

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

T H Russell Charitable Trust

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Date of Inspection: 26 June 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
Meeting nutritional needs	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Staffing	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	T H Russell Charitable Trust
Registered Manager	Mrs. Rowena McDermott
Overview of the service	The home is registered to provide accommodation and care. The home is registered to accommodate 23 people. A passenger lift is available to the first floor. Six self contained flats are connected to the main house and part of the service.
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 26 June 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, talked with staff and reviewed information sent to us by commissioners of services.

What people told us and what we found

One person told us, "Staff come quickly when I ring for them." Another person told us: "When I was ill staff took very good care of me." People's needs were assessed and care was planned and delivered in line with their individual care plan.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People told us that the food was very good. One person said; " Sometimes there is too much on my plate." Another person told us the food was the best they had ever had.

People were cared for in a clean, hygienic environment. People we spoke with told us that their rooms were cleaned each day. One person told us their en suite was immaculate. During our visit we observed staff wearing gloves and aprons when appropriate. All bathrooms had liquid hand soap and paper towels.

There were enough qualified, skilled and experienced staff to meet people's needs. People we spoke with told us that in their opinion there were enough staff to assist them during the day. For example, one person told us that trips out in the mini bus were organised each week and there was always staff to help.

People we spoke with knew how to complain and who to talk to. One person told us, " I would speak with the manager if I was unhappy." Another person told us that the registered manager's door was always open and they could talk to her about their worries.

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 14 of the 21 people living in the home. Staff understood people's care needs, respected their choices and were sensitive to their wishes. One person told us, "Staff come quickly when I ring for them." Another person told us: "When I was ill staff took very good care of me." We observed staff taking time to support people with their care. For example, staff took time to explain to one person why they were walking into the lounge. We saw staff taking time to communicate clearly with one person who had hearing difficulties.

Staff responded quickly to calls for assistance. People we spoke with told us that staff always came quickly. One person said, " Staff understand I only ring when I really need help." People had access to their call bells. We saw each person in their room had a call bell close at hand. Staff told us that they had time to focus on people's care needs and respond quickly.

People could find their way around the home on their own. There were signs on the bathrooms and toilet to assist people with memory problems. The provider may find it useful to note that picture signs can be useful for people who have difficulty recognising words.

People's needs were assessed and care was planned and delivered in line with their individual care plan. We looked at three care records. We found people's needs were assessed before they moved into the home. People were involved in this process. All three care plans we looked at detailed people's needs and how to support them. For example, one person was very anxious and there was clear guidance for staff on how to support this person. Staff we spoke with were knowledgeable about the person's needs. They were also able to tell us the action they took to help reduce the person's anxiety. Another person was at risk of weight loss and there was information both in the assessment and care plan about this. For example, there was guidance for staff to ensure they monitored the person's weight each week. There was also guidance on what to do if the person lost

weight. Staff had been recording what food the person ate each day. The staff were working with health care professionals to ensure the person was eating enough to put on weight. The provider may wish to note that where guidance in the nutrition screening tool stated further advice should be sought from a dietician this should be recorded with the recommendations.

Concerns over risk to people living at the home were assessed and monitored. Where people were at risk of falls their needs had been assessed and further advice sought from a healthcare professional when necessary. Where people were identified as at risk of skin damage, this had been recorded. The care plan detailed what action staff should take to minimise this risk. For example, one person was reluctant to use continence aids. The care plan gave guidance to staff on how to support this person with regular hygiene assistance during the day. There was also information on what staff should do if they noted any concerns about the person's skin.

Staff knew how to support people with communication difficulties. We found that care plans referred to people's needs. Staff we spoke with told us about people's abilities. For example, for one person who had hearing difficulties, care staff told us how best to talk to the person.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were provided with a choice of suitable and nutritious food and drink.

Reasons for our judgement

We received information of concern from a member of the public that people were not supported to eat their meals when they needed support.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People told us that the food was very good. One person said; " Sometimes there is too much on my plate." Another person told us the food was the best they had ever had. We observed lunch. People had chosen their meal and were served vegetables by the staff. People were able to choose how much they wanted. One person told us there was always enough. One person had one to one support to eat their meal from a member of staff. Staff offered encouragement and assisted when they said they were tired.

Drinks were available throughout the day. People had hot drinks mid morning and were offered a choice of cold drinks with their meal. We also saw that people had cold drinks in their rooms and there were drinks available in the lounge.

We spoke with the registered manager who told us they had sat two people together because one person enjoyed their food and the other person did not. They hoped that sitting those two people together would encourage the person who was reluctant to eat. We were told by staff that this arrangement had indeed worked as the person who did not enjoy eating was eating more at meal times. This was evidenced in their care plan and weight record.

One person we spoke with was concerned they were unable to have a light diet. They explained that they felt their plate was usually too full. This person also thought that the meals were predictable each week and there should be more change. They told us they had spoken with the chef about their concerns. They told us in their opinion this had not made a difference. The provider may wish to note that they should regularly ask people about changes they would like to see on the menu.

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

Our judgement

The provider was meeting this standard.

There were effective systems in place to reduce the risk and spread of infection.

Reasons for our judgement

Before our inspection we had received concerns from a member of the public that the home was not clean and cleaning staff were not available at the weekends.

People were cared for in a clean, hygienic environment. People we spoke with told us that their rooms were cleaned each day. One person told us their en suite was immaculate. During our visit we observed staff wearing gloves and aprons when appropriate. All bathrooms had liquid hand soap and paper towels. There was also anti-bacterial hand gel available throughout the home. Equipment we looked at was clean and there was a schedule for checking the cleanliness. For example, mobility aids in bathrooms were clean, hoists were clean and slings were only used by the person named on the sling.

The home had effective systems in place to reduce the risk and spread of infection. We spoke with all three cleaning staff on duty. They told us there were always three of them on duty each day of the week. Cleaning staff were able to explain what they did to prevent cross contamination. For example, they used different coloured mops for different areas of the home. They had all been on recent training on infection prevention. The staff rota showed there was always cleaning staff on duty during the week and at weekends. The staff we spoke with were aware of the home's infection control policy and the Department of Health's publication: The Code of Practice for Health and Social care on the prevention and control of infections. Cleaning staff were able to tell us who on the staff team had responsibility for infection prevention and control. Cleaning schedules were in place and there was an up to date risk assessment.

Staff had the equipment they needed to do the job safely. There were disposable gloves and aprons available for staff to use throughout the home. Staff we spoke with were aware of the need to use different coloured gloves and aprons depending on their role. White gloves and aprons for personal care and blue when handling food. Staff told us there was always a plentiful supply of gloves and aprons. During lunch we observed care staff assisting people with their meals they had the correct colour gloves and aprons on.

People we spoke with said they were happy with the laundry service. We spoke with a relative who told us that all clothing was marked with their name when their family member moved into the home. The laundry room had easy to clean surfaces, the equipment was

well maintained.

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

We received concerns from a member of the public that the home was not staffed to meet the needs of the people living there.

There were enough qualified, skilled and experienced staff to meet people's needs. On the day of our visit there were four care staff on duty, three cleaners, one chef and one kitchen assistant. People we spoke with told us that in their opinion there were enough staff to assist them during the day. For example, one person told us that trips out in the mini bus were organised each week and there was always staff to help with this. Staff we spoke with said there was always enough staff on duty. They also said they covered for each other. Staff told us they had time to spend with people in conversation. Staff responsible for the care and welfare of people told us they only provided for these needs. One member of staff said, "Once we have assisted people to get up and met their personal care needs in the morning we are able to spend time with them in the lounge."

We had received information of concern before the inspection that the registered manager was not available at weekends.

There was always management support available at the home. The registered manager told us that they had an on call system which meant that in the evenings and at weekends there was always a manager available. The home had one registered manager, a deputy manager and an assistant manager. They took it in turns to work care shifts at the weekends. Staff we spoke with were aware of the on call system and knew how to get in touch with a manager when needed. One member of staff said, "I feel very supported by the manager."

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints procedure. In each bedroom there was a folder which contained information on how to complain. The complaints procedure was available in larger print for those people with sight difficulties. People we spoke with knew how to complain and who to talk to. One person told us, "I would speak with the manager if I was unhappy." Another person told us that the registered manager's door was always open and they could talk to her about their worries.

The registered manager told us there had been no complaints made in the last 12 months.

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.

Contact us

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