Inspection Report

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

Pippins Residential Care Home

Mead Lane, Preston, Paignton, TQ3 2AT

Tel: 01803525757

Date of Inspection: 03 December 2013

Date of Publication: January 2014

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs Celia Rosemary Griffiths
Registered Manager	Mrs. Sarah Dorling
Overview of the service	Pippins residential home offers accommodation with care and support to up to 21 older people. Nursing care is not provided by the service. This service is provided by community nurses working for the local primary care trust.
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'.

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 3 December 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 carers and / or family members.

What people told us and what we found

17 people lived at Pippins at the time of our inspection. We observed that people appeared at ease and comfortable around care workers. People were treated with dignity and respect.

We spoke with seven people who lived there the owner, the manager and two members of staff. People told us that staff were kind and helpful. Comments included, "It is lovely here, the girls are very kind, nothing is too much trouble".

People took part in a range of activities and were encouraged to maintain independence. People and their relatives were involved in planning their care, as much as they wished to be. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans were reviewed regularly and as necessary. Records showed that prompt referrals were made to health professionals and their advice was followed. Procedures were in place to deal with emergencies.

Pippins was homely, comfortable and well maintained.

There was an effective quality assurance system in place.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected

Reasons for our judgement

We found that people's privacy was protected. For example, we observed that care workers knocked on people's doors and waited for a response before entering people's rooms. One person we spoke with also confirmed this.

During out observations we saw staff being respectful and treating people with dignity. For example, we saw care workers speaking clearly and slowly to a person who had a hearing impairment.

We heard jokes being exchanged with people. Care workers engaged people in everyday conversation. For example, we saw a member of staff chatting with a person whilst they had their morning coffee, the person was obviously enjoying the company. During our observations we saw that care workers supported people to make choices and decisions about their daily lives. For example, we heard people being offered choices of activity and alternative meals at lunchtime. One person told us that they chose to spend time in their own room. They told us that their wishes were respected.

Staff supported people to be involved in their care and treatment. For example, we saw that one person's care plan described their preferences with regard to their personal hygiene routines. The manager told us that had discussed their preferences with care workers and that this was reflected in the care they received.

We saw that staff supported people to maintain their independence. For example, people told us that they were enabled to carry on activities which they had always enjoyed. One person told us that they liked to go into town to do some shopping. Another person who had a sight impairment told us how they had their own specialised alarm clock so that they could get himself up in the mornings. They also told us that they liked to make their own bed and that the staff were happy for them to do so.

The provider had made reasonable adjustments in respect of people's age and disabilities. For example, there was a large white board in the hallway which reminded people of the

menu choices for the day. Adjustments had been made to support people with limited mobility, for example, there was a lift and level access in through the front door of the home.

Care and welfare of people who use services ✓ Met this standard

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

During our inspection we spoke with seven people who lived there. One person said "They are so lovely here, this place is the best". Another person said "The staff are lovely, very kind there is nothing that I need".

People's needs were assessed on an individual basis. Care plan records were used to assess a person's needs and plan the delivery of care. We looked at three care plans to check how people were looked after at each stage of their care. The care plan included sections on personal characteristics, activities of daily living, risk assessments, end of life wishes and details of health appointments.

People's care was planned and delivered to meet individual needs. Care plans were centred on the person as an individual and included detail of the person's preferences and routines. For example we saw one persons care plan which described how much of their own personal care they liked to do. It said " X likes to wash their own face".

Care was planned and delivered to ensure people's welfare and safety. We saw risk assessments were completed for a number of areas including falls. A scoring system was used to assess the risk and a care plan completed which gave staff guidance on how to manage the risk.

We asked staff to describe the care they had provided on the day of our inspection so we could determine if people's needs had been met as planned. All demonstrated a good understanding of people as individuals and confirmed needs were met according to the care plan.

We saw pressure relieving equipment was in use to reduce the risk of pressure sores. We saw records showed people received a bath as frequently as they preferred. From our observations, care and attention had been given to people's personal hygiene and dress needs

We observed lunch and saw that it was a relaxed and sociable occasion. Drinks and snacks were offered throughout the day. We saw records which showed people were

weighed regularly as a means of monitoring that their nutritional needs were met. For example we saw that one person had recently had a significant weight loss. The staff were doing what they could to increase this person's calorie intake. They made "smoothies" from fruit and ice cream to tempt this person to eat a little more. They had also contacted the GP for further advice.

A daily record was used to document care given. It included information on personal care given, family involvement and activities. Staff were able to refer to this record to monitor and evaluate care Records showed care plans were reviewed monthly. Areas covered included: general health and wellbeing; mobility, communication, nourishment and family and friends visits. In the three care plans we looked at these reviews had been completed. However, the provider may wish to note that some information in the care plans was outdated and could misinform staff if they referred to it.

We saw records which showed people had been promptly referred to other health care services. For example GPs, district nurses, chiropodists, dentists and mental health teams.

A range of activities were provided mostly on an ad hoc basis. On the day of the inspection the care staff were doing a quiz in the lounge. Outside entertainers also visited regularly. The home arranged weekly trips for people to go and have coffee or a trip into town. Staff told us there was a rota to make sure everyone was able to go on the trips organised by the home. People also told us they provided their own entertainment. For example reading and watching TV in their room.

People's care was planned and delivered in a way that protected them from unlawful discrimination. Reasonable adjustments had been made to meet individual needs. For example the home was adapted to meet disability access needs and specialist equipment was available.

There were arrangements in place to deal with foreseeable emergencies. First aid boxes were available in the home and staff had received relevant training. Care plans included personal emergency evacuation plans in the event of a fire.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises

Reasons for our judgement

We saw that the design, layout and security of the premises safely met the needs of everyone receiving care and treatment including those with disabilities. For example, corridors were wide enough to easily accommodate wheelchairs and mobility frames. The home had a passenger lift which supported people to move between floors of the home.

We saw radiators were covered to prevent scalding and windows had been restricted. We saw that the design of the premises promoted people's independence and wellbeing. For example, there were a choice of lounge and external seating areas. People were able to enjoy walks within the grounds. We saw that the premises and grounds were well maintained.

We saw peoples individual bedrooms. Each one had been been individualised with their own furniture and possessions and looked homely and comfortable. We saw people had access to call bells. Regular maintenance work was undertaken. For example bedrooms were decorated and carpets replaced when a new person was admitted into the home.

One person we spoke with who was blind told us they felt safe using the grounds and that they walked around the garden most days. We saw evidence that there were arrangements in place to provide safe and effective care in the event of emergencies.

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

At the time of our inspection 17 people lived at the home. There were three care workers on duty. There were also three ancillary staff, these included a cook, a domestic and a person in charge of the laundry. The manager and owner were also present throughout the day. During the night one care worker was awake and another slept in. They were called if needed throughout the night.

People who used the service had varied dependency needs. Although no one who lived at the home needed the help of a hoist or specialist equipment to mobilise or the support of two members of staff for any personal care.

All new staff completed induction training and all staff had completed mandatory training. Records showed, and staff told us, that there were sufficient skilled and experienced staff on duty at all times to meet people's needs. People who used the service told us that staff were not rushed and had time to meet their needs. Comments included "they are the best"

We observed that care workers had time to talk to people as well as complete tasks. For example, we saw care workers taking time to chat with people in the lounge and dining room. Staff told us that the staffing levels allowed them to meet people's needs, and that they tended to cover any staff sickness or absence themselves. They explained this was preferable so that people living at the home were familiar and comfortable with the people who cared for them.

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

All the people we spoke with were complimentary about their experience of living at the home. One person said "I am very happy here". We asked one person if they felt able to make a complaint if needed. They said "I could but I never have, I've never needed to".

There were systems in place to monitor the quality of the service and manage risk. People who lived at the home had been asked for their views on the service. Residents meeting were held every two months. We saw the minutes which showed people were able to view their opinions and suggest improvements. For example we saw one person had commented that they felt the tables were cleared too quickly at mealtimes as sometimes they had not finished their meal. This was immediately addressed by the manager and we were told staff no longer did this. We saw lunchtime to be a relaxed and happy time. Another person requested they have their main meal at lunch time. This had been put into place and the person was very satisfied with the outcome.

A formal survey was planned to be undertaken in the New Year. This would include seeking the views from the people who lived at the home and their relatives and also visiting professionals such as district nurses or the GP's.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Records showed accidents and incidents were analysed and actions taken if required. Other audits had been completed, such as medication audits and environmental audits. The provider visited the home at least monthly. They carried out checks to the property and had discussions with staff and the people who lived there to check the service was running smoothly and people were happy.

Quality monitoring in relation to safety of the building, equipment, and of utilities had been undertaken. Legally required certificated checks had been completed and were up to date with the exception of the water tank. A Legionella check had been overlooked but had been booked in to take place by the end of December.

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

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