

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

Taptonholme

14 Taptonville Crescent, Sheffield, S10 5BP

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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
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Taptonholme Limited
Registered Manager	Mrs Karen Walker
Overview of the service	Taptonholme is owned and managed by Taptonholme Limited a registered charity and registered to provide accommodation and care for up to 19 older people. The home has 18 bedrooms located over four floors with stair and lift access. Half of the bedrooms have en-suite bathrooms. There are communal seating areas and a dining room
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 30 October 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, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke to four people who use the service and two relatives. The people who use the service were very happy at the way that they were being cared for and the two relatives were happy at the care given. Comments included "The staff are marvellous and the food is good".

"Absolutely superb" and "Excellent care". A relative commented "The consistency of care is commendable". We found that the staff were supported and well trained to provide care to people who use the service.

We observed that the home had a happy and relaxed atmosphere and it was clean and tidy. We found that individual preferences were catered for and that people using the service were treated with respect and dignity.

We were told by the people using the service and their relatives that they would feel comfortable in approaching staff with any concerns they had. People using the service and their relative's felt that they were involved in their care and were kept informed of any changes.

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

Reasons for our judgement

We spoke with four people who lived in the home and they told us that they were very happy there.

We asked how people spent their day. One person told us that they liked to go for walks when the weather was suitable another liked to take part in the activities in the home.

People told us that they had recently been on a trip to the zoo which they enjoyed, Other people told us that staff took them on trips into town.

People told us that that they had a choice of food and they could get up and retire to bed when they wished. We saw from the daily care plan that one resident stayed up till the early hours to chat to staff as they were not tired.

We spoke to one relative who told us that staff involved them in the planning of care for their relative and that they were always consulted in advance of any changes.

The home had a pleasant and relaxed atmosphere and we saw that people who use the service were treated with dignity and respect and that their individual needs were catered for. They were assisted in making choices and we saw that staff were patient and kind in helping people make decisions.

We looked at the four care records of the people we had spoken to and saw that their individual preferences were recorded. These included likes and dislikes relating to food, activities and their routine before going to bed. We saw that that the plans had been signed by the people who use the service or their relative to confirm that the plan had been agreed with them.

We looked at a number of bedrooms including those with en-suite facilities and found that they were personalised with furniture and family photographs. They were clean, tidy and

free from any odours.

We spoke to two relatives who were aware of the relatives forum that is held on a yearly basis. This is chaired by the chairman of the trust and is an opportunity for relatives to discuss any issues relating to the running of the home.

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

We spoke to four people who use the service. The comments we received included "Staff are marvellous" and "Staff are very good". All the people we spoke to felt that their needs were being met and they were being well looked after.

We spoke to two relatives who told us that they were very satisfied with the care that their relatives were receiving. Comments included "The care is excellent" and the "Staff are absolutely superb".

We looked at the care plans of four people who use the service and found people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Assessments contained a comprehensive social and medical history. These included nutrition, foot care, mobility, continence, skin care and likes and dislikes. All the care plans we reviewed were updated on a monthly basis.

We saw that all four care plans recorded risk assessments. These included the use of the relevant risk tools, to assess falls, nutrition and continence.

A record of fall's over the last twelve months were in the care plans. An agreement with the service user and relatives was included regarding the actions to be taken to prevent further falls.

We saw that people were referred to health care professionals for their continuing care and the visits were recorded in the care plans.

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

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We found that all areas were clean and tidy and were free from odours.

We spoke to the two housekeepers who worked at the home. Both had obtained a National Vocational Qualification (NVQ) Level 2 in housekeeping and they had both undertaken a Infection control training programme by an accredited external body. We saw a daily cleaning rota and a three monthly deep clean rota. Both outlined a clear and detailed programme of cleaning for all areas and we found the cleaning rota to be fully completed and up to date

We were shown a comprehensive range of equipment and cleaning fluids that were used to maintain cleanliness and reduce odours. We were shown the correct protective clothing available during cleaning and clear instructions were available on which substance to use on the different surfaces to minimize cross infection.

The cleaning fluids were recorded in the Control of Substances Hazardous to Health (COSHH) file indicating their toxicity and precautions to be taken when using them.

The housekeepers outlined the colour coding system which identified the appropriate cleaning equipment to be used in specific areas to reduce cross infection. They were aware of the colour coding system used in the collection of laundry to ensure that it was washed at the correct temperature reducing the risk of cross infection.

We reviewed the Cross Infection file. We found that it included the Health Protection Agency policy on the 'Management of outbreaks of infectious diseases in Residential homes'. Contact details of the Health Protection Agency and the local community infection control nurse were also available. The four members of staff who we spoke to told us that they had undertaken infection control training. We saw the relevant certificates in the Infection Control file.

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 found that all medications were stored securely to keep people safe.

People told us that staff helped them with their medication which was their choice. Their comments included, "The staff help me with my medication which is very good" and "The staff never forget to give me my medication".

We observed a senior care worker administering the morning medicines. We saw that medicines were given to people out of a pot and the member of staff stayed with the person until they were sure they had taken their medication. We looked at the medication administration records (MAR) for two people. We found that MAR sheets had been signed by a member of staff administering the medicines.

We examined the personnel file of the senior care worker administering the medicines. We found that they had certificate in the management of medication's.

We found that some people at the home were prescribed Controlled Drugs (CDs). We saw that there were systems in place to handle and administer CD's in a safe and appropriate manner. We found that the home had a CDs register and suitable storage for CDs. We examined the CDs register and found that two members of staff signed for each administration in line with safe procedures. The keys for the CDs cupboard were kept by the manager or in their absence the most senior person on duty.

We found that there were arrangements in place in relation to obtaining medicines. When a medication was prescribed by the General Practitioner (GP) a fax was sent to the local Pharmacy. If a medication was requested after normal working hours the Pharmacy would deliver up to midnight the same day.

The manager told us that a monthly audit of medications was undertaken by the community pharmacy and that the medication for people who lived at the home was reviewed every six months by the GP. We examined the care plans of four people and found this to be the case.

We found there was a policy in place for the safe disposal of unwanted medication which was returned to the pharmacy.

All but one of the residents receive their medication from staff. The person who was self-administering had a choice of when to take their night sedation. This was monitored closely by members of staff.

We found policies in place to take into account relevant guidance and alerts about medicines management

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

We spoke to four people who use the service and two relatives. The people that we spoke to told us that they were very happy living in the home. We received comments such as "It's very good here everybody get's on very well with each other". "It's really nice to live here". Comments from relatives included "Staff are very caring". "There is a consistency of care which is very good". The relatives also told us that the staff were approachable at all times.

The manager told us that staff received regular mandatory training. We spoke to four members of staff. They told us of the mandatory training that they had received. This included moving and handling, food hygiene, fire, infection control and safeguarding. We looked at the relevant personnel files which demonstrated that staff had been provided with this training.

A paper system was in place in each of the files we looked at which gave a comprehensive list of all training undertaken including the date when the training was undertaken and the date of the next training session which was usually every twelve months

The staff spoken to told us that they received regular one to one staff supervision by the manager. We saw evidence of this in the personnel files we looked at. They felt well supported and would have no problems in approaching the manager with any concerns they had.

The staff we spoke to were knowledgeable about the people they cared for. We were told that opportunities were available if they wished to develop their skill's.

We found that the four personnel file's we examined contained interview records, supporting references, contracts of employment, proof of identity and copies of the CRB certificate.

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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