's name. The medication was then taken to each person. This process could result in mistakes in administration being made and people could be placed at risk as they may receive incorrect medication.

We also observed administration records (MAR) were signed before the person had taken their medication. The person may not decide to take their medication resulting in inaccurate records. We spoke to the member of staff about our concerns with this practice and asked when they last had medication training. We were told they last undertook medication training four years ago. The training was an in-house test and was not provided by a pharmacy.

We found that MAR charts may not always be read by staff and medication which was administered may not always be in line with GP instructions. We read one person should not take a particular medication with another prescribed medication. Their MAR chart stated "don't take on a Thursday". However, we could see from records that the medication had been given incorrectly and staff had not followed prescribed instructions.

We found one person who consistently took two tablets, four times a day for pain relief for their arthritis had run out of their strong pain relief tablets on 11 October 2012. A replacement had not been received by the care home until 22 October 2012. During this time, this person had been given paracetamol from the homes homely remedies supply. A less potent pain relief tablet. We reviewed this persons care notes and found no record that this change in medication had been authorised by their GP. We

spoke to the registered manager about our concerns. We were told the strong pain relief had been out of pharmaceutical stock because the strength of the medication was unusual and the GP had advised the home to use their homely remedies supply of paracetamol, until it was received.

However, although, the registered manager had clear memories of this, she was unable to provide any written evidence of this. It is essential all medication changes are clearly documented to ensure an audit trail, especially as this change had been given by a GP and that the pain relief was considerably less potent than the person's usual prescription. We saw no evidence that the home had made attempts to speak to other pharmacies that may have had the medication in stock.

On 31 January 2012 we found some people were prescribed medicines to be taken 'as required', however, there was no protocol or procedure to tell staff under what circumstances this medicine was to be administered. On 23 October 2012 we found a new protocol had been developed for staff to follow.

On 31 January 2012 we asked a staff member how unwanted medication was disposed of, for example, if a tablet was dropped on the floor. We were told it would be put in the domestic waste bin. This practice did not comply with the guidance from The Royal Pharmaceutical Society 'The Handling of Medicines in Social Care' that advises medicines should be returned to the pharmacy for disposal. On 23 October 2012 we found unwanted medication was disposed of in line with 'The Handling of Medicines in Social Care'.

The home provided homely remedies. A homely remedy is medication that can be given to people which is not formally prescribed such as pain killers and cough medicine.

It is important homely remedies are approved by a GP; this ensures that any medication given to people does not have contraindications to their prescribed medication. The registered manager confirmed a GP had not authorised the homes homely remedies supply.

The organisations medication policies were in the process of being re-written. However, staff told us they did not have access to the 'current' policy on 23 October 2012 as it was locked in the registered manager's office. The registered manager informed us on 24 October 2012; staff had access to a policy file in the dining room area.

The registered manager also showed us a new medication audit which had been introduced since our previous inspection. We saw this audit had been carried out in previous months and was yet to be carried out for October 2012. We explained to the registered manager that we found a number of MAR charts which had not been signed and would expect the audit in October 2012 to identify this.

Following our inspection we made a referral to the pharmaceutical advisor for the primary care trust (PCT) due to our concerns regarding medication administration and the management of medication at Averlea.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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**Reasons for our judgement**

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On 23 October 2012 we looked at variety of bedrooms. The bedrooms we saw were warm, pleasant, homely and in a reasonable state of decoration. However, one person told us they wished there were curtains in his bedroom rather than vertical blinds.

The provider may like to note, we found that there was no lockable space for people to store money, valuables and medication.

During our inspection on 31 October 2012 we found every bedroom door had locks fitted so people could have privacy from unwanted intrusion or to make sure their personal belongings were kept safe if they were away from the home for any reason. However, the type of locks on the doors meant that, if they were locked from the inside, staff would not be able to gain access in an emergency. People told us they did not have keys to lock their doors but the registered manager said each person did have a key to their own bedroom door. The provider may like to note, on 23 October 2012 we found locks on people's doors remained the same.

On 31 January 2012 we looked at the windows of some of the bedrooms on the first floor to see if they were restricted to prevent people falling or climbing out of them. We found that the type of restrictor in place was easily removed and, in one bedroom, had been removed completely. The registered manager was unaware of this but agreed to have them changed to something more robust as soon as possible. On 23 October 2012 we found window restrictors were in place in the bedrooms we viewed.

During our inspection we looked around the shared areas of the home that consisted of a lounge room and a dining room, where we spent some time talking to people.

We found the home was clean and, apart from one bedroom we looked at, there were no unpleasant odours. One bedroom in particular smelt badly of urine. Staff told us they were aware of the issue with this room that they had attempted to eradicate it with cleaning but had not been entirely successful.

The registered manager showed us an environmental audit which had been created since our previous inspection. This audit was carried out on a monthly basis; however, the provider may like to note that the importance of odour control checks was not mentioned

on the audit.

Following our inspection on 31 January 2012 we made a referral to the fire authority. We received a letter from the fire authority on 11 April 2012 which detailed Averlea were 'broadly complaint'. On 23 October 2012 the registered manager discussed the changes which had been made in respect of fire safety.

We were shown a new fire risk assessment had been written and personal evaluation plans for people had been put into place. However, the provider may like to note that the display of these plans on the front of bedroom doors may not take into account people's dignity. The registered manager also told us work had been carried out to the dining room wall as recommended by the fire authorities.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

Appropriate checks were undertaken before staff began work.

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### Reasons for our judgement

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During our inspection we checked if Averlea was operating an effective recruitment procedure in order to ensure the people they employed were of good character, suitably qualified, skilled and experienced.

The organisation had a recruitment policy in place; however, we were told it required updating. The provider may like to note the policy made reference to the Care Standards Act 2000 which was the previous legislation associated with health and social care regulation.

We viewed three recruitment files; two files related to new employees. We found the provider had carried out recruitment checks prior to the person commencing work for the organisation. We saw that recruitment files contained references, an application form or curriculum vitae.

A Criminal Record Bureau check (CRB) is a mandatory process which is undertaken by any health and social care provider, to ensure people are of good character.

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

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## Our judgement

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The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs.

We have judged that this has a moderate impact on people who use the service. This is being followed up and we will report on any action when it is complete.

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## Reasons for our judgement

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During our inspection, the atmosphere appeared to be "task orientated" and there was limited time for staff to spend 'quality time' with people.

On 23 October 2012 there were 13 people living at Averlea. During our inspection on 23 October 2012 the registered manager was absent for the duration (but informed of our arrival). There were two members of staff on duty. One of these staff members was a senior carer who had recently returned following a period of absence. The registered provider was cooking. There was an activities person who arrived at 2pm. On 24 October 2012 we met with the registered manager.

We were advised that there were always two members of care staff on duty through-out the day and two waking care staff at night.

We spoke to care staff who were on duty through-out our inspection. Staff told us at times they felt there was not enough people on duty to carry out tasks. They told us it was particularly difficult when a person required the assistance of two carers with personal care tasks. This left the home with no other staff around to care for the other twelve people who lived at Averlea. We were told about a person who had recently moved into Averlea who had complex care needs and regularly required one to one support.

During our inspection we observed staff were busy carrying out a variety of different tasks and at times people who lived at Averlea were not always given the care and attention they required.

We found examples of this during when we used our Short Observational Framework for Inspection (SOFI) tool. One person who required assistance with eating lunch was left without lunch for half an hour after everyone else had been served. The reason given for this was that staff attended to this person's needs when they had time. It was observed that even when a member of staff was able to assist this person the staff member was called upon to leave several times to get other people their puddings and remove plates, leaving the person who required assistance, unsupervised and continually interrupted.

Our observations revealed people had freedom to move from room to room and to engage in activities such as watching television and reading the paper. The atmosphere in the home was calm and peaceful with staff going about their tasks with a minimum of noise and disruption. However, it was noted that there were just two care staff on duty and they were busy with little time left for sitting with people. It was observed that one person was in an agitated state in the lounge. He was unsupervised and constantly wandering around other people using the service, moving tray tables from one part of the room to another. This was upsetting to other people who were resting in the lounge and was dealt with by another person using the service who encouraged the person to sit down. We saw that when staff interacted with people they were friendly and respectful but due to only two people being on duty the standard of care and welfare provided was compromised.

Staff told us poor medication practices were due to a shortage of time. From our conversations with people who lived at Averlea, it was clear there was a lack of staff to promote social activities throughout the day.

We were concerned to be told that Averlea provided day care. Although, there was only one day care placement, the impact of this additional person could have a significant impact on staff time to the detriment of the other people who lived at Averlea.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was not meeting this standard.

Staff did not always receive appropriate professional development.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## Reasons for our judgement

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Staff spoke to us about their recent training they had been carrying out in food hygiene, manual handling, and health and safety. Staff told us they were enjoying the "hands on training" to that of booklets or distance learning courses. We asked five members of staff if they had undertaken any training in dementia care or mental health. We were told they had not. We were concerned to hear this from staff, as people who lived at Averlea predominately had a form of dementia. We were also told that a person suffered with psychotic episodes and could display behaviour that challenged.

The training information which was provided to us by the registered manager indicated four out of eleven members of staff had undertaken training in dementia awareness. We were told this was in 2009. It was concerning to see the activities co-ordinator training had not been included within the information which was provided to us.

The training information did not detail that staff had knowledge regarding mental health care and there was no information provided on the training records which related to the registered manager, so we were unable to ascertain if her knowledge was relevant in these key areas.

We were informed by two members of staff they had not undertaken any formal medication training. One member of staff explained the content of their 'in house' training which consisted of shadowing experienced members of staff and completing a test which was marked by the registered manager. They told us they were supported to only administer medication when they felt confident.

During our inspection we noticed an error on a persons medication administration record (MAR). We were told this mistake had been made by a new member of staff who had just completed their training and shadowing. This mistake and other poor medication practices were reflective of 'in house' medication training. We shared our concerns regarding medication practices and training.

The registered manager informed us staff had undertaken 'in house' fire training but she was arranging for formal training to be delivered.

Staff spoken with confirmed they received supervision every three months. Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss on going training and development. Staff also confirmed that received an annual appraisal. We saw documentation to confirm what staff had told us.

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

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## Our judgement

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The provider was not meeting this standard.

The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

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.

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## Reasons for our judgement

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During our inspection, the atmosphere appeared to be "task orientated" and there was limited time for staff to spend 'quality time' with people.

The importance of involving the people who lived at Avelea in 'their home' had been forgotten and no systems were in place to obtain people's views, opinions and feedback. From conversations held with people, it was obvious people wished to share their feelings and views with the staff and registered manager/provider. However, there were also other people in the home who were not able to express their views due to their complex needs and there were no measures in place to assist with capturing the views and opinions of these people.

We found no meetings were held between the management and the people, who lived in the home, and they had not been consulted about the quality of care in the home, and they had no involvement in how the home was run. The registered manager told us people's views were obtained on an informal basis between staff and recorded in people's care plans. This demonstrated that the management of the home did not encourage people to feedback any positive or negative views about the way the home was managed.

We asked people if they knew how to make a complaint. People told us that they would speak to staff and/or the registered manager. However, the registered manager informed us that the service user's guide required updating so people did not have a copy of the complaints policy.

The registered manager had introduced a financial, environmental and medication audits to ensure documents were kept up to date and the environment was maintained.

We found during our inspection on 31 January 2012 we found bathroom and toilet doors did not have any form of lock fitted (apart from the staff toilet). The locks on the bedroom doors were the type that, if they were locked from the inside and the key left in, prevented the staff from gaining access in an emergency. This had implications for people's rights to

privacy.

However, on 23 October 2012 people told us their privacy and dignity were respected and personal care was always conducted with the bathroom/toilet door closed. However, it was observed bathroom and toilet doors still did not have locks fitted and this raised doubts as to peoples' dignity and respect with regard to their privacy. One relative remarked the situation regarding locks on bathroom doors was, "not ideal for privacy". We spoke to the registered manager about this who informed us they had not got round to fitting locks. This indicated environmental audits were not effective in recognising areas that required addressing throughout the home.

The registered manager informed us all staff had been provided with a copy of the common induction standards (CIS). The CIS are used to promote high standards in the health and social care sector. We asked how many staff had completed their booklets. The registered manager told us she was unsure as staff should have been coming to see her. This indicated the registered manager did not have a system in place to monitor and review this.

We noticed some of the bedrooms had names and pictures to aid with people's familiarity but others did not. Staff told us that they were aware that some rooms needed to have this done. As people who lived at Averlea predominately suffered from dementia, clear signage is important to orientate people.

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 activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | <p><b>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Respecting and involving people who use services</b></p>  |
|  | <p><b>How the regulation was not being met:</b></p> <p>People's privacy, dignity and independence were not respected and people's views and experiences were not taken into account in the way the service was provided and delivered in relation to their care. (Regulation 17 1a, b, 2b, ci, cii, d, g)</p> |
| Accommodation for persons who require nursing or personal care | <p><b>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Safeguarding people who use services from abuse</b></p>   |
|  | <p><b>How the regulation was not being met:</b></p> <p>People who use the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. (Regulation 11 2).</p>                                |
| Accommodation for persons who require nursing or personal      | <p><b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Management of medicines</b></p>   |
|  |   |

**This section is primarily information for the provider**

|  |  |
|--|--|
| care   | <p><b>How the regulation was not being met:</b></p> <p>People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. (Regulation 13).</p> |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | <p><b>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Supporting workers</b></p>   |
|  | <p><b>How the regulation was not being met:</b></p> <p>Staff did not always receive appropriate professional development. (Regulation 23 1a).</p>  |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | <p><b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Assessing and monitoring the quality of service provision</b></p>  |
|  | <p><b>How the regulation was not being met:</b></p> <p>The provider did not have an effective system to regularly assess and monitor the quality of service that people receive. (Regulation 10 1a, 2 1bi, e).</p>                         |

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 15 December 2012.

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.

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

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

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

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

## Glossary of terms we use in this report

### Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

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

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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