

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

Handford House Care Home

27a Cumberland Street, Ipswich, IP1 3PA

Tel: 01473231111

Date of Inspection: 08 November 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Life Style Care plc
Registered Manager	Mrs. Kay Elizabeth Farrell
Overview of the service	Handford House Care Home is a residential care home providing support for 52 older people, some of whom were living with dementia.
Type of services	Care home service with nursing Rehabilitation services
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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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 8 November 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 given to us by the provider. We used information from local Healthwatch to inform our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

To enable us to assess people's wellbeing we spoke with three people who used the service and two people's relatives. We also spent time sitting with people, observing the care they received and the level of staff interaction.

We observed that staff respected people's privacy and dignity and sought their agreement before providing any support or assistance. The people we saw were relaxed, engaged with their surroundings and interacted with each other.

The people we spoke with told us they were comfortable and liked living in the service. One person told us, "The staff are kind." Another person told us, "It's good here, I'm comfortable." People told us that staff always asked their consent before they supported them, one person told us, "They (the staff) are good here, I get what I need."

One person's relative we spoke with was complimentary about the service and said they found that the staff were caring and supportive. They told us that their relative said that they were 'OK' and that they, "... always say what they mean and would say if they were unhappy."

We saw that the service had taken precautions to protect people from infection and that staff had received training in infection control and food hygiene.

We saw that the provider had an effective system in place to enable people to make complaints and that they were managed properly.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

We found that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

People told us that the staff listened to their choices and acted on what they said. One person said, "They asked me what I needed and liked to do." One person's relative told us that they were asked their opinion about their relative's needs. They were also able to read the care plan when it had been completed.

The manager told us what arrangements were in place to enable people to give consent to their care and treatment. We were told that the service sought written consent to care when people first started to use the service, by asking them to sign the care plan and verbally on a daily basis. We saw that people had signed forms giving consent for various reasons, for example to allow the service to use photographs of people, to have their medication managed for them and to allow outside professional people to view their records.

We were told that staff asked people if they wished to participate in activities or receive support to meet their personal needs. Any treatment or care provided was always discussed and agreed with people, either in advance or at the time of delivery. We saw staff asking people if they wanted the help or support when they approached them.

We looked at the care records of three people who used the service. There was evidence in the records that people and their families were consulted about the care and support they were provided. The manager explained that people were involved in regular reviews regarding their care and welfare.

The manager confirmed that they had received training on the Mental Capacity Act 2005 and the deprivation of liberty safeguards. This meant that the provider ensured that staff had knowledge of how to support people who lacked capacity.

We were also told by the manager that guidance and training had been provided to staff around respecting and involving the people who used the service. This meant that people were able to live their life in a way that suited their personal choice and preferences.

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 saw that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan and was delivered in a way that was intended to ensure people's safety and welfare.

To enable us to assess people's wellbeing we spent time sitting with them in the lounge observing the care they received and the level of staff interaction with people.

We observed that the staff were attentive to people's needs. We saw that staff respected people's privacy and dignity and sought their agreement before providing any support or assistance. The people we saw were relaxed, engaged with their surroundings and interacted with each other.

We spoke with three people who used the service and two people's relatives. People told us that they were well cared for and that they liked living in the service. One person said when we asked about the staff, "Oh, they are good, I get what I need."

One person's relative told us that their family member had been well looked after, "The staff are good and are always patient."

We were told that people considering moving in were invited to look around the service and to stay for lunch or coffee, which gave them the opportunity to see if they liked the service and to talk with the other people who lived there.

We looked at three people's care plans and found that they were of a good quality, were detailed and included details of the initial assessment which was carried out before people joined the service. The care plans evidenced that people were seen by a doctor and had access to other healthcare professionals such as psychiatrists, dentists and chiropodist if necessary.

One person's relative told us, "They get the doctor out if needed and the staff let me know straight away."

We saw that the care plans contained risk assessments which included risks associated with people's mobility, their skin viability, their nutritional intake and their moving and handling needs. This ensured that people were protected from undue risk when receiving care and support. We saw evidence that the care plans had been reviewed and updated as people's needs changed, meaning that they were kept up to date and reflected people's current needs.

The staff we observed showed a good understanding of people's needs and demonstrated that they had built up good relationships with the people they supported. This ensured that the staff knew the person they were caring for and that people were being supported in a way that would protect their health, wellbeing and independence.

The service had an attractive garden with areas of interest that people could take advantage of and view from the house, such as an attractive beach hut tableau on a raised piece of ground that was visible from the unit that supported people living with dementia. We observed that the scene prompted interaction and discussion between staff and the people who used the service.

We saw evidence that the service was active in providing activities, entertainment and interesting pastimes for the people who lived there. The activities were available to individual people as well as part of a group.

We also saw photographs displayed in the service, which evidenced that special activities were organised in the service to celebrate special days such as birthdays and cultural and religious events such as Halloween, Christmas and Easter.

One person told us that they were able to choose if they took part in the activities on offer. Another person told us how important it was that they were able to keep their pet with them when they moved in.

We noted that the service had Wi-Fi available throughout the house and also had a laptop available in a quiet room that people could use if they did not have their own. One person told us, "It's alright here.... there is Wi-Fi, so I can use the internet in my room."

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 and were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We saw that here were effective systems in place to reduce the risk and spread of infection.

The manager told us that the service's infection control policy incorporated the Department Of Health's Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

Records showed that staff were provided with training in infection control and food hygiene and that they received annual update training in this area. When we looked at the provider's infection control policy, it explained what action staff should take to minimise the risks associated with cross infection. The policy also detailed what action needed to be taken in the event of an outbreak of an infectious illness within the service.

We looked around the service and found it to be clean and hygienic throughout. We saw that there were hand-washing facilities and disposable paper towels in bathrooms and toilets, which minimised the risks of cross infection.

The laundry facility in the service was an excellent model for preventing cross contamination. The facility consisted of two linked rooms, dirty washing was handled in the first room, once clean the laundry was taken into the second room to be dried and sorted and was taken through a separate door to be taken back to people's bedrooms. The clean washing did not go through the 'dirty' area and vice versa. The laundry contained a commercial washing machine designed to wash soiled laundry sufficiently well to inhibit cross contamination. There was also a hand basin and antibacterial hand-wash and paper towels provided in the laundry.

We saw records of cleaning schedules which showed that the service and equipment was regularly cleaned.

There were ample stocks of gloves and aprons that staff could use to minimise the risks of cross infection. During our inspection we saw that staff wore aprons and gloves when assisting people, such as with their personal care and when handling food.

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

Staff received appropriate professional development and were able, from time to time, to obtain further relevant qualifications.

The manager explained the process the service had in place to supervise staff. It was expected that the staff were supervised at regular intervals and received annual appraisals so that they could review their work practices and training needs. The manager said that they made themselves available to staff if they needed support or advice and monitored the delivery of care closely.

We spoke with one staff member who confirmed that they were supervised and had access to the manager or a senior staff member if they needed to discuss any concerns they had.

We looked at five staff files that corroborated what we had been told about supervision and annual appraisals taking place. This meant that staff were provided with the opportunity to discuss their work, raise concerns and to receive feedback and direction from their line manager.

We saw that regular staff meetings were held, which gave staff a further opportunity to discuss their work and the people who used the service.

The manager and the one staff we spoke with assured us that they received a good range of training including an induction, the mandatory subjects and other topics appropriate to caring for older people. The staff training records we looked at corroborated these statements.

The training offered to staff included understanding dementia care, infection control, safeguarding adults, food hygiene, medication, supporting people with diabetes, nutrition, dignity and respect, the awareness of end of life care, pressure care, the Mental Capacity Act (2005), the deprivation of liberty, moving and handling, health and safety, Control of Substances Hazardous to Health (COSHH) and fire safety.

The manager told us that staff were given the opportunity to develop their learning, we saw evidence that the staff employed at the time of our inspection had attained or were working towards attaining their National Vocational Qualification (NVQ) level 2 or 3 in health and social care or the Qualifications and Credit Framework (QCF) diploma. The manager told us that new staff were encourage to start the QCF training as soon as possible once they have started.

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 available and the comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system and their complaints were fully investigated and resolved, where possible, to their satisfaction.

The people we spoke with told us that they were comfortable living in the service and said that they had not needed to make a formal complaint; they told us that they would talk to the manager or a staff member if they needed to complain. One person told us, "I know who to talk to.... I always stand up for myself." One person's relative told us that they had no concerns, but believed that if they did the manager would deal with it.

The manager told us that they made themselves available to people and their relatives and that they took action to ensure that any concerns were dealt with promptly before they escalated.

The complaints procedure was displayed in the service. The staff we spoke with told us that they would support people to make a comment or complaint if they needed assistance.

The provider's complaints procedure clearly explained how people could raise complaints and how they were managed. We looked at the way that complaints were recorded and dealt with and saw that they were handled in line with the provider's policy.

This showed that people had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

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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