

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

Streets Meadow

Hanham Road, Wimborne, BH21 1AS

Tel: 01202884620

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December 2013

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

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

Management of medicines ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Dorset County Council
Registered Manager	Mrs. Prema Premkumar
Overview of the service	Streets Meadow is located in Wimborne, Dorset. There are 60 single en-suite rooms arranged in four units. Rooms are located on two floors.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Streets Meadow had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Management of medicines
- Assessing and monitoring the quality of service provision
- Records

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 6 November 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People who used the service told us that they were looked after well. One person told us, "I have never been so well looked after." People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Medicines were prescribed and given to people appropriately. We saw that medicine administration records were up to date, with no gaps in recording.

People who used the service, their representatives and staff were asked for their views about their care and treatment and these were acted on. One relative told us, "They have always responded to everything I mention." The provider had an effective system to regularly assess and monitor the quality of service that people received.

People's care records were accurate and fit for purpose. The care records had recently been audited by the registered manager to ensure they were accurate. We checked other records relevant to the management of the services and saw that they were accurate and fit for purpose.

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

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

People who used the service told us that they were looked after well. We spoke with five people and five relatives.

One person told us, "I have never been so well looked after." Another person told us, "Staff are very good." A relative told us, "They are so kind." Another relative told us, "The staff are interested in the patients." One person, and one relative, told us that sometimes people had to wait to receive care when staff were busy but that the staff provided good care. We spoke with seven members of staff and the registered manager during the course of the inspection. One member of staff told us, "I am really happy. It's hard work but I have done well and people are being cared for."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at six people's care plans. We found that they all had their needs assessed and risk assessments were in place. For example, one person with an identified swallowing difficulty had a recent assessment carried out by a speech and language therapist (SALT). The care plan detailed the advice from the SALT and gave guidance to staff. A member of staff that we spoke with told us "They have just had a speech and language therapist assessment. They now have thick and easy." We observed on the day of the inspection the person's fluids being thickened in line with their care plan.

People's care needs were reviewed in response to their changing needs. We saw from care records that the home liaised regularly with outside health professionals, for example speech and language therapists, community nurses and GPs. We saw from one person's care records that the care plan had been updated in response to changing needs and that the involvement of health professionals had been recorded. Another member of staff told us, "We were told this morning to let them stay in bed." We saw this was recorded in the handover notes on the day of the inspection to ensure staff were aware of the person's current needs. We spoke with a health professional during the inspection who told us that communication with the home was excellent and staff made referrals in a timely manner.

People's risks were appropriately assessed. For example, we looked at a care record for

someone with an identified risk of developing a pressure ulcer and saw that detailed preventative measures were in place, such as an air mattress and the application of cream to particular areas detailed on a body map. Staff told us that they were aware of pressure ulcer care and how they ensure that pressure ulcers were prevented by repositioning people and applying prescribed creams.

People told us that they were able to take part in daily activities in the home. We spoke with a member of staff responsible for the co-ordination of social activities within the home. They told us about the different types of activities that were planned each day and how they supported people individually. A person who used the service told us "There is lots to do." We saw that relatives were welcomed in the home as part of the holistic care of people who used the service. A relative told us that their family member had been out on social trips organised by the home. They told us, "We went out the other night. We haven't been out for years." Another relative told us that the home accommodated their relative's wishes by enabling them to go out on trips together. We observed planned activities in the lounge and saw that the home had a sensory room. A member of staff told us, "The sensory room is a success."

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

At the last inspection of the service in December 2012, we found medication was safely stored and administered. However, the reasons for not giving medicines were not always identified. We had judged that this had a minor impact on people who used the service, and told the provider to take action. The provider wrote to us in February 2013 to tell us about the action they were taking.

We found that there had been improvements made since our previous inspection.

Medicines were prescribed and given to people appropriately. One person who used the service told us they received their medication as it had been prescribed at certain times of the day. All staff told us that the deputy manager, registered manager and senior carers were responsible for the administration of medicines. This included ordering, recording, handling, administration and disposal of medicines. The registered manager told us that all relevant staff had completed certified training in the administration of medicines. We saw from training records that staff's competency in administering medicines had been assessed by the registered manager.

Medicine administration records were up to date, with no gaps in recording. We reviewed 30 medicine administration records. We also saw that there were monthly medicine audits in place and the home had recently had an audit completed by the pharmacist. We saw that corrective actions had been taken when necessary.

Where people had been prescribed medicine to be taken "as required" we saw that there were guidelines in place for these medicines. One person told us, "If I need an extra paracetamol, they prescribe it." The provider may find it useful to note that two people were having "as required" medicines on a daily basis. The deputy manager told us that one person had had been having this medicine daily for a while. The deputy manager told us that they would respond to this to ensure the medicine was reviewed and prescribed daily if appropriate.

Some of the people who used the service were prescribed controlled drugs. These are medicines that may be misused and there are specific ways in which they must be stored and recorded. During our visit we saw that controlled drugs were stored appropriately and

the recording of the use of these medicines was accurate.

Medicines were kept safely. The medicines were secured in lockable cupboards and fridge within a locked treatment room. There were temperature records for the room and the medicines fridge. This ensured that medicines were stored securely and at the correct temperature.

Medicines were disposed of appropriately. We saw that there were arrangements in place with the local pharmacy to dispose of medicines appropriately and records supported this.

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.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and these views were acted on. We saw that the provider circulated a survey once a year to people who used the service and their representatives. We looked at the results from the survey in June 2013 and saw that the provider had received 17 completed surveys from people who used the service and their relatives and 44 members of staff. The majority of feedback received was very positive about the care provided. We saw that the provider had responded to any concerns raised in order to improve the service. For example, we saw that some concerns about the meals had been responded to by the chef. We also saw that the home circulated surveys to people and their representatives who received respite care at the home. The majority of feedback was very positive and one area of concern had been responded to. A relative told us, "They have always responded to everything I mention." A member of staff told us, "Prema (the registered manager) normally sends a letter to us about improvements and we have regular staff meetings."

The provider had an effective system to regularly assess and monitor the quality of service that people received. This included assessments of pressure area care, night care, catering services, monitoring of how people were supported to eat and how they were protected from the risks of inadequate nutrition. We looked at the audits completed over the last six months. We saw that actions had been taken as a result to ensure that people were protected from the risks of inappropriate or unsafe care. For example, the home had introduced improvements to how they protected people from the risks of inadequate nutrition. A member of staff who was a nutritional care champion told us about improvements recently introduced. They included food fact sheets to advise staff on nutrition, food pictures to support people to make choices and updates of people's nutritional assessment shared with kitchen staff.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. We saw that incidents and falls in the home were

analysed monthly and that changes had been identified and recorded. For example, after a fall a sensor mat had been introduced by one person's bed to alert staff if they got out of bed. We saw for another person who could become distressed when receiving personal care that changes to their care plan had been implemented following the analysis of incidents.

The provider took account of complaints and comments to improve the service. We checked the home's records of complaints over the last year. We saw that the home had received one formal complaint that they had responded to appropriately. We also saw that the home had received lots of positive comments on the care that staff provided.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At the last inspection of the service in December 2012, we found people were not always protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained.

We had judged that this had a moderate impact on people who used the service, and told the provider to take action. The provider wrote to us in February 2013 to tell us about the action they were taking.

We found that there had been improvements made since our previous inspection.

People's care records were accurate and fit for purpose. We checked the care records of six people and saw that records had been updated to reflect people's changing needs. Care plans were accurate to direct staff to what care people required. One member of staff told us about the change in one person's needs that meant they were now supported by two staff to walk. We saw from the person's care records that this had been updated and was included in the handover notes for staff. A member of staff told us, "They (handover notes) are definitely very helpful."

Care records included detailed assessments, care plans and reviews of people's needs and were dated and signed. There was evidence of the involvement of representatives and health and social care professionals. Staff that we spoke with were aware of the records they were responsible for updating. One member of staff told us, "I am in charge of checking them (topical cream charts) every month to make sure everyone is signing them." We spoke with a health professional on the day of the inspection who told us, "The records are kept well and are up to date." The care records had recently been audited to ensure that records were accurate. The registered manager told us that a sample of care records were audited on a monthly basis. We saw that some files were in the process of being updated following this audit to ensure that out of date information was held separately from current care records.

We checked other records relevant to the management of the services and saw that they were accurate and fit for purpose. These included a staff file, staff rotas, handover notes and monitoring records. All of these records were kept securely and could be found promptly.

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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