

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

Ardgowan House Residential Care Home (Mrs Annie Jobson)

4 Middle Street, Newsham, Blyth, NE24 4AB

Tel: 01670367072

Date of Inspection: 18 July 2013

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2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Meeting nutritional needs	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Mrs A Jobson
Overview of the service	Ardgowan House provides accommodation for up to ten people with enduring mental health conditions. Ardgowan does not provide nursing care.
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

We carried out this inspection to check whether Ardgowan House Residential Care Home (Mrs Annie Jobson) had taken action to meet the following essential standards:

- Meeting nutritional needs
- Supporting workers
- Records

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 18 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and talked with commissioners of services.

What people told us and what we found

We found people were supported to be able to eat and drink sufficient amounts to meet their needs. We saw that there was a choice of food available to people and an adequate supply of drinks. People who used the service told us that they liked the food provided at the home. One person told us, "The food is fabulous. I like it."

Staff received appropriate professional development and training relevant to their working environment and had the correct knowledge and information to recognise health issues and to take the appropriate action should people require medical help or intervention.

People's personal records were accurate and fit for purpose because they were up to date and included good detail of people's activities, presentation and involvement from other care professionals.

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

Meeting nutritional needs

✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

At this inspection people who used the service told us they liked the food provided at the home. One person told us, "The food is fabulous. I like it" Another person told us, "Aye, the food is alright. It's not bad."

We saw that there was a choice of food available to people. Staff told us that whilst a cooked breakfast was not provided people were able to select from cereal, toast, fruit and juices, along with tea or coffee. During our inspection we observed people having lunch, which consisted of sandwiches. People were offered a choice of sandwich fillings. The food was presented well and people seemed to be enjoying it.

We saw a choice of meals was offered for tea. In the hot weather people were given the choice of a full meal; in this case pork chop, potato and vegetables or a lighter meal of ham salad. The choices for the day were written on a white board in the hallway and people were able to indicate their preferences. Staff told us that there was usually enough of each choice for people to change their mind if felt like they wanted the alternative choice. Staff also told us that they could make items such as baked potatoes or omelettes, if people wanted something different altogether. One person told us, "You always get a choice of meals."

We examined the home's menu diary and noted that there was a good selection of meals provided and that fruit and vegetables were regularly available. We saw meals and food was regularly discussed at the residents' meeting and suggestions were put forward for new ideas or requests made to have certain meals repeated. There was also discussion about regular trips out for bar meals or pub lunches. This showed that people were involved in making choices about food. The provider told us that whilst they tried and respond to people's suggestions, they also tried to encourage healthy choices and options, where possible.

There was a good stock of fresh and frozen food kept within the home, including homemade cakes. People had access to drinks, as they required them, by asking staff to get them drinks from the kitchen. People could request teas, coffee or fruit squash. In addition, there was a jug of water and glasses easily accessible in the dining room, so

people could help themselves.

Staff told us that no one in the home had any special requirements because of their religious or cultural views or beliefs. There was no one who required assistance with eating and drinking. One person, who had diabetes, was able to make his own choices about food. Staff told us they were aware of his condition and did encourage him to take as healthy option as possible.

We saw that people's weight was monitored on a regular basis and any concerns were raised with the person's general practitioner. This meant any concerns staff had that people may not be eating were appropriately discussed.

We concluded people were supported to be able to eat and drink sufficient amounts to meet their needs.

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

During our previous visit to this service on 13 and 14 May 2013, we told the provider they were not meeting this essential standard. We said, "The provider did not have suitable arrangements in place to ensure staff received appropriate training and professional development, particularly in relation to understanding specific medical conditions." We judged that this had a minor impact on people who used the service. The provider wrote to us to tell us what action they had taken.

The manager told us that since the last inspection all staff had undertaken in-house training regarding diabetes; how to monitor blood sugar levels and the signs and symptoms of high and low blood sugar levels. We saw staff signatures indicating they had attended the session. We also noted that information about high and low blood sugars and the action that needed to be taken had been included on an information sheet in the daily record folder. This was accessible to all staff.

The manager told us that she had also taken advice from the warfarin nurse about issues relating to people taking warfarin. Warfarin is a medicine used to help prevent people getting blood clots. A sheet highlighting the signs and symptoms to look for, in relation to too much or too little warfarin being taken was also available in the daily record folder. Staff had signed to indicate they had read and understood the information.

Staff we spoke with were able to describe the symptoms they needed to be aware of, for both diabetes and people taking warfarin, and the action they would take to ensure the safety and welfare of people who used the service. This meant staff had the correct knowledge and information to recognise health issues and to take the appropriate action. Staff were also able to describe the procedure they would use to monitor a person's blood sugar.

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

During our previous visit to this service on 13 and 14 May 2013, we told the provider they were not meeting this essential standard. We said, "People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained." We judged that this had a moderate impact on people who used the service and took enforcement action against the provider.

At this inspection we examined the records of four people who used the service. We saw that care plans had been updated and now contained specific detail about people's care and any action that care workers needed to take. There were clear guidelines about when additional and medical advice should be sought. Staff we spoke with were able to describe the issues in relation to people's care and their response if they had concerns.

We saw one person was required to have their blood sugars monitored at least weekly or more frequently, as required. We saw monitoring had recently been increased and the reasons for this noted in the person's daily record.

We saw that care plans were to be reviewed every six months. Because they had recently been revised they had not been reviewed. The provider showed us the need for reviews to be undertaken had been noted in the diary.

Weekly meetings were held with people who used the service, by the senior care workers, to assess any needs and check they were happy with the care that had been undertaken. Notes from these meetings were complete and up to date.

Daily records were completed, up to date and included good detail of people's activities, presentation and involvement from other care professionals.

We concluded people's personal records were accurate and fit for purpose.

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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