

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

Ardgowan House Residential Care Home (Mrs Annie Jobson)

4 Middle Street, Newsham, Blyth, NE24 4AB

Tel: 01670367072

Date of Inspections: 21 January 2013
18 January 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	✗ Action needed
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed

Details about this location

Registered Provider	Mrs A Jobson
Overview of the service	Ardgowan House is a detached house situated in a residential area on the outskirts of Blyth and provides accommodation for up to ten people. Ardgowan does not provide nursing care. Each person has their own bedroom and shares communal areas.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 January 2013 and 21 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We spoke to four people who used the service and examined three care plans. One person said, "Yes, I get a chance to make decisions about what I do." We saw care files contained copies of completed questionnaires relating to staff attitude, including questions on privacy and dignity. One person told us, "The staff have a very human approach."

We saw needs were assessed and plans in place to support individuals. A care manager told us, "I am really impressed by the way they have supported X. I have got no concerns. I know his family are happy."

One person's diabetic condition was controlled by medication. This person also took Warfarin. We saw there were no specific plans regarding the care for these conditions. This meant there was a risk they may not receive the correct care.

We established there was a schedule to ensure the home was clean and tidy. We noted an up to date Food Hygiene Certificate and confirmed staff had undertaken a basic food hygiene course.

We saw effective recruitment and selection processes in place. We confirmed appropriate checks were undertaken before staff began work and files contained a copy of their job description, so people had a clear understanding of their role.

We noted care plans should be reviewed every three or six months. We saw reviews had been undertaken in March 2012, but with no further reviews since then. This meant there was a risk plans may not be up to date and staff may not have access to the correct information.

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 28 February 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke to four people who used the service and examined three care plans. One person told us, "Yes, I get a chance to make decisions about what I do."

We saw people were given appropriate information and support regarding their care and treatment. We noted that care plans had been signed by people. This indicated they had agreed to the care being delivered.

We noted staff checked with people that their actions were acceptable. For example, staff knocked on people's doors before entering their rooms. We saw staff gave people a choice by asking them what they wanted to do and what they would like to eat for their meals.

We saw records of meetings between staff and people who used the service. We saw people were able to make suggestions about what they wanted to do or what they would like to eat in the future. For example, people suggested that there should be more home made lasagne on the menu. They also suggested that there should be a trip out for a bar meal. One person told us, "We have meetings occasionally. They are really quite helpful."

We saw care files contained copies of completed easy read questionnaires relating to staff attitude. These included question on privacy, inclusiveness and dignity. We noted that the forms indicated people felt that staff involved them in decisions. One person told us, "The staff have a very human approach."

We established one person had access to and used an advocacy service. We noted the advocate had supported them in meetings and helped explain issues to them.

We concluded people expressed their views and were involved in making decisions about their care and treatment.

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

Our judgement

The provider was not meeting this standard.

People had not experienced care, treatment and support that met their needs and protected their rights.

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 examined three care plans and spoke to a care manager, who was visiting the home on the day of our inspection. We saw people's needs were assessed and specific care plans were in place to support each individual's requirements. The care manager told us, "I am really impressed by the way they have supported X. I have got no concerns. The communication is really good. I know his family are happy."

We saw there were risk assessments undertaken that reflected the particular needs of the individual. We also noted a range of health care professionals were involved with people's care. We found copies of yearly dental checks, notes regarding podiatry appointments and letters from professionals regarding care relating to specific conditions. One person told us, "Yes, I like living here. I wouldn't go anywhere else." Another person stated, "The staff are very thoughtful people."

We established one person, who was diabetic, had his condition controlled by medication and required to have his blood sugar checked on a weekly basis. We also saw this person was on Warfarin. This medication is used when there is a risk of blood clots forming. We noted there were no specific care plans to highlight the approach that should be taken for both these conditions. This meant that there was a risk they may not receive the correct care for their specific health issues.

We also found one person used on an airflow mattress. This is a special mattress used when people have problems with their skin. We saw the condition was referred to under a care plan relating to personal hygiene, but there was no specific plan relating to skin care or regarding the operation of the airflow mattress. We were unable to find any indication in files regarding the correct setting for the airflow mattress and staff were unable to confirm what this should be. If the mattress is not kept on the correct setting this may mean it does not work effectively in helping to protect people's skin from damage.

We concluded that care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare.

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

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

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

We established there was a regular schedule for ensuring that the home was kept clean and tidy. We observed the home was neat, well kept and free from odours. For example, floors and furniture were clean and kitchen work surfaces and sink areas free from dirt.

We noted there was an up to date Food Hygiene Certificate on display. This demonstrated that the provider has met the requirements of food hygiene law. We confirmed with the provider that staff working in the home, who prepared meals or snacks, had undertaken a basic food hygiene course. We established staff had access to supplies of personal protective equipment (PPE), such as gloves and aprons.

Shower rooms and toilet areas were clean and well maintained and had a good supply of liquid soap and paper towels in them. There were visual instructions on hand washing on display. We saw staff had access to alcohol hand gel. This ensured that people were able to clean their hands regularly and thoroughly.

We saw there was regular checking of the fridge and the freezer and temperatures for both appliances were recorded on a daily basis. We also noted that food stored in the fridge was adequately covered and dated. This ensured that food was kept safely.

We concluded that people were cared for in a clean environment.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw there were effective recruitment and selection processes in place. We looked at two staff files and established that an application process and effective interview procedure had been followed; with notes kept on file.

We confirmed appropriate checks were undertaken before staff began work and viewed copies of two references and an up to date Criminal Records Bureau (CRB) form in each file. We saw copies of documents used to confirm the identity of prospective employees. Both files contained photographs of the employee to aid identification.

We noted files contained a copy of the appropriate job descriptions and terms and conditions. This ensured that people had a clear understanding of the role that was expected of them. We saw that where people had identified as having passed specific training, then a copy of the relevant certificate was also maintained within the file. There were copies of completed induction programmes, signed by the employee, to indicate they had received the identified information and instruction.

We concluded appropriate checks were undertaken before staff began work.

Assessing and monitoring the quality of service provision

✕ Action needed

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

Our judgement

The provider was not meeting this standard.

The provider does not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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 who used the service were asked for their views about their care and treatment. We saw there were notes from meetings between the staff and people who used the service and individuals were able to make comment about what they would like to happen. We saw the views of people were taken into account. For example, people asked if they could go on a caravan holiday and this was arranged. One person told us, "I've been here 22 years. It's fine. No problems."

We also saw the provider carried out regular audits and checks to ensure the safety of people in the home. We noted there were regular audits on the accommodation and premises. We also verified that annual Portable Appliance Testing (PAT) was undertaken, there was an up to date fire inspection report and a valid Gas Safety Certificate in place.

Staff told us that they performed weekly medication audits to ensure that there was an up to date stock of required medicines. However, they stated they do not record these in writing. We were therefore unable to examine any records and confirm that these took place.

We noted care plans were to be reviewed at either three or six monthly intervals. However, we saw that in all three of the files we examined the original care plans had been written on 19/06/2011. Reviews had been undertaken in March 2012 and there had been no further reviews since this time. This meant there was a risk that plans may not be up to date and staff may not have access to the correct information to provide the right type or level of care. We concluded that decisions about care and treatment were not always made by the appropriate staff at the appropriate level.

We examined personal financial records maintained through the use of cash books and envelopes containing money, held by the manager, for some of the people who used the service. We examined the financial records of five people. One cash book record tallied with the money held by the manager. The remaining four showed that the sum recorded in

the cash book was at variance with the money held in the envelope. We noted there were no regular audits of the cash books. One person told us, "There is no regular audit of the money. It is always wrong." We also noted that the lock on the cash box was broken and the box could easily be opened by pressing the lid. This meant there was a risk people's money could be lost or that the system could be open to abuse.

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 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
	How the regulation was not being met: The provider was not taking the proper steps to ensure that service users were protected against the risks of receiving care or treatment that is inappropriate or unsafe. Regulation 9 1(a)(b).
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision
	How the regulation was not being met: The provider was not protecting service users against the risk of inappropriate or unsafe care and treatment, by means of the effective operation of systems, in that they did not regularly assess and monitor the quality of the service provided or manage risk relating to health, welfare and safety. Regulation 10 1(a)(b).

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 28 February 2013.

This section is primarily information for the provider

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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