

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

Southview

85 Sandford Avenue, Church Stretton, SY6 7AB

Tel: 01694723525

Date of Inspection: 23 October 2012

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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 |
| Cleanliness and infection control | ✗ | Action needed |
| Staffing | ✓ | Met this standard |
| Complaints | ✓ | Met this standard |
| Records | ✗ | Action needed |
| Requirements where the service provider is an individual or partnership | ✓ | Met this standard |

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Mrs Catherine Vine |
| Registered Managers | Mrs. Grace Atkinson Miss Linda Fraser |
| Overview of the service | Southview is registered to provide personal care and accommodation for up to 15 older 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

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 23 October 2012, 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 and talked with staff.

What people told us and what we found

We spoke with four people who lived at the home. We also spoke with two relatives, three staff, the manager and the provider. There were 10 people living at Southview.

People were very satisfied with the service provided and happy living at Southview. One person said "Its' very homely here". Visitors were made welcome. A relative described Southview as a "family". People told us that they had access to medical and healthcare when they needed to and staff talked to them about this.

People said that they were well looked after and their care needs were met in a way that suited them. People liked the meals on offer and enjoyed the activities that had been introduced.

Improvements were needed in relation to infection control to reduce the risk of healthcare associated infections.

There were enough staff to meet people's needs promptly. People spoke highly of staff and they were described as "Lovely" and "very good". The manager had introduced a training programme so that staff had the right knowledge and skills to care for people.

The home had a complaints policy. People and their relatives were confident that they could raise concerns with staff or the manager and be taken seriously.

Records were not always up to date and reflective of people's current needs.

The home was run by a part time manager who was working towards improving standards at the home.

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

What we have told the provider to do

We have asked the provider to send us a report by 04 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 providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

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

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

Our judgements for each standard inspected

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.

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

Reasons for our judgement

Records showed that people had access to medical and healthcare professionals whenever necessary. People told us that staff called the doctor or nurse for them if they were unwell. People and their relatives told us that staff involved them with making decisions about their well being.

We saw that people had seen doctors, nurses, chiropodists, dentists and opticians. One person had needed dental treatment recently. They were unable to give their consent to this. Records showed that this had been discussed with their family and consent given by them.

The building does not have a passenger or stair lift. The upstairs rooms were only accessible to people who were able to climb steep stairs. Several people who have bedrooms downstairs live in shared rooms. The provider told us that people had shared rooms for many years. The provider may find it useful to note that consent to share a bedroom was not recorded on people's care plans. People who were currently sharing a room no longer had the capacity to give their consent.

The provider may find it useful to note that we saw one care record that was marked 'do not resuscitate'. The provider told us that the person did not have the capacity to make that decision themselves. They said that the decision had been made by the person's doctor and family. There was no record of this on file.

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 told us that they were very happy living at Southview. One person said that staff were "Very good". Everyone at the home looked well groomed and said that they were well cared for.

People that were able to tell us said that staff knew how to meet their care and support needs. We saw staff treating people with dignity and respect. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We saw that everyone had a care plan but these did not reflect people's current circumstances. However, we saw staff responding appropriately to people's needs. Staff told us that they read the care plans and discussed any changes at each shift handover so they were familiar with people's needs.

Relatives told us that staff always made them welcome in the home and involved them with people's care. They said that communication was good and they were very satisfied with the service provided.

We saw that lunchtime was a relaxed and social occasion. People were offered choices and support if they needed it. The meal looked appetising and people were offered 'seconds' if they wanted it. Relatives told us that they were always offered refreshments and could stay for meals if they wanted to.

A member of staff told us that they had introduced activities once a week and this had been popular with people. This included bingo, singing and entertainers. Records showed that people were supported to go out for walks with staff, including those who used a wheelchair. One person told us that they went out into the community most days and enjoyed this. Another person was out on the day of our visit at a local day centre. People had told us that staff supported them to visit families and friends if they wanted to.

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

Our judgement

The provider was not meeting this standard.

There were no effective systems in place to reduce the risk and spread of infection.

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.

Reasons for our judgement

We saw that hand wash and paper towels were provided for staff. They also had disposable aprons and gloves. Bins were foot operated and lined to reduce the risk of cross infection, except in the staff toilet.

People were not protected from the risk of infection because appropriate guidance had not been followed. We saw that clean and dirty linen was stored in a bath on the ground floor. An ironing board with a cloth cover and clean shirt on it was also stored in the bathroom. Tiles were missing off the bathroom wall. This meant that any splashes would be absorbed by the plaster wall.

We saw that the manager's office was only accessible by walking through a toilet. It was not possible to use the office without leaving the door to the toilet open. We saw staff standing in this toilet while talking to the manager. This means that the risk of healthcare associated infection was increased due to the risk of cross infection.

One bathroom on the first floor wasn't used and the bath was full of pillows, quilts and other items. The room was not clean or tidy. However, clean towels were stored in the sink. The toilet and washing facilities used by staff were very poor. The toilet floor was carpeted, although this was frayed and threadbare in places. There was a bar of soap in use and a cloth towel. The staff sleepover room was in poor condition and dirty. The handrails to the staff facilities were dirty.

We saw that some of the towels were in poor condition and were frayed and worn.

The manager told us that they had a copy of the latest guidance on how to provide a clean and hygienic environment for people. The home had been visited by the Primary Care Trust (PCT) infection control team in May 2012. The manager told us that following that visit they had set up cleaning schedules. We saw that these checks were only partly completed but the areas of the home used by people who lived there were clean. We could see that some areas of the home had improved since the PCT visit.

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

People spoke very highly of the staff that looked after them. Comments included that they were "Lovely" and "always helpful. Relatives told us that staff were "Patient and caring".

We saw staff provide sensitive and discreet support to people. There were enough staff on duty to look after the number of people living at Southview. People's needs were met promptly.

People were cared for by staff who were supported to deliver care and treatment safely. Staff told us that they now had access to training courses. The manager told us that the home employed 20 staff. They said that seven staff had completed induction training. This meant that they were provided with information and advice to carry out their role.

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 service user guide when people moved into the home. People and their relatives told us that they felt able to raise any concerns or complaints with staff. People felt confident that they would be taken seriously and action taken if necessary.

The manager told us that the home had not received any complaints since our last visit.

Staff said that they would support people to raise any issues or complaints and record these in the complaints book.

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

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.

Reasons for our judgement

People's personal records including medical records were not accurate and fit for purpose. We looked at three care files. We saw that everyone had a care plan. These contained good details about people's lives and what their care needs were. We saw that monthly reviews were now being carried out. Although some review records showed that significant changes had occurred, the care plans were not updated to reflect this. Changes recorded included the need for two carers with personal care instead of one. This meant that some staff may not know about the changes and this could affect people's safety and well being.

We saw risk assessments were on place on all files. We noted that although risks had been identified such as falls and choking, the action described as needed for many of the risks was 'be vigilant'. This did not give staff clear guidance on how risks could be reduced. Not all known risks had been assessed. These included using the stairs.

We saw a care record that included a risk assessment for falls. There was no specific detail on how to reduce risks. The person had had multiple falls. Some of these were not recorded in the accident book. Some of them were in the accident book but not the daily record. This meant that the true number of falls was difficult to determine. The risk assessment was not updated following falls. The provider told us that on the day of the inspection an alarm was fitted on the person's chair to alert staff when they tried to stand up.

We saw that some, but not all falls had been recorded in the accident book. The completed accident records had not been removed and put with people's individual records. This meant that information about people was not kept in a way that respected people's right to confidential records. This also meant that the accident book was not being evaluated by the manager to identify any individual trends. This would allow measures to be put in place to reduce the risk of reoccurrence.

On one plan we saw that there had been problems with challenging behaviour. We saw that appropriate medical advice and support had been sought and followed but there was

no risk assessment in place to keep staff or other people safe during this time.

We saw that one person had a recurring medical problem that affected their well being. There was no risk assessment in place for this and no guidance for staff on how this could be avoided. One person's mobility had worsened and they had experienced difficulty in using the stairs. Daily records showed that staff on at least one occasion had to 'lift the person's feet up and push'. There was no risk assessment in place relating to the safety of the person or staff.

One record noted that the person 'talked gibberish'. This showed a lack of professional knowledge about their medical condition and did not afford the person respect or dignity.

The provider told us that daily records were not kept. Entries were made of significant events. These included activities, trips out, visitors and if people were unwell.

We saw that the service had a 'communication' book. This was used to record all sorts of information about what happened at the home. It included personal and medical information about all the people who lived at Southview. This meant that people would not be able to see their records without breaching someone else's confidentiality.

Requirements where the service provider is an individual or partnership

✓ Met this standard

Services must be provided by people who are honest, reliable and trustworthy. They must also have the right skills, experience and qualifications to do the job

Our judgement

The provider was meeting this standard.

The home was being run by a suitably qualified registered manager.

Reasons for our judgement

A manager had been appointed to run the home and was registered with the Care Quality Commission. They told us that they worked as the manager for two hours a day, Monday to Friday. Outside of these hours they worked in the home as a carer. They told us a senior carer was in charge when they were not working. The manager said that they were always 'on call' for support and advice and could return to the home in an emergency.

They told us that they were working to update the care records and other records relating to the running of the home such as policies and procedures. We saw that progress with this was slow due to the limited time available.

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 | Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control |
| | How the regulation was not being met: The registered person must ensure that measures are in place to reduce the risk of healthcare associated infections to people who live at the home. Regulation 12(1)(2)(a)(c)(i)(ii). |
| Accommodation for persons who require nursing or personal care | Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records |
| | How the regulation was not being met: The registered person must ensure that an accurate record in respect of each service user is kept. Regulation 20 (1) (a). |

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 04 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.

This section is primarily information for the provider

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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