

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

Badgers Holt Residential Care Home

Butts Ash Lane, Hythe, Southampton, SO45 3QY

Tel: 02380849310

Date of Inspection: 11 October 2013

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

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Mrs T Rayner
Registered Manager	Mrs. Diane Younger
Overview of the service	Badger's Holt Care Home provides accommodation and support for up to 25 older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Management of medicines	7
Requirements relating to workers	8
Complaints	9
Records	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 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

Risks associated with the provision of care and support had been assessed, for example in relation to mobility and falls, nutrition and weight. The records showed that any concerns were followed up and that appropriate action was taken.

During our visit we inspected the storage and records of medicines held in the home. We saw that all medicines including controlled drugs were stored in a locked cabinet. A controlled drugs register was used for recording the administration of controlled drugs. This meant that drugs were stored safely and appropriately recorded.

Appropriate checks were undertaken before care workers began work. We looked at the personnel records for four care workers. These confirmed that they had been interviewed, that references had been requested and that the provider had completed appropriate background checks before they started work at the home.

The service had clear procedures in place to deal with any complaints or comments. One relative said "It's an excellent home, a brilliant home, it's first class". Another relative said "The staff are so caring, I couldn't recommend it highly enough".

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

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

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 with three members of staff, two people that used the service, looked at three people's care records and spoke with three relatives.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records of three people who used the service. Each person had an assessment of their needs and a care plan, including risk assessments. The records contained information about people's health and social care needs and daily notes showing how the care and support was delivered. There was evidence that people or their representatives were consulted about their care and that reviews took place to ensure that people continued to receive appropriate care, treatment and support.

We saw that people's health needs were monitored. For example, records showed that staff regularly checked people in the home for pressure ulcers and skin break down. The registered manager explained that they had suitable arrangements in place to support people who required pressure area care. For example, a district nurse visited and treated people in the home. Records demonstrated that people had been checked on a daily basis. One relative we spoke with said "She is not at risk of skin damage but they check her on a daily basis anyway". We spoke with one person who explained that many different medical professionals visited the home. They said; "The staff do call the doctor to come and check to make sure that people are ok". Another person said; "They look after people well here."

Risks associated with the provision of care and support had been assessed, for example in relation to mobility and falls, nutrition and weight. The records showed that any concerns were followed up and that appropriate action was taken. We spoke with one relative who explained that they were impressed with the ongoing reviewing of care in the home. They said; "I am often asked for my thoughts and suggestions when it comes to the reviews. I know my mum has a review once a month". Another relative said "They assessed my mum properly, I have confidence in that".

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

During our visit we inspected the storage and records of medicines held in the home. We saw that all medicines were stored in a locked cabinet. A controlled drugs register was used for recording the administration of controlled drugs. These are medicines which may be misused and there are specific ways in which they must be stored and recorded. The controlled drugs register at this service included a record of drugs administered and of the stock held. Controlled drugs (CD) were stored separately in a controlled drugs cabinet which was secured to the wall. We checked the records in the CD register against the medication stored in the CD cabinet and found these to be correct. This meant that medicines were kept safely.

We looked at the medicine administration records for three people that lived in the home. These had been fully completed and all medication administration records were kept securely. Records were kept when medicine was refused by people or not required. We also found that reasons for administering medicines, prescribed to be taken as required, were clearly documented. This meant staff kept accurate records of the medicines people had been supported to take. There was a clear procedure in place for the storage and disposal of medicines that were no longer required or out of date. This ensured that medicines were disposed of appropriately.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before care workers began work. We looked at the personnel records for four care workers. These confirmed that they had been interviewed, that references had been requested and that the provider had completed appropriate background checks before they started work at the home. We saw that care workers had completed application forms. The application forms provided details of people's employment history with reasons for leaving their previous jobs. Staff were asked to account for any gaps in their employment history. This helped the provider to ensure that potential care workers were of good character.

The personnel records for care workers contained evidence of the interview they had undergone prior to appointment. Interviews were appropriately conducted and staff were asked a standard set of questions. Care worker personnel records included proof of identity, including photographic identification, proof of residency and two references, one of which was from their previous employer. We saw that checks had been undertaken for all new care workers with the Disclosure and Barring Service (DBS).

Care worker personnel records showed that the service had taken note of care workers previous experience and training and there were copies of certificates to verify that training courses had been completed. For example, safeguarding of vulnerable adults and food hygiene. This helped to ensure that care workers had the right skills and experience to fulfil their role. This meant that there were effective recruitment and selection processes in place.

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.

Reasons for our judgement

The service had clear procedures in place to deal with any complaints or comments. The procedure provided contact details about the local authority and the Care Quality Commission. We spoke with a relative who said "I am very happy with the care that is provided in the home, I have no complaints at all. If I did have to make a complaint, I would speak to the manager and it would get resolved". Another relative said "If I was not happy with how something was dealt with then I would contact The Care Quality Commission". This meant that relatives were confident that complaints would be dealt with correctly and that there was appropriate information should people need to complain externally.

We spoke with two people that used the service. One person explained they made the decision to move to Badgers Holt because they were pleased with how their relative was cared for by the staff. They said; "A relative of mine was looked after here for eight years and they really looked after him. Eight years later it was my time to move into a care home. I chose this place because they looked after him so well. I wouldn't want to go anywhere else".

All people and relatives we spoke with told us they had never had to make a complaint. We looked at Badgers Holt's complaints and comments file and found that people were satisfied with the care they or their relatives had received. One relative said "It's an excellent home, a brilliant home, it's first class". Another relative said "The staff are so caring, I couldn't recommend it highly enough".

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Records were kept securely and could be located promptly when needed. We spoke with three members of staff who all told us that people's care records were located safely in the office and told us that they could access the records when necessary. We observed that the office was kept locked at all times when it was not occupied by staff.

People's personal records including medical records were accurate and fit for purpose. All records we looked at provided up to date information and guidance on how best to meet people's care needs. We saw that medical appointments were recorded and that care plans had been updated to reflect changes in care that resulted in medical appointments. For example, a care review showed that one person had a medication review. We looked at the medication care plan and saw that it had been updated to reflect the change. We also saw that staff had signed a record to say that they were aware of the change in care plan.

Records showed that staff had signed a document to say they had read and understood the care requirements of each person that lived in the home. We saw that the provider had retained the latest risk assessments until the new one had replaced it. We saw that the provider had appropriate arrangements in place for the storage of records that were out of date.

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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