

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

Pippins Residential Care Home

Mead Lane, Preston, Paighton, TQ3 2AT

Tel: 01803525757

Date of Inspections: 26 October 2012
23 October 2012

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2013

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Meeting nutritional needs ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Management of medicines ✓ Met this standard

Supporting workers ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	Mrs Celia Rosemary Griffiths
Registered Manager	Mrs. Sarah Dorling
Overview of the service	Pippins residential home offers accommodation with care and support to up to 21 older people. Nursing care is not provided by the service. This service is provided by community nurses working for the local primary care trust.
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 23 October 2012 and 26 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 and talked with staff.

What people told us and what we found

People living at Pippins said that this was their home. They felt respected and that their independence and privacy were promoted and valued. They said they were well cared for and felt safe. One person said "Its marvellous here, the staff are lovely, my room is just how I like it and I am very happy".

People enjoyed their social lives and could choose how to spend their days. People told us they enjoyed the range of activities offered and were involved in the planning of these.

Medication was well managed at the home.

Staff demonstrated a good understanding of how to protect people from abuse. People's health and welfare needs were well met. Risks to people's health and wellbeing were identified and plans were in place to manage these risks. People's needs were met by staff who were skilled, trained and who received supervision. Staff were described as "very kind", "great fun" and "just lovely" by people living at the service.

No complaints had been received by the service but there was a robust procedure in place if needed. People said they knew how to complain and felt satisfied complaints would be dealt with appropriately.

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

When we visited Pippins we spent time talking to people living at the home and staff. We observed the care that was being delivered. This was to help us make a judgement about how well people were involved in making choices about their care, and whether their dignity was respected.

People told us they were able to make choices as part of their daily lives and staff respected their wishes. During our inspection, we observed staff offering choices to people throughout the day. For example people were asked where they wanted to sit and what they would like for lunch. We saw that people were able to decide where to spend their day. We saw some people liked to sit in the lounge. One person liked to spend time choosing their library books, another liked to go out the front door and into the garden. Others chose to stay in their bedrooms. We saw that staff respected those decisions. One person said "I enjoy my day, I can decide what to do and there is always something to do or someone to chat to".

People who lived at the home told us they could eat their meals where they wanted to, but this was usually the dining room. They told us they had a choice of food at meal times and that the food was really good. People told us that if they didn't want what was on the menu for lunch they could have something else. We saw one person enjoying an omelette for lunch as an alternative to fish which was the main meal was being offered. They told us that they were always given a choice and that staff would "bend over backwards" to give her something else to her liking.

We looked at the assessments for four of the people who lived in the home. We saw that they all contained detailed information about individual likes and dislikes. They were clear about the level of support people needed and what they could manage on their own.

We saw evidence that people or their representatives had been involved in completing their care plans. This meant that people could contribute and have their say about how they were supported. One person was talking with a member of staff about their care plan, it was being explained to them and their needs discussed. We saw that in the records there was information about people's life history, which was important as it helped care

staff understand people's behaviour and choices in the context of the life they had lived.

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 their health was promoted. They said that their care workers called their doctor when needed and in a timely manner. They said they saw professionals such as the dentist, chiropodist and optician. Records confirmed this. We saw that staff made appropriate referrals to healthcare professionals such as the district nurse and the dietician. We observed staff supporting people to move around the home at a pace that suited each person.

The people we spoke with told us that they did not need a lot of help with their personal care. However, they said that they felt well supported by staff and that there was always someone around to help them if they needed anything. Everyone we spoke to was very happy at the home. One person told us that they had gone to the home just for a short stay and had liked it so much they decided to stay , she said "It's just lovely here".

We looked at the care records for four of the people who lived in the home to find out how the home had assessed their health and personal care needs, and how they planned to meet those needs. Each person had a comprehensive care plan relating to their care and support needs.

Staff told us they were made aware of any changes to people's needs when they came on duty by staff who had worked the previous shift, and by reading people's care plans. We saw evidence that care plans were regularly reviewed and updated as people's needs changed.

We saw that there was a relaxed and friendly atmosphere in the home and staff were observed to relate well to the people living there. We saw staff having fun with some people in the lounge doing armchair exercises, there was a lot of laughter and everyone enjoyed it. One person told us "we do our exercises every day it keeps us moving".

A range of activities were arranged at the home including trips out. A group of people sat in the lounge told us how much they were looking forward to a trip to Dartmouth which was planned for the following week. They told us " there is always something going on but you can choose if you want to take part, its up to you".

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We observed lunchtime at the home. People were sat around four different tables in the dining room. Each table was laid out in an attractive way. People were enjoying chatting with each other and with staff before lunch was served. Everyone we spoke to told us the food was very good. One person we met was looking forward to a piece of fresh John Dory fish which had been brought in by a member of staff as a treat. Other people were having cod and chips and a homemade pudding. One person said "the food is always good".

We saw that people had access to drinks at all times of the day. There were jugs of juice available for people to help themselves from in the communal areas. There was also a variety of sweets and fresh fruit available.

We saw records which showed that nutritional assessments and dietary assessment had been performed. This meant that staff identified which people were at risk of malnutrition or in need of a special diet.

The kitchen was well managed with cleaning schedules and safety checks in place. The cook uses the audit tool Safe Food Better Business as a way to ensure safety and cleanliness in the kitchen was upheld. This year the home was awarded a five star rating for food hygiene by the local council.

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

Our judgement

The provider was meeting this standard.

People who use 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

During our visit we heard staff speaking with people in a respectful and caring way. We saw staff interacted with the people they supported and providing opportunities for the individuals to talk with them. People appeared relaxed and comfortable in their interactions with staff. People said they felt safe, one person said "they look after me well".

The staff that we spoke with told us that the home had a policy relating to safeguarding people and that it told them what to do and who to contact if they had any concerns. Staff were able to tell us about different types of abuse and what they would do if they suspected abuse was occurring. Staff told us and training records confirmed that they had received training on safeguarding vulnerable people.

The owner told us that there was no-one living at the home that was subject to a deprivation of liberty authorisation. We saw no evidence to show that anyone living at the home was being restrained or had their liberty deprived without an authorisation.

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines

Reasons for our judgement

We saw that the home used a Monitored Dosage System (MDS) to administer medications. This system was one where each dose of a person's medication was packaged individually. This enabled staff to easily identify when a particular medication has been administered. We saw that the records for each dose of medication were accurately maintained. We saw that staff signed the Medication Administration Record (MAR) sheet after each dose was given. Each sheet had a photograph of the person who was receiving the medication so they were easily identifiable.

We saw that medications were appropriately administered at lunch time. We saw that medications were stored securely. Staff told us and records confirmed that only staff who had been appropriately trained were able to administer medication.

We saw that the home had a 'Homely Remedies' policy. This is a list of medications, approved by the GP that staff can administer to people living in the home without consulting the GP. The list included 'over the counter' medications such as those used for pain relief and indigestion.

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

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

Staff told us that Pippins provided them with a thorough ongoing training programme. This included mandatory training such as First Aid, Food Hygiene and Health and Safety. It also included additional specialised training which related more directly to the individual needs of people who lived in the home such as dementia. Staff confirmed that they had received training that helped them meet the needs of people living at the home. We saw training records that confirmed this.

Staff that we spoke with demonstrated a good awareness and understanding of people's needs. They were able to describe people's personal preferences in the way they received care as well as displaying a good knowledge of their individual needs. The people we spoke with said that the staff had the skills they needed to look after them. One person said "The staff are really good, they work hard and help me with everything".

During our visit we were able to talk with staff and observe them while they provided care and support to people who lived at the home. We also looked at the ways that staff who worked at the home were trained and supported. We heard staff speak with people in a kind and respectful manner and we saw them respond promptly, discretely and sensitively to people when they asked questions or needed help. People told us, " They are always there if needed, I never have to wait".

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

The manager had a very positive attitude to complaints. The home had not received any formal complaints in the past twelve months but they were able to illustrate the responsiveness of the service in response to smaller concerns or "grumbles". If an issue arose the manager said she would speak with the person within the same day to try and resolve the problem. She said any comments or complaints would be dealt with in a sensitive and timely way.

People told us they knew how and to whom to complain and had written confirmation of this in the "welcome pack" given to them upon admission to the home. One person said " I would speak with Sarah (the manager) she would sort any problems out". We saw the complaints procedure within the policy folder and displayed on the wall in the hallway.

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

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