

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

Derriford House

Pinewood Hill, Fleet, GU51 3AW

Tel: 01252627364

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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
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Derriford House Limited
Registered Manager	Mrs. Mihaela Paduraru
Overview of the service	Derriford House is a care home that is registered to provide care and accommodation for up to 34 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 5 December 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

During our visit we saw that people were being treated with dignity and respect and people's independence was encouraged. People were spoken to in a respectful way. People we spoke with told us that the staff were easy to talk to, approachable and helpful, and that their privacy was respected whilst they were supported to maintain their independence. One person told us "I think the staff are lovely here - I can't complain. They are very good and if I was not happy I would tell them".

People chose how to occupy themselves in the service. We observed that people were spending time in the communal areas watching television and reading. During our inspection we observed people spending time in their bedrooms watching television and spending time with their family writing Christmas cards. We observed staff spending the majority of their time with people who used the service. They frequently checked on them to ensure they were alright when spending time on their own.

We saw staff supporting people to make their own choices about what they had for lunch and what activities they took part in. Staff knew exactly how each person communicated which meant people's wishes were understood and respected. One person told us "It is very nice here and I am very happy. They look after us well, they know what is important to us and what we like to do".

A member of staff told us "it is very nice here and I am very happy - I love my job. I love being here and the difference we make".

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.

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

Staff we spoke with told us that the provision of care at the service was developed around the individual choices of people living there. This also included people's choices about the range of activities offered in the home, such as exercise sessions, music groups and craft parties. People were supported to attend activities in the community which included going to Church, attending garden centres and shopping trips.

We looked at three care plans that had been developed for each individual. The care plans were person centred and evidenced how people liked to spend their time and how they liked to be supported. The care plans also included how people liked to be referred to and evidenced people's wishes including what times they liked to get up and go to bed. The manager confirmed that people were involved from the beginning which ensured that the care plans met their needs.

A member of staff told us "we speak to them and encourage them to do as much for themselves as they can. If they can do it themselves we should encourage them and promote it. It is all about communication and following each person's wishes".

Care plans included 'person centred care' records that provided an overview of each person's history. The plans detailed important information about them including things they enjoyed through their life and how staff could support them to continue to achieve each area.

People confirmed that the staff spoke with them daily to ensure their care needs were met and they were able to review and change their care plans at any time. Care plans were reviewed with people monthly. People confirmed that staff asked their opinions about their care and they felt confident that they could change anything they wanted.

Care plans were kept in people's rooms and the manager confirmed that this meant they could view the information in their files at anytime. The manager told us "we encourage people to make decisions about their care. We always ask them. We discuss the care plans and involve them fully in the review process to ensure they are happy with what we are doing".

Care plans evidenced that there was involvement from family in supporting staff to create care plans that met each person's needs. During the inspection we saw that people were being spoken with and supported in a sensitive and respectful manner. When we spoke with staff they confirmed that they promoted independence and encouraged people to do as much as possible for themselves.

We saw that staff interacted well with people when they were supporting them. We saw that staff were knowledgeable about people's needs and preferences. We found staff were respectful and maintained people's dignity, privacy and independence. For example staff knocked on people's door before entering and they checked on how they wanted their care to be provided before doing so.

All doors to people's rooms were kept open to ensure people with mobility difficulties could move freely through the house. We saw that staff keep doors shut when delivering personal care and talked to people throughout, updating them on what they are doing.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at three care plans that were personalised and detailed people's individual needs and preferences. There were 'wishes and needs' sheets that detailed how each person liked to be supported, what was important to them and actions to be taken to improve their lives. This meant staff members understood how people expressed their needs and wishes about how they wanted to be supported with their care. Care plans included up to date risk assessments.

During the inspection staff explained how they assessed the needs of people in the service. Staff confirmed that they developed the care plan by talking to the person using the service and also gained information from family, friends and professionals. The care plans showed that family and health professionals were involved in writing the care plans to ensure routines were maintained and support was person centred.

Daily reports were completed during each shift and included any observations throughout the day and any actions taken. These evidenced people received support and care that was specific to their needs and wishes. Records we looked at, discussion with staff and observations showed that people's wishes were respected and acted upon.

Care and treatment of people using the service was planned and delivered in a way that was intended to ensure people's safety and welfare. Each person had a section in their care plan which evidenced regular contact with medical professionals. This helped to ensure health care professionals knew about the needs of the individual. There were also sections at the back of each care plan that evidenced visits to health professionals, sickness and falls. Incident reports were completed for all episodes of falls and the records we looked at evidenced that they were monitored and actions taken.

During the inspection we viewed the falls register file that was completed each time a person using the service suffered a fall. We viewed copies of completed forms that evidenced the date, time and location of each fall, the cause of the fall, any injuries sustained and the action taken to stop it from happening again. The manager also completed monthly reviews that looked at the number of falls that occurred the previous

month, any changes in weight and any action required to minimise the risk of it happening again.

Each time a person using the service suffered a fall, the manager completed a post fall assessment. During the inspection we viewed copies of completed forms that were detailed and included assessment around changes in mobility and movement, observations of the person and the actions taken. These forms were sent to the person's local doctor to ensure that they were kept up to date with any changes and were involved in implementing changes to minimise the risk of it occurring in the future.

Discussion with staff evidenced that they were aware of the home's incidents and accidents process and confirmed that it was reviewed by the provider following an incident. All reports were cross referenced with people's care plans. The incident and accident reporting procedure was reviewed in January 2013.

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

Medicines were prescribed and given to people appropriately. We looked at three care plans that contained assessments around medicine and provided detailed information around the medicine required by each person. The medicine information sheets provided information around the person's needs, any allergies, the aims and objectives of the medicine, a list of their medicine and any changes in their care needs. In the three care plans we looked at, people had consented for the care staff to administer their medicine. This meant people were consulted and involved in the decision about their medicine.

We saw that there were detailed records relating to medicine which included; how they were stored, how they were ordered and audited, the support the individual needed to ensure they received their medicines correctly and the details of what each medicine was for and any side effects.

During the inspection we reviewed copies of completed records around the storage of medicine. The temperatures were recorded twice a day and were signed by staff to show they had been completed. However, the provider may wish to note that the records seen for January to December 2013 showed only one check being completed each day. There was also evidence that temperatures were not being checked on two occasions each month.

We saw there was a process in place for missed medicine that the staff followed. For one person this was reported to the manager and this was dealt with appropriately. The manager told us that a full medicine audit was completed each month that looked at the medicine received for each person using the service and compared the amount received against the amount taken to ensure that stock levels were correct.

Appropriate arrangements were in place in relation to obtaining medicine. A monthly medicine audit was completed that looked at the records kept, storage, disposal and ordering of medicine and included observations of staff administering medicine. During the inspection we viewed copies of completed audits that evidenced action had been taken including disciplinary action being taken to address concerns with individual staff, including additional training.

We looked at completed medication administration (MAR) records for 30 people that were fully signed by staff with no gaps. However, the provider may wish to note that the records for four people showed gaps in the medicine that was administered on the day of the inspection. During the inspection we observed the senior member of staff administer the medicine although records showed that this was not recorded on the MAR records.

The medicine information was typed which ensured that it was clear and easy for staff to follow. There were copies of prescriptions kept separately which included the date of issue, review date and information in relation to the prescription. This meant that medicine was prescribed, recorded and given to people appropriately.

We also saw evidence that any errors in relation to medicines, such as a missed dose, were recorded as an incident, reported to the local safeguarding authority and an action plan put in place. This ensured people were better protected.

There was a medication policy in place that was reviewed in January 2013. The policy provided information around regulations, administration, recording and stated guidelines that staff had to adhere to around storage, dosage and tampering with medicine.

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 were observed being supported by staff throughout the day. We reviewed the staff rota and saw that there were five members of care staff plus the manager and operations director on duty during the day from 7am until 2pm. The late shift showed three members of care staff on duty from 2pm until 10pm and the night shift consisted of two staff members from 10pm until 7am. A member of staff told us "the staffing levels are fine here - there is always someone able to cover at short notice. I always feel that we have enough staff here. We get time to spend with the residents and have a laugh and talk to them".

The manager told us that planned and unexpected absences were covered by members of the team as overtime and cover was also obtained through bank and agency staff. Rotas were distributed six weeks in advance to allow time for cover to be put in place and were also displayed in the office.

During the inspection we looked at the training matrix that evidenced all staff received mandatory induction training. The induction training included manual handling, infection control, fire safety, dementia awareness, safeguarding, health and safety, medication, person centred care and pressure care. This ensured staff on duty had skills to meet people's needs.

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 receive.

The provider had 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.

Reasons for our judgement

The manager confirmed that monthly meetings took place between the manager, the owner and the operations director. During the inspection we viewed copies of minutes from meetings held between January and November 2013. Meeting minutes evidenced discussion around people who used the service, staffing levels, audit report findings, safeguarding, training and incidents.

The owner attended the service monthly to complete a quality assurance audit. We saw copies of the latest audits which were detailed and covered all the relevant areas including infection control, health and safety, medication and staffing. From the audits action plans had been created for the manager and staff to implement in the service. There was evidence of action taken by the manager and staff to address any areas identified in the assessment.

The manager and staff confirmed that all care plans were reviewed monthly and it was evident from the three care plans we looked at. When looking at the care plans for three people we found that these were reviewed recently and updated. The monthly care plan evaluations covered several areas including physical health, mobility, emotional needs, medication, personal needs and risk.

The provider took account of complaints and comments to improve the service. There was evidence of compliments, comments and complaints being reviewed by the manager. A complaints procedure was available and displayed in a prominent place. During the inspection we looked at a selection of cards and letters from people who used to live at the service, those still living there and their family and friends. All the comments were positive and highlighted the quality of the service. One card said "you have managed to generate an environment which is warm, comfortable and stimulating. We appreciated it when you received mum back from hospital earlier than was easy for you and then the purchase of the air mattress - small but significant examples of your modus operandi" and another read

"thank you for all the care and kindness and for all the love you showed our mum - you are all definitely my heroes".

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Quality assurance questionnaires were completed annually by people using the service and separate questionnaires for family, friends and professionals. During our inspection we saw questionnaires that had been completed throughout the year and the manager confirmed that they had reviewed the results and implemented the changes required. We saw that changes had been made including changes to the menus, redecoration of bedrooms and the replacement of bedding.

There were risk assessments for each person using the service and for issues relating to the home environment. Staff confirmed that risk assessments were reviewed and updated regularly to ensure the safety and wellbeing of people who use the service.

Policies and procedures were reviewed in January 2013 and were in place for the delivery of the service which ensured the safety and wellbeing of staff and people who used the service.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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