

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

Tallington Care Home

Main Road, Tallington, Stamford, PE9 4RP

Tel: 01780740314

Date of Inspection: 02 January 2014

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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
Management of medicines	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard

Details about this location

Registered Provider	Country Court Care Homes Limited
Registered Manager	Mrs. Tracey Lynne Colley
Overview of the service	Tallington Care Home is registered to provide accommodation and personal care for up to 39 older people, some of whom have dementia. The home does not provide nursing care. The home is located in the village of Tallington, Lincolnshire.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

On the day of inspection there were 37 people living at Tallington Care Home.

We spoke with three people who lived at the home. We were not able to speak with some of the other people due to their communication needs. One person said to us, "The staff are lovely here; everyone is so kind." Another person said, "I am well looked after." One member of staff said, "It's a nice home to work for; you can be very open with the management." We observed the care and attention people received from staff. All interactions we saw were appropriate, respectful and friendly. People's dignity was respected.

The accommodation was adapted to meet the needs of the people living there, was suited to caring for people with limited mobility and was properly maintained. Risks to people living in the home had been assessed. The home was warm and clean and was personalised to the people who lived there.

We saw that people's support plans and risk assessments reflected their needs and were up to date. Staff we spoke with were aware of the contents of the care plans, which enabled them to deliver safe care in line with those plans. The provider had systems in place that ensured the safe receipt, storage, administration and recording of medicines. Staff recruitment systems were robust.

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 and people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with three people who lived at the home. We were not able to speak with some of the other people due to their communication needs. One person said to us, "The staff are lovely here; everyone is so kind." Another person said, "I am well looked after." We observed the care and attention people received from staff. All interactions we saw were appropriate, respectful and friendly.

We saw that people's bedrooms were personalised to them, all being decorated with their personal items, for example photographs of their families. One person's bedroom had been carefully set up with all of their own furniture as close to how it used to be when they lived in their own house. Outside each bedroom there were photographs of the person at different ages, examples of their artwork or other pictures that would be recognisable to the person. This increased peoples' sense of belonging to the home and enabled them to feel settled.

We saw that staff knocked on people's bedroom doors, and waited for a response, prior to entering, which showed respect for people's personal space.

We found that the home organised regular residents' meetings and relatives meetings, with dates for them published well in advance. Minutes of these meetings were written up and made publicly available. This meant the provider listened to and acted upon the views of the people and their families and representatives in order to develop the provision of care and support at the home.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

At our visit we read three people's care records. Care records are documents which identify a person's needs and what staff need to do to meet those needs. This includes risk assessments that detail how staff can reduce the risks to people. Each of the care records that we read contained an assessment of the person's needs conducted by the manager prior to the person moving into the home. This meant the provider knew they could meet the person's needs before they admitted them.

Care plans had been developed that covered important areas of care such as night care, skin care and personal care. The personal care plans were detailed, recording information about people's personal preferences down to the level of whether people preferred to be washed with a flannel or a sponge. This showed that people's care was individually planned around their needs and wishes. These care plans had been regularly reviewed. Care staff that we spoke with were knowledgeable about people's care needs. This meant staff were able to support people in line with the information contained within care plans that were up to date.

We saw in each care record that the provider had used established scoring systems designed to assess people's risk of malnutrition or risk of developing pressure ulcers. We saw that one person had been appropriately referred to a dietician when concerns about their nutritional intake were identified. Moving and handling assessments were also present and these documents explained how people were to be transferred between different environments and what equipment was required to do this safely. These documents had been regularly reviewed. Other risk assessments were in place, for example falls prevention. We saw fluid balance charts and turn charts that were up to date in the bedrooms of people who were on full bed rest. This demonstrated that care and treatment was delivered in a way that was intended to ensure people's safety and welfare.

The home employed an activities coordinator. Recent entertainment events included a singer coming to the home, a raffle draw, bingo at the local village hall and visits to a local nativity play and a pantomime. We were shown some video footage of the home's recent tea dance, which was evidently enjoyed by a lot of the people. One person told us about the recent Christmas party and Christmas lunches, which they had enjoyed. They said,

"We had a very nice time."

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

We looked at the arrangements for people's medicines. We observed that they were safely stored in locked medicine cabinets, trolleys and a refrigerator within a staff office. A further lockable facility was available for the storage of controlled drugs, which was the correct type to be used for this purpose. Controlled drugs are a group of medicines that have the potential to be abused. For this reason, the handling of these medicines is subject to certain controls set out in law. Keys to the medication storage facilities were kept safely by the shift leader. This meant the service kept medicines securely and in an appropriate manner.

We found that staff monitored the storage temperatures of the office and the medication refrigerator on a daily basis. Records indicated they were within safe limits. This meant people's medicines were kept at the right temperature.

Medicines were delivered to the home from the pharmacy in pre-packed boxes with dosages and set times for administration clearly marked. We saw that people's medication administration record (MAR) charts were easy to read and up to date, with staff having signed appropriately when they had administered each medicine. There were no gaps in any of the records we inspected. We saw a full list of authorised signatures at the front of the MAR chart folder.

Each person had their photograph on an identification sheet in front of their MAR chart. This meant that staff could identify people correctly before giving medicines to them. We also saw accurate and up to date records for the receipt of medicines into the home and the return of medicines to the pharmacy. Bottles had been dated upon opening to ensure amounts of liquid remaining could be checked accurately against administration records. This showed that people were protected by safe systems for the administration of medicines.

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

At our visit we did not speak with people about their environment.

We found the home was warm and clean and there were no unpleasant odours. The provider's managing director told us about plans they had to extend the home, subject to planning consents, and to renovate and improve the existing environmental provision.

Staff showed us one of the corridors that was designed especially for people with dementia and had a range of tactile items and pictures on display to remind people of days gone by. We saw people using the corridor as it was intended. Photographs from recent events held at the home, for example a Christmas lunch, were displayed on a screen in one of the lounges on a repeating loop. This enabled people with short-term memory problems to be reminded of nice days and activities that had recently taken place.

Bathrooms were assisted and accessible to people with limited mobility. The home cared for people with dementia and was secure, using a key-pad system with a combination to keep people safe.

We observed that COSHH (Control of Substances Hazardous to Health) risk assessments were in place and cleaning materials were locked away when not in use. We saw paperwork that showed the gas boiler, laundry equipment and nurse call systems had been serviced in the last year by suitably qualified professionals. The water systems had been tested for the presence of legionella bacteria. The electrical appliances at the home had been tested for safety, as had the fire alarm systems and all fire prevention equipment such as extinguishers. This demonstrated that the provider had taken steps to provide care in a safe environment that was appropriately maintained.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for by suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at records obtained by the registered provider for the employment of three staff members who had been recruited to work in the home. We found that all required checks had been carried out before these staff started work in the home. The checks included written references, documentary proof of their identity and completed application forms with full employment histories. We also saw that criminal records checks had been undertaken to ensure the staff were not unsuitable to work with vulnerable people.

We saw that detailed notes were kept from the interviews of each candidate. The provider had used scoring systems to grade the answers given during their interviews. This indicated that care and attention went into recruiting people with the right skills and abilities to care for people in the home. This showed that people were protected by a robust staff recruitment process.

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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