

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

Eden View

High Street, Bottisham, CB25 9BB

Tel: 01223813620

Date of Inspection: 24 October 2013

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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
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Swanton Care and Community Limited
Registered Manager	Mrs. Sharlene Van Tonder
Overview of the service	Eden View provides care for up to to ten adults with complex care and nursing needs.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 October 2013, observed how people were being cared for 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

When we visited we found Eden View to be a safe, busy but organised home. There were staff on the ground and first floor and we saw that people living in the home were either in their bedrooms or other communal areas. One visiting professional told us that people were provided with care from a good mix of consistent staff. They told us that they checked the competency of staff after giving instructions on exercises for some people in the home.

There was evidence that care plans and risk assessments were well written and staff provided effective care for those living in the home. We saw that other professional's visited when necessary and there was a private physiotherapist in the home during the inspection. One person said: "Staff had got to grips with the vac pump and had training before I arrived and afterwards the staff were checked to make sure they were competent."

One person told us: "It's lovely here". Another person said: "Staff are my friends. We have a laugh. It's a great 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

During the inspection on 24 October 2013 we saw how people were treated as individuals and the positive way they were spoken with. Staff showed respect as they knocked before they entered each person's bedroom. However it was not always possible for staff to wait for a verbal response before they entered as many people were unable to communicate verbally.

We spoke with three people living in the home and they all agreed that staff respected them and ensured their dignity and respect was maintained. One person told us: "They (the staff) make sure my bedroom door is shut and that no-one else comes in when they are providing my personal care". People told us that they understood the care the staff helped them with and were involved in the planning of that care.

There was evidence in one person's care file that they liked to be called by a different name and we heard staff address them with the appropriate name.

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

We saw the files of four people living in the home. Staff told us that the nurses completed the care plans, but they had input into them. People we spoke with said they and their families had been part of the process and there had been discussions about their care all the time. One person told us they knew exactly how their personal care needs were met through the staff and nurses. They said: "They (the staff) turn me every two to three hours. They check my skin and put creams on. I feel staff are reliable and have a nice sense of humour with them." Another person told us: "They (the staff) come and sit with me with the care plan. I can see what they write if I want".

Information on the files seen during the inspection showed that people and their families were encouraged and included in all elements of the plans. Some people had very limited communication, but there was excellent information detailed in the plans that would help any new staff understand and ensure the person had choices they could make.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with staff who were able to tell us what constituted abuse and what they would do if they had any concerns. They informed us that there were flow charts in the office that included all the necessary phone numbers for raising a concern. We checked and found the information clearly displayed in the office. There was information in place for staff on how to raise a concern should they see any poor practice in the home as a whistle blowing procedure was in place.

Staff told us they had received all the necessary training in safeguarding and this was confirmed through training records on file.

There had been one safeguarding issue that had been followed according to the procedures of the provider.

One person we spoke with said: "I feel safe in the home".

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 observed the nurse in charge when she administered medication during the day. We saw that correct methods of administration were undertaken and medication administration record (MAR) charts were completed appropriately. There was documented evidence in the MAR charts, which showed when people had taken their medication when they were on home leave or had been in hospital.

People we spoke with said their medication was administered by the nurse but creams were put on by other staff. One person said that staff were: "...gentle but firm". One person told us they had a pain relieving medication that was taken three times a day, but stated they could have a further three doses should they require it. They confirmed they had not required it to date. When we spoke with the nurse there was no information to confirm that. The nurse said they would check with the GP and if that were found to be the case, then a MAR chart for the extra medication that could be given when necessary (PRN) would be put on file.

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

There were ten people living in the home on the day we inspected and there was one nurse and four care staff on duty. We spoke with people living in the home who all said there were enough staff on duty. They said the call bells were answered in a reasonable time, although one person said the bells were loud and wondered if there could be a more discreet method used. One person said: "They (the staff), come literally straight away. If they are dealing with someone else they tell me they won't be a minute". Whilst we were in the home we seldom heard the call bell ringing. We saw that staff checked people regularly, especially those who were unable to ring their emergency call bell. This meant people's needs could be met before they would have needed assistance.

The nurse in charge said there was a registered nurse on duty 24 hours a day, four staff in the morning, three in the afternoon and one at night. The manager said the levels of staff were monitored, especially for the night shift as there had been an increase in the level of care required. The provider may find it useful to note that when we checked the rota for the last six weeks and for the next three weeks, there were days when the levels of staff on duty was not in line with the numbers stated. There were gaps for the following weekend but the manager stated these had just been filled and had not had the chance to complete the details on the rota.

There was an activity co-ordinator in Eden View who worked four days a week. We spoke with people who told us there were some activities in the home. We saw that people had manicures, there were visiting pets and other animals such as meerkats and snakes, one to one chats and crafts. People at Eden View also went to the other homes on the complex when entertainment or other activities they wanted to attend were provided. People had their own computers and TV's and the home now had Wi-Fi. One person told us they had had their Sky TV package put into the home so they could watch the sport they enjoyed with their family.

We spoke with staff who said they felt there were currently enough staff to meet people's needs but that many people's health was gradually deteriorating. They said there was a nice mix of young and more senior staff and male and female. The manager said that if anyone in the home was very unwell extra staff would be brought in so that there would be extra support.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw that there had been surveys sent called 'Your Care Rating' which were being collated. The manager said that if any issues were raised in the surveys, but none were, they would have been discussed with the person. People we spoke with said there were no issues in Eden View but would talk to the nurse in charge, staff or their relatives if they wanted to.

The manager said that Barchester (the provider) were sending surveys to people living in the home, relatives and advocates using different methods such as paper forms, on the phone or on line to get the widest view possible. This was due to be undertaken in the next few months.

The manager said there was a suggestion box available for people which allowed them the opportunity to say how things could be improved in the home.

There were provider visits and several monthly audits completed to ensure the home provided effective care in a safe environment.

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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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