

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

Spratslade House Care Home

Belgrave Avenue, Dresden, Stoke-on-Trent, ST3
4EA

Tel: 01782311531

Date of Inspection: 11 October 2012

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November 2012

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

Consent to care and treatment	✘	Action needed
Care and welfare of people who use services	✔	Met this standard
Management of medicines	✘	Action needed
Supporting workers	✔	Met this standard
Assessing and monitoring the quality of service provision	✔	Met this standard

Details about this location

Registered Provider	Pearl Care (Spratslade) Limited
Registered Manager	Mrs. Janet Bentley
Overview of the service	Spratslade House is a care home for 30 people. The home provides personal care for older people and people with dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 11 October 2012, 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 talked with stakeholders.

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

We carried out this inspection as part of our schedule of inspections to check on the care and welfare of people who used this service. The visit was unannounced, which meant that the registered provider and the staff did not know we were coming.

We spoke with seven people that used this service and three people visiting this service. People using the service told us they were happy with the care provided. One person said, "I wouldn't be anywhere else". Visitors were also happy with the care provided and the care environment. One visitor reported that the home was, "cosy and homely".

During our inspection we observed staff treat people with care and respect. We saw that people were offered choices and that staff had a good understanding of people's individual needs.

We found that people's views were taken into consideration when planning their care; however the records were not always in place when people were unable to make decisions for themselves. This meant that we could not be sure that decisions were being made in peoples best interests.

We found that safe systems for the storage and administration of medication were not in place. This meant that we saw medicines stored and administered incorrectly which could place people at risk.

We found that there were systems in place to monitor the quality of the service and to make changes. This meant that the service was constantly improving.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 11 December 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

✘ Action needed

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

Our judgement

The provider was not meeting this standard.

Where people did not have the capacity to consent, the provider did not act in accordance with legal requirements.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Through a process called 'pathway tracking,' we looked at the care records for five people who used the service, spoke with six members of staff and observed how the staff supported people. Pathway tracking helps us understand the outcomes and experiences of selected people who use the service.

We found some examples of people being involved in the planning of their care and some people were also encouraged to sign their care records.

Some people do not have the capacity to make decisions, and in these circumstances other people can be authorised to make decisions on their behalf as long as they are in the person's best interests.

Two of the care records reviewed had been signed by people's relatives. We therefore looked for evidence that a formal assessment of these people's capacity to make decisions had been completed and recorded. In both cases care plans were in place demonstrating how to support the people to make decisions, however the formal capacity assessments held within the care records had not been completed. This meant that legal guidelines had not been followed to demonstrate that care decisions had been made in the people's best interests.

One of the care records we reviewed contained information reporting that the person using the service should not be resuscitated (DNAR). The DNAR form demonstrated that the decision was reviewed on a regular basis by a GP and that the decision was communicated to the person's relative. There was no evidence documented to say that the person using the service had been involved in this decision. Staff we spoke with confirmed that the person lacked the capacity to make this decision; however there was no formal capacity assessment to demonstrate how the decision had been reached. This meant that legal guidelines had not been followed to demonstrate that this decision was in the

person's best interest.

We were informed that three people who used the service had assistive technology in place. Some assistive technology can be used to help manage the risks associated with dementia, such as reducing the risk of falls from walking around at night. The technology in this instance consisted of an alarm on the bedroom door to alert staff that people were walking around at night. We reviewed the care records of one of these people. The use of the assistive technology was supported in the care records and staff told us that this was used to ensure people were safe at night and did not deprive people of their liberty, however no capacity or best interest documentation was available to support this. This meant that legal guidelines had not been followed to ensure that decisions had been made in the person's best interest

All the care records reviewed contained capacity assessments and best interest assessments; however none of these forms had been completed by staff. This meant that evidence was not available to demonstrate how decisions were being made in people's best interests.

Some of the staff we spoke with reported they had received training on the Mental Capacity Act 2005, but only one member of staff was able to recall the basic principles of the act. Training records demonstrated that only six staff had received this training. This meant that people could not be confident that staff were acting in accordance with the Mental Capacity Act 2005.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The care records which we reviewed as part of our pathway tracking process were very informative and demonstrated assessment of need and emergency care planning. There was evidence that the care records were reviewed on a monthly basis. This meant that people could be confident that staff had access to up to date information about their needs.

We spoke with seven people who used the service and three people visiting the service. All the people who used the service reported that they were happy with the care they received. One person said, "Its excellent here, I like everything about it". One of the people visiting the service that we spoke with also reported that they were happy with the care provided. The other visitor reported that they were mostly happy, but had recently experienced a problem which they were planning to discuss with the manager. This person was confident that the matter would be resolved.

All staff who we spoke with were able to demonstrate a good level of understanding about the needs of the people who use the service. One person told us about how they had requested a change in their care. They said, "All the staff I spoke with knew about the change, so that shows that staff are recording what they need to". They also went on to say, "I don't know where I would be without the support I receive from the staff here".

To help us see what people's experiences were we used our Short Observational Framework for Inspection (SOFI). The SOFI allows us to spend time watching what is happening within a service and helps us to record how people spend their time and whether they have positive experiences. This included looking at the support that was given by staff.

We undertook a SOFI observation for a 30 minute period during and following lunch. We observed three people who used the service.

We observed that staff interactions were on the whole positive, with evidence that they discussed people's needs and offered them choices. We observed that people who used the service were given the choice of when they ate their lunch time meal. This meant that people who had ate their breakfast later in the morning or people who preferred to dine with fewer people around them had the choice of eating their lunch at a time and in an

environment that met their needs.

We observed that there were periods of time where people were unsupervised in the main lounge and if they were unable to walk did not have any means of attracting staff attention. We spoke with one person following our observation who said, "If I want someone I have to wait until they appear, or ask one of the other residents to call someone for me". This information was fed back to the manager.

We saw that staff worked with external health care professionals appropriately and that actions recommended by these professionals were completed as requested. We spoke with a visiting health care professional during the inspection who confirmed that communication from the service was good and that advice was sought promptly and appropriately.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The medication trolley was stored securely when not in use. The monitored dosage system was used for most medicines, which meant that most medicines were dispensed into monthly blister packs. We looked at the way in which medicines were administered for three people who use the service. The Medication Administration Records (MAR) for the three people were also inspected as part of this process.

We observed medication being administered at lunch time. When medications were being administered within the dining room, the medication trolley was left open. On two occasions during our observation the trolley was left open and unsupervised whilst the carer dispensing the medications left the room. This meant that the medication was not secure at times, placing people who use the service at risk.

We observed the carer dispense medication and sign the MAR chart without observing the people safely take it. This meant that the service could not ensure that people were safely taking their medication.

We reviewed the MAR for three people who used the service and found that these were completed with no gaps. We checked the quantity of a sample of five prescribed medications for these people and found that only one medication had the correct number of tablets in stock. This meant that the service was unable to identify if four of the medications had been given appropriately.

We observed one person request an 'as required' (PRN) medication. The carer began to prepare to administer this medication, but following a prompt from the inspector and a discussion with another carer it was highlighted that this medication was not required at this time. There were no PRN protocols in place to identify when people required PRN medication. This meant that we could not be sure that people were getting the medication to meet their needs safely.

We reviewed the controlled drug storage and records and found suitable systems in place.

We looked at how medications were stored that were required to be kept at a specific temperature. Temperatures were recorded for the 28 day period inspected. The Royal Pharmaceutical Society state that medication fridges should be kept between two and eight degrees to ensure the safety of the medication contained within.

The temperature records recorded temperatures of zero degrees on two occasions and there was no evidence to demonstrate that appropriate action had been taken to respond to the reduced temperature. During our inspection the fridge temperature was reading minus four degrees. The staff we spoke with were unable to inform us of what action was required to ensure that the medications contained in the fridge were safe. This meant that adequate systems were not in place to ensure the safety of refrigerated medications. We informed the manager of this immediately and advised them to contact their pharmacy for advice.

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

We spoke with six members of staff about training. All staff were happy with the level and variety of training that they have received. One person said "I have been well supported with training". This person described how they had been supported to complete their NVQ and was currently working towards gaining an apprenticeship in team leading.

All the staff that we spoke with informed us that they had received training in dementia care. We observed positive interactions between staff and people using the service that was sensitive to their needs. This meant that staff working at the service had a good understanding of the specialist requirements needed to work with people with dementia.

We spoke with a staff member who had recently completed their induction. This person reported that they were satisfied with their induction period and that they received their dementia training prior to their start date. They also reported that they were encouraged to shadow other carers and felt happy with the support given.

Training records were able to demonstrate that a variety of appropriate training was offered to staff.

Staff told us that they received regular supervision from management and that they also had annual personal development reviews. This meant that staff were supported by management and their development needs were addressed.

All the staff we spoke with reported that staff meetings were held as required and that they felt supported by management. One person said, "I feel like I can talk to my manager and I also feel really relaxed talking to the senior's too". This meant that staff felt that they could raise any concerns with senior staff as appropriate.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw that bi-monthly quality audits were completed by the manager up until June 2012. The manager also informed us that the provider's regional manager also visited monthly and completed quality audits. This meant that the manager was reviewing the quality of the service. The provider may wish to note that these reviews should be consistently completed to ensure that the quality of the service is consistently being monitored.

We saw quality audit questionnaires that had been completed by people who use and visit the service. These questionnaires had action plans attached where appropriate. This meant that the views of people using and visiting the service were sought and that the feedback received was taken into account with service improvement planning.

We saw that complaints about the service had been recorded and action plans had been completed appropriately. This meant that there was a suitable complaints system in place which focussed on service improvement.

We saw that care records were audited and that actions were recorded and completed as required. This meant that suitable systems were in place to ensure that the quality of the care records was maintained.

We saw evidence of staff risk assessments and up to date fire safety information which included emergency evacuation plans. Risk assessments within the care records were regularly reviewed. This meant that people using the service were protected from risk.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment
	How the regulation was not being met: Suitable arrangements were not in place for obtaining, and acting in accordance with the consent of people using the service, in relation to the care and treatment provided for them. Regulation 18.
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
	How the regulation was not being met: People using the service were not protected from the risks associated with the recording, safe keeping and safe administration of medications. Regulation 13.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 11 December 2012.

CQC should be informed when compliance actions are complete.

This section is primarily information for the provider

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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