

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

Badgers Holt Residential Care Home

Butts Ash Lane, Hythe, Southampton, SO45 3QY

Tel: 02380849310

Date of Inspection: 08 January 2013

Date of Publication: April 2013

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

| | | |
|--|---|-------------------|
| Respecting and involving people who use services | ✓ | Met this standard |
| Care and welfare of people who use services | ✓ | Met this standard |
| Safeguarding people who use services from abuse | ✓ | Met this standard |
| Staffing | ✓ | Met this standard |
| Assessing and monitoring the quality of service provision | ✓ | Met this standard |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Mrs T Rayner |
| Registered Manager | Mrs. Diane Younger |
| Overview of the service | Badger's Holt Care Home provides accommodation and support for up to twenty five older people. |
| Type of service | Care home service without nursing |
| Regulated activity | Accommodation for persons who require nursing or personal care |

Contents

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

| | Page |
|---|------|
| Summary of this inspection: | |
| Why we carried out this inspection | 4 |
| How we carried out this inspection | 4 |
| What people told us and what we found | 4 |
| More information about the provider | 5 |
| Our judgements for each standard inspected: | |
| Respecting and involving people who use services | 6 |
| Care and welfare of people who use services | 7 |
| Safeguarding people who use services from abuse | 8 |
| Staffing | 9 |
| Assessing and monitoring the quality of service provision | 10 |
| About CQC Inspections | 11 |
| How we define our judgements | 12 |
| Glossary of terms we use in this report | 14 |
| Contact us | 16 |

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 8 January 2013, observed how people were being cared for and sent a questionnaire to people who use the service. 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

During our visit we were able to speak to a variety of people about the service provided including, six residents, two visiting professionals, members of staff and two visiting relatives of a person living at the home. We made observations throughout the visit.

People who used the service were positive about the care they received at the home and all said they were always treated with respect. Each person we spoke to said they were very happy to be living at Badgers Holt. One person said they "considered themselves very fortunate to be here".

People we spoke with told us that they had good relationships with staff and they "felt very safe" at the home. During the inspection we noted there was a calm and supportive atmosphere in the home and people went about their daily tasks in a relaxed and happy manner.

Each person living in the home had a plan of care that detailed their individual needs and wishes and addressed people's physical, social and emotional wellbeing.

People living in the home were cared for by an experienced and well supported team of staff who had received appropriate training.

People we spoke with said that they felt involved in the decision making in the home and that staff listened to them. We saw that people were included in home events and consulted about decisions at every level.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We asked ten people if they were treated with dignity and respect, they all said "yes".

People were listened to and involved in the planning of their care. Opportunities were made available for people to discuss issues with staff members. We found clear evidence of this in the care plan reviews which were undertaken every month. These meetings included staff, residents and family members.

Throughout the inspection we saw that staff were communicating with people at a suitable pace and were relaxed and unhurried in their approach. Where communication may be difficult for a person, communication pictorials were available and were being used. We observed that people were offered choice and were spoken to with respect.

We spoke to people about activities that were on offer and they told us about the day trips out they had been on, they especially enjoyed going to the day club once a week. One person told us " we get to have a good old chat and see different people ". During our visit several people were having their hair done by the visiting hairdresser. They told us how much they looked forward to them coming each week.

We spoke with the manager and senior staff members and reviewed information provided to us. We noted that there were opportunities for people to enjoy trips to the New Forest and other community events. We saw that there were regular residents meetings where people were involved in decision making such as what trips out they would like to go on and menu planning. They had all recently been involved in celebrating the managers twenty five years at the home and there were photographs of the party displayed on the notice boards.

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 they were very happy with the care they received at the home. One person told us " I love it here, everyone is so kind ". Another person told us that they were involved in planning their care and family members had been included when the plan had been discussed.

We saw that people's needs were assessed and care and treatment was planned and implemented in a person centred manner. We reviewed six care plans and noted that plans contained personal information such as GP, next of kin and other family members, likes and dislikes and other information such as hobbies and interests.

We saw detailed initial assessments and individual personal profiles. We noted that these were checked and updated regularly. We saw that individual records contained detailed risk assessment tools in relation to daily living needs. For example, we were told about a person in the home whose shoes had a slippery sole and this made it difficult for them to walk on the carpet. A rubber stick on sole was purchased and placed on the slipper and the footwear was made safe for the person to wear.

We saw that care identified in the care plan had been followed and that this was recorded in the daily records. For example, we saw records in the daily notes that linked to the care plan in relation to personal care and one to one sessions with the key worker.

We saw evidence of multi-disciplinary notes and health care appointments in peoples care records. There were notes from an audiologist who had visited that day.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People we spoke with said they felt safe in the home and they would feel able to raise any concerns with the staff. One person said they "felt completely safe" and another person said they "had no concerns" regarding their safety at the home.

We spoke with four members of staff who told us that safeguarding the people in their care was always of utmost importance to them. Staff told us that they would not hesitate in reporting abuse or allegations of abuse to the manager. They were able to correctly describe different types of abuse that could affect the people who used the service. We were told that safeguarding training took place regularly. We saw on the training record that safeguarding training with the local college had taken place and further sessions had been booked for later this year. Training records supported that staff had received the training and also training in equal opportunities and mental capacity. We noted up to date policies for safeguarding people from abuse, whistle blowing and 'No Secrets' were available and staff had signed to say they read and understood these policies.

During our visit we observed bedrails being used whilst caring for a person in bed. Relevant documentation and all procedures had been correctly followed and all forms had been signed and dated by the appropriate persons.

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.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We observed staff at Badgers Holt were always polite and courteous to the people living there, family members and other visitors to the home. We observed that the staff would often stop and talk with people.

There were up to nine members of staff on duty during the day and three members of staff on waking night duty. These figures were confirmed by the staff duty rotas. Agency staff were never used, any unexpected shortage in staff numbers would always be covered by regular staff. One member of staff told us " we are always happy to cover for each other". The manager told us they were proud of this fact because it ensured continuity of care for their residents.

Staff told us that they were supported and encouraged to develop in their role. Evidence was reviewed that showed us that staff received regular supervision and appraisals. We saw that supervision included a range of methods such as mentoring, counselling and keeping up to date with social care changes. We saw detailed training needs assessments which identified staff requests to develop their knowledge of people at the home and an understanding of the policies and the procedures. Training was being arranged at the local college.

A comprehensive training matrix was made available to us and was being developed for this year. It detailed clearly different types of training and had been divided into one off, annual and three yearly training profiles. All training sessions were entered on an index and signed and dated by staff members on completion of the courses.

Assessing and monitoring the quality of service provision

✓ Met this standard

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 meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

During our inspection we looked at and sampled some aspects of the quality assurance systems that were in place.

We saw there was an up to date quality assurance policy and staff had signed to say that they had read and understood this policy.

We noted that the most recent entry in the adverse events, incidents and errors log was dated July 2012, the incident had been clearly recorded, actions taken were logged in detail and preventative measures for the future had been identified and implemented.

Records showed that there were regular and thorough audits such as monitoring of cleaning and infection control, medication checks and checks on equipment. These checks took place either weekly, fortnightly, monthly, quarterly or annually. Lead persons for infection control and manual handling had been nominated and were in place.

The complaints log contained an action form in easy read format that included areas to identify the complaint, date, who made the complaint, what action was to be taken, when by and persons involved. We saw that no complaints had been made.

Service user and relatives questionnaires were given out annually and were last completed on the 12.10.2012. We saw the results were positive.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
