

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: 25 April 2013

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2013

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
Management of medicines	✗	Action needed
Complaints	✓	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 up to 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

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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 25 April 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 spoke with seven people who used the service, four members of staff and the registered manager. People told us they were happy with the care at Spratslade House. One person said, "They are all really good to me here". Another person said, "I like it here. The staff are nice to me and the food is great".

At our last inspection, we found that improvements needed to be made in how staff supported people to make decisions and how medicines were stored, administered and recorded.

During this inspection, we saw that improvements had been made to the way that the staff supported people to make decisions. People had an assessment of their ability to make decisions for themselves. Appropriate plans were in place for people who required support to make decisions, to ensure that the right support was given to meet people's needs.

People received care that met their individual needs, and they were supported by staff to maintain their skills and independence.

We saw that people were protected from the risk of infection, because staff were trained in the correct systems to reduce and manage the risk of infection. Communal areas within the home were found to be clean and tidy.

We saw that improvements had been made to the way that medicines were stored, but effective systems were not yet in place to ensure that people received their medicines as prescribed.

We saw that there was an effective system in place to investigate and respond to complaints.

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 04 June 2013, 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

✓ 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.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

During our last inspection, we found that legal guidelines had not been followed to demonstrate that care decisions had been made in people's best interests. People's abilities to make decisions for themselves were not always formally assessed and recorded. This meant that we could not be sure that decisions were being made in people's best interests.

During this inspection, we saw that people received an assessment of their ability to make decisions for themselves. We saw that when people required support to make decisions, a plan had been formulated to guide staff on how to support people. We saw that when required, these plans were followed and the correct people were included in decision making. This meant that the provider had acted in accordance with the legal requirements in place.

People told us that staff asked for their consent prior to providing care. One person told us, "The staff always say, 'is it alright if I do this, or is it alright if I do that' before they do anything". During our inspection, we saw staff asking for people's consent before providing care. We saw that when a person declined care, staff encouraged the person to receive care, but their decision was respected. This meant that where appropriate, before people received any care or treatment, they were asked for their consent and the provider acted in accordance with their wishes.

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 we looked at were planned around the needs of each individual and demonstrated that people's needs had been assessed. People's needs were reviewed regularly and care plans were updated in response to any changes identified. We saw that temporary care plans were in place as required, guiding staff on how to care for people who had acute infections. This meant that people were protected against the risks of receiving unsafe care or treatment.

We observed staff delivering the care as it was planned in people's care records. Staff we spoke with told us about people's individual needs, including their likes, dislikes and behaviours. This meant that staff had the knowledge and skills required to meet people's individual needs.

We saw that people were encouraged and supported to maintain their skills and independence. We saw that one person had difficulty walking, but they were encouraged and assisted to safely walk short distances, rather than use a wheelchair. One person told us, "I like doing little jobs here, like making staff drinks and laying the tables. It keeps me going".

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Risk assessments and risk management plans were in place and were reviewed regularly. We observed staff following the plans that had been put in place to reduce people's risks. We saw that suitable plans were in place to enable staff to respond to foreseeable emergencies.

Care records we looked at showed that people had access to health and social care professionals, such as; general practitioners and nurses. We saw that recommendations made by professionals were acted on by the staff. This meant that people's health and wellbeing needs were being addressed.

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 been followed.

Reasons for our judgement

We spoke with three members of staff who told us about the systems in place to prevent and control any outbreaks of infection. We saw posters in bathrooms demonstrating correct hand washing techniques and saw that infection control guidance was on display in the staff office. This meant that there were guidelines and training systems in place to reduce the risk and spread of infection.

During our inspection, the communal areas and bathrooms within the home appeared clean and tidy. Equipment used by staff to assist people with daily tasks was also clean. People we spoke with told us they were happy with the standards of cleanliness in the home. One person said, "Everything is always clean and tidy". Another person said, "It's very clean here. They clean every day". We saw that there was a recording system in place to ensure that bathrooms were cleaned by staff after use.

With people's permission, we looked at three bedrooms and their en suite toilets. Records were available in each person's room demonstrating when cleaning had been completed. The provider may wish to note that en suite facilities were all clean; however we found areas of dust in all three rooms on the surfaces of some furniture and window sills. One person's room had rubbish under their bed, despite records showing that furniture had been moved to facilitate vacuuming on the day of our inspection. We asked the registered manager if they formally monitored the cleanliness of the home. We were told that there was no formal system in place to monitor this. This meant that problems with cleanliness would not routinely be identified by the manager as an effective system was not in place to monitor cleanliness within the home.

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 always 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 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

During our last inspection, we found that there were ineffective systems in place for the storage, administration and the recording of medicines. This meant that the provider could not assure us that people were supported to receive their medicines as prescribed.

During this inspection we saw people's medicines were stored safely.

During our last inspection, we observed a member of staff dispense medicines and sign the Medication Administration Record's (MAR) without observing people safely take their medicines. During this inspection, we observed five people receiving their medicines. We saw that four of these people's MAR's were signed without observing the people safely take their medicines. This meant that the service could still not ensure that people were taking their medicines as prescribed.

At our last inspection we saw that there was no procedure in place to manage 'as required' (PRN) medicines. We found that improvements were still needed at this inspection. We looked at records for three people who needed PRN medicines, two of these people had no records of how to administer these medicines.

One person's PRN medicine's instructions stated, 'take one or two tablets four times a day as required'. We looked at the MAR for this person and saw that they received one tablet once a day, every day over the 25 day period we looked at. We asked the member of staff who was responsible for medicines during our inspection, how they decided to give one tablet a day. They told us that this was the dosage that worked for this person to control their symptoms. There was no written guidance for staff to follow, to help them decide when this medicine should be given. This meant we could not be assured that all members of staff would be aware of when to give this medicine. We asked if advice from a doctor had been sought to review this person's medicines needs as they required their PRN medicine on a daily basis. We were told that a review of the need for this medicine had not taken place, but the registered manager assured us that an appointment with this person's doctor would be made. This meant that this person was having a PRN medicine

administered on a regular basis without triggering a review of their needs.

We looked at the administration of one person's PRN medicine. This medicine should be administered on an 'as required' basis. We saw that this person was being given this medicine on a daily basis. This should not happen. This meant that there was no system in place to effectively monitor and respond to an increased need for PRN medicines.

We reviewed the MAR's for the six people whose medicines we looked at and found no gaps. We also checked the quantities of the six medicines, against the MAR's and found that only two medicines had the correct number of tablets in stock. This meant that the service was unable to identify if four of the medicines had been given appropriately.

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 comments and complaints people made were responded to appropriately.

Reasons for our judgement

We reviewed the complaints procedure that was in place. This stated how people could complain, who they could complain to and when any complaint would be responded to.

A copy of the complaints procedure was located in the reception area of the home. This was aimed at people who visited the service. The provider may wish to note that people who used the service would be unlikely to use this information due to the location of the information and the size of the print. We asked the registered manager if information was available guiding people on how to complain if they could not read or if they had a visual impairment. We were told that this was not currently available to people. This meant that the complaints policy was not readily accessible to all people who used the service.

We spoke with seven people who used the service. The provider may wish to note that only one person was aware that there was a complaints procedure in place. Despite this everyone we spoke with told us they would be happy to approach the staff or the manager if they were unhappy with their care. One person said, "I have gone to staff about trivial things, and things have always changed". Another person said, "I have nothing to complain about, but if I did, I would go to the boss". This meant that although people were not aware of the complaints procedure, they did feel able to raise their concerns with the staff and manager.

We reviewed how the provider responded to complaints and found that these were investigated and resolved appropriately with action plans in place to improve the service. This meant that there was an effective system in place to investigate and respond to complaints.

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 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 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 04 June 2013.

CQC should be informed when compliance actions are complete.

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 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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