

***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: 26 November 2013

Date of Publication:
December 2013

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

Cleanliness and infection control



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

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 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

People who used the service told us they liked the home and that it was clean and tidy. Specific comments made included; "it is very clean here, we have a very good cleaner who is always on the go", "they keep it lovely and clean which is important to me, I wouldn't like it here if it wasn't clean" and "I stay in my room but every day someone comes and tidies and cleans it for me. They do it just the way I like it".

We observed the home was clean, tidy and hygienic. Staff and people who used the service told us a member of staff carried out cleaning duties five days a week and at the weekends care workers included cleaning tasks in their role. One member of staff told us "we all work as a team and help each other, that makes sure the home is always clean".

Since our last inspection, we found improvements had been made to reduce the risk of cross infection and promote the control of infection within the home. For example, the procedures for cleaning commodes were specific and care workers were not wearing jewellery in the home.

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

Cleanliness and infection control

✓ Met this standard

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 protected from the risk of infection, because appropriate guidance had not been followed and effective systems were in place to reduce the risk and spread of infection.

Reasons for our judgement

People who used the service told us they liked the home and that it was clean and tidy. Specific comments made included; "it is very clean here, we have a very good cleaner who is always on the go", "they keep it lovely and clean which is important to me, I wouldn't like it here if it wasn't clean" and "I stay in my room but every day someone comes and tidies and cleans it for me. They do it just the way I like it".

We spoke with staff who confirmed that domestic staff were on duty each day during the week and that the care workers also helped to keep the home clean, tidy and hygienic. We walked around the building and found all areas to be clean, tidy and odour free.

Staff told us they had been provided with infection control training earlier in the year. They said the training had been informative and helpful. One member of staff added they had recently completed food hygiene training.

The registered manager had available the Department of Health's Code of practice for health and adult social care on the prevention and control of infections and related guidance. They said they were the nominated infection control lead person for the home.

The home also had a policy and procedure regarding infection control. This included advice and guidance for staff on communicable diseases, hand washing, spillages, cleaning of commodes, personal protective equipment, specimens, injuries and handling of sharp(s) equipment, food preparation and storage and the reporting of accidents and injuries.

We saw the home did not have a sluice facility for the cleaning and sanitising of commodes. We asked staff about the procedure in place in the home and were told once a week commode pans were soaked in bleach in a bath tub. The bath had a notice attached to it stating this facility was not for use by people who used the service. We were

told following each use, the commode pans were cleaned and sanitised using appropriate cleaning materials. This procedure had been included in a policy document which the registered manager said was to be issued to all staff. We did not observe any soiled or malodorous commodes during our inspection.

The laundry was a compact room which had an industrial washing machine that washed at high temperatures if necessary. A tumble drier was located in an outbuilding. We saw staff separated out dirty and clean laundry into plastic baskets which were labelled appropriately. This reduced the risk of cross infection.

Staff had access to personal protective equipment with gloves, aprons, paper towels, liquid soap and sanitising gel available throughout the home. This helped to promote the control of infection and prevent cross infection within the home.

We observed at the last inspection that staff wore jewellery for example rings, bracelets, necklaces and watches. Some staff also wore false nails and nail varnish. This did not promote the control of infection or assist with the prevention of cross infection. At this inspection we saw the care workers were not wearing any jewellery other than a plain ring. Staff told us the registered manager had informed them of the risks of wearing jewellery at work and monitored this regularly. The provider may like to note that we observed senior staff, including the registered provider themselves, were wearing jewellery which did not demonstrate the homes own procedures were being followed by all of the staff team. □

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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