

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

Averlea Residential Home

Fore Street, Polgooth, St Austell, PL26 7BP

Tel: 0172666892

Date of Inspection: 15 May 2013

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

Staffing



Met this standard

Details about this location

Registered Provider	Mr & Mrs D Evely
Registered Manager	Mrs. Beverley Easdon
Overview of the service	Averlea is a residential care home. The home predominately cares for people who have a dementia. The home can accommodate up to 14 people.
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 Averlea Residential Home had taken action to meet the following essential standards:

- Staffing

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 15 May 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 and talked with staff.

What people told us and what we found

We visited the home on 15 May 2013 to ensure the home had taken appropriate action to comply with Regulation 22 as we had previously served a warning notice regarding insufficient staffing levels in the home.

We saw from the duty rota in the home that additional care work hours had been rostered and were filled by the registered manager and registered provider.

Staff confirmed to us this staffing arrangement was in place and was beneficial to people who used the service and to the staff as these were the busiest periods of time in the home. They told us that if additional support or assistance was needed in the home at other times, management staff provided this.

The registered manager was able to give us examples of when additional staffing had been put in place to meet the needs of people who used the service.

We reviewed care plans and daily records for people who used the service and did not see any evidence that indicated people's care needs had not been met by the current staffing arrangements.

We talked to people who used the service and they told us the staff were kind and helpful to them and responded to their needs promptly. One person told us the registered provider and manager were frequently in the home and were approachable and helpful towards them.

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

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

When we had previously inspected Averlea Residential Home in January 2013 and October 2012 there had been concerns identified about the numbers of staff working in the home being insufficient to meet people's care needs. We issued a warning notice in respect of these concerns to ensure the provider took prompt action to ensure compliance with Regulation 22 and outcome 13: regarding staffing as detailed in the Health and Social Care Act essential standards of quality and safety.

On 11 December 2012 the registered manager and provider submitted an action plan to the Care Quality Commission which outlined how they were going to make improvements.

During our inspection on 24 January 2013 we observed the registered provider assisted with care and support as well as housekeeping duties. The registered manager confirmed the registered provider had started working in the home in the mornings from 8.30am, assisted at 1.00pm and in the early evening; we were also told that assistance was also provided at weekends. We were told the reason for this was because these times had been identified as being busy.

We asked what the arrangements were in place for when the registered provider was unavailable. We were told that when the registered provider was unavailable the registered manager and/or the registered manager for the domiciliary agency (another service owned and operated by the registered provider) would provide support to care staff.

We reviewed the rota for the care home, and the information relating to this additional staffing was not recorded. It is important that where additional staffing has been identified, it is recorded on the rota as this demonstrates that the care needs and dependency of people have been assessed in line with staffing ratios.

People we spoke with who used the service were satisfied with the care they received at Averlea. One person said the staff were often busy. Two people told us that when they rang the bell the staff responded promptly.

During our inspection we read two care plans which detailed that two people required the support of two members of staff. We had concerns based on evidence contained within these records, that one person had not received care that met their needs due to insufficient staffing levels.

We visited the home on 15 May 2013 to ensure the home had taken appropriate action to ensure ongoing compliance with Regulation 22.

The registered manager provided us with the current duty rota and the rota from the previous week. This showed the hours that the registered provider worked within the care home. The registered provider or the registered manager was identified on the duty rota as providing care from 8am until 10 am and again between the hours of 12 and 1pm. The registered manager told us these hours were protected care hours. They explained this meant during these three hours they were in the home providing care to people who used the service and not carrying out management or administrative tasks.

Staff confirmed to us this staffing arrangement was in place and was beneficial to people who used the service and to the staff as these were the busiest periods of time in the home. They told us that if additional support or assistance was needed in the home at other times, management staff provided this.

The registered manager was able to give us examples of when additional staffing had been put in place to meet the needs of people who used the service.

We reviewed care plans and daily records for people who used the service and did not see any evidence that indicated people's care needs had not been met by the current staffing arrangements.

We talked to people who used the service and they told us the staff were kind and helpful to them and responded to their needs promptly. One person told us the registered provider and manager were frequently in the home and were approachable and helpful towards them.

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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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