

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

## April Cottage Retirement Home

54 Belvoir Road, Coalville, LE67 3PP

Tel: 01530451452

Date of Inspections: 06 August 2013  
05 August 2013

Date of Publication: August  
2013

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safety, availability and suitability of equipment</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	April Cottage Retirement Home
Registered Managers	Mrs. Gaynor Borland Mr. Ian Borland
Overview of the service	April Cottage is registered for 12 older people. It has limited off street parking but is close to Coalville town centre and public transport. The accommodation is over two floors and the rooms on the first floor can be accessed by a passenger lift.
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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 August 2013 and 6 August 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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People told us that they felt involved in their care and support and we saw evidence in people's care plans that they were consulted regularly about their care. People also told us that the staff were "brilliant". "I would recommend this home. It is lovely here."

People had the equipment to support their independence and people using the service said they felt they had the equipment they needed to be safe.

We saw that the provider took steps to monitor the care and ensure that staff had the training they needed to maintain the high standards set by the provider. "I feel listened to and I know who to speak to if I have a problem." "This is a home from home."

People told us they knew who to speak to if they wanted to complain. "I would speak to Ian (the provider) or Gaynor (the manager) if I wanted to complain but I have nothing to complain about."

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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### 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 and spoke with five people using the service as well as two staff members. We saw that each person was assessed prior to moving to the service and that care plans were created to ensure staff had the information they needed to care for people. We spoke with the provider who told us that when they assess people they ensure that the staff not only have the skills to meet the person's needs but that any prospective person would get on with other people using the service. This means that service is able to provide a positive environment that is homely and calm for all people. Staff spoken with were able to describe how they supported people and what their role was as a key worker to ensure their safety and wellbeing. People told us that they were very happy with the support they received at the home. "It is brilliant here." "You only have to ask and staff will help you." "It is a real home from home here."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that people were risk assessed for activities of daily living and that their mobility and pressure care was assessed to ensure they remained safe. We also saw that where people were at risk of not receiving sufficient fluids or nutrition that this was monitored. However the provider may wish to note that where these charts are put in place an ideal amount could be included, for example a person should aim to drink 1500 to 2000 mls of fluid a day. We also saw people were asked how often, if at all, they wanted to be checked during the night. We looked at diary notes and these did indicate that people were checked during the night but not how often. The provider may wish to note that recording what time people are checked could be useful, particularly if the person were to become unwell.

People's care and treatment reflected relevant research and guidance. We spoke with the provider who told us that he and the other managers all kept up to date with new practices by reading trade journals and regular training. This ensures that people using the service benefit from a management who are aware of new thinking in working with older people.

People who use services were only deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards. Staff receive training for Deprivation of Liberty and the provider is aware of the need to make referrals where they believe they need to deprive someone of their liberty if it is their best interest. People spoken with told us that they were supported to access the local community such as visiting local clubs and going out with their relatives. This ensures that people have their best interests supported.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

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**Reasons for our judgement**

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People were protected from unsafe or unsuitable equipment because the provider ensured all equipment was serviced regularly. We looked at records that showed the provider kept all equipment maintained and safe for use.

There was enough equipment to promote the independence and comfort of people who use the service. We saw that some people needed equipment in their care plans such as bed rails and pressure mats to maintain their safety. We looked to see if those people identified as needing equipment had access to it. We found that people had the equipment they needed and staff told us that there was never any problem with the provider getting equipment people needed to make them safe and support their independence.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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Staff received appropriate professional development. We looked at staff training records and saw that staff were offered a wide variety of training. This included mandatory training such as safeguarding vulnerable adults as well as infection control and basic nutrition and hydration. This means staff have the skills necessary to do their job. The provider told us that he and the other manager took part in all the training to ensure it was of good quality and so they could ensure that staff had understood it when they completed it. This means that staff not only attend training that develops their abilities but that the provider ensures that they understand the relevance of the training in their work.

Staff were able, from time to time, to obtain further relevant qualifications. Training records showed that staff received on going training for different aspects of their work. The cleaners were supported to attend National Vocational Qualification level 2 in cleaning and care staff were supported to obtain their qualifications in care. This ensures that staff have the qualifications they need to do their individual roles. People using the service told us that they felt that the staff really knew what they were doing and they were confident in their approach. We spoke with one relative who told us he felt that staff knew what they were doing and were well trained.

The provider had worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well. Staff spoken with told us they had good access to training and felt supported in their supervision sessions to discuss ongoing training 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

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### Our judgement

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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.

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### Reasons for our judgement

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People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We spoke with the provider about how he ensured the quality of the service was maintained, he showed us the results of the most recent quality survey this looked at daily life within the home. He told us this was also carried out at regular intervals amongst relatives as well as people using the service. There were many positive comments from people using the service and their relatives. The staff team were described as being very welcoming and supportive. People we spoke with told us that they felt listened to and that nothing was too much trouble for both the staff and the provider. We spoke with staff who told us that there are regular staff meetings that look at how things can improve and keep staff up to date with changes. Staff also told us that the provider ensures that regular maintenance and audits of the service take place to ensure the home is run to a good standard.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. It was clear from care plans we looked at that only senior staff assessed people prior to them coming to the home ensuring that when people did move to the home that staff could meet their needs appropriately.

The provider took account of complaints and comments to improve the service. We spoke with people using the service and they all knew who to speak to if they were unhappy or felt they needed to complain. However everyone we spoke with told us "I have never needed to complain, they are so good here." We saw in the most recent survey where someone had made a comment about their care we also saw that the provider had investigated making the changes and had acted on those suggestions. This ensures that people using the service feel listened to.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

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**Reasons for our judgement**

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People were made aware of the complaints system. This was provided in a format that met their needs. We asked the provider where copies of the complaints procedure were kept, we were shown a file with information about the service including the complaints procedure. This was stored in the lounge area. The provider told us that this file had been created following a relatives meeting, as people said they hadn't known where the information was. This shows that the provider is responsive to people's views and suggestions. The provider also told us that people were given information about the complaints procedure when they first move to the service, there is also a copy on the notice board as visitors enter the home. This ensures that people using the service have access to the procedure.

People were given support by the provider to make a comment or complaint where they needed assistance. People spoken with said that they knew they had a key worker and could talk to them as well as directly to the provider. They felt supported to talk about their care and needs and any concerns. Staff spoken with, who were key workers, said they spent time talking to people using the service to ensure they were happy and supported.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. People we spoke with said they had not needed to complain whilst living at the home and the provider confirmed that they had not received any complaints.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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