

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

Adderley Care Home with Nursing

23 London Road, Long Sutton, Spalding, PE12
9EA

Tel: 01406364309

Date of Inspection: 13 June 2013

Date of Publication: July 2013

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
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Adderley House Limited
Overview of the service	Adderley Care Home with Nursing is located in Long Sutton in Lincolnshire. It provides residential and nursing care for up to 72 people.
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

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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 13 June 2013, 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 reviewed information sent to us by commissioners of services.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

Adderley Care Home with Nursing is currently in administration and is managed by Healthcare Management Solutions(HCMS), a management company appointed by the administrators. It is registered for 72 people but on the day of our visit there were 39 people living at the home.

We saw staff treated people with respect. Our expert by experience told us, "The staff were very attentive and hands on, laughing and joking with those who were awake."

We observed care workers hoisting people this was done safely and care workers talked to the person during the process explaining what was happening.

We completed a SOFI in the dementia unit. This is a specific way of observing people to see what care they experience. We saw there were enough staff to meet people's need. People were supported by staff to move freely about the dementia unit.

We saw the home was clean and tidy. There were systems in place to protect people from the risk of infection.

We saw there were appropriate systems in place for the recruitment of staff. Records showed all necessary checks were completed before people started work.

There was a system of auditing and monitoring the quality of the service provided. Incidents were analysed and action plans put in place to improve the service people received.

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 views and experiences were taken into account in the way treatment was provided and delivered in relation to their care.

Reasons for our judgement

People's values, diversity and human rights were respected. We saw care staff treated people with respect. For example they spoke quietly with people when asking about their care needs and staff knew people's preferred name. Our expert by experience told us, "The staff were very attentive and hands on, laughing and joking with those who were awake." We saw rooms were personalised with pictures, ornaments and other personal possessions. Staff knocked on people's doors before entering their room.

Where people were unable to make decisions for themselves we saw they had been assessed in accordance with the Mental Capacity Act 2005. The Mental Capacity Act 2005 provides a framework to empower and protect people who may lack capacity to make some decisions for themselves. Decisions were made in their best interest involving relatives and health care professionals.

The home had employed a new activity co-ordinator in March 2013. They were employed for 24 hours a week. We saw the activities co-ordinator spent time in the dementia unit in the morning. They were due to spend some time with people in the rest of the home in the afternoon, but had to escort a person to hospital.

The provider may find useful to note the activity co-ordinator had been unaware of the appointment in the afternoon and had been encouraging people to come and paint with them in the afternoon. While there was no risk to their safety people were disappointed that their activities were postponed.

The radio was on in some people's room, it was tuned to stations that were appropriate for each person as an individual.

The provider may find it useful to note we saw some occasions where the language used to record people's daily care did not always respect them as people. For example, one person's daily notes recorded, "Today [Name] no problem." We also saw one member of

staff repeatedly encouraged people in the dementia unit to play with blocks. This did not respect their life experience as an adult. While there was no risk to people, they and their families may find this language inappropriate.

People told us they had a choice of food at meal times. One person told us, "We had two choices today, I had chicken and a salad."

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

When we arrived at the home the manager was not available. We spoke with the nurse in charge, this was an agency nurse. However they were aware of the needs of the people living in the home. They were able to tell us who was currently in hospital and who was poorly and wouldn't want to be disturbed.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at four care plans. We could see that in each care plan people's needs had been assessed before they started living in the home. We saw this included information on people's likes such as food and how they liked to be dressed.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare. Records showed the risk to people's safety and well-being were assessed and reviewed on a regular basis. We saw risk assessment for moving and handling, nutrition and pressure sores. Records showed appropriate health care professionals had been involved in people's care when needed.

We completed a SOFI in the dementia unit. This is a specific way of observing people to see what care they experience. We saw there were enough staff to meet people's need. People were supported by staff to move freely about the dementia unit.

We observed care workers hoisting people. This was done safely and care workers talked to the person during the process explaining what was happening. Our expert by experience noted staff had told them they had been trained to use the hoist and that the training was good.

Our expert by experience spent some time observing lunch in the dining room. They told us, "There was plenty of help for those who needed it, the meal was adequate but did not look attractive." They also noted drinks were available at all times and people with swallowing difficulties were supported to drink safely.

The provider may find it useful to note we saw the morning medication round was not

completed until 10am. We discussed this with the nurse in charge who told us they had recorded the medication on the medication administration record (MAR) as being taken at the time recorded on the MAR Chart. We looked at MAR charts and saw the morning administration time was 8am. This meant there was a risk medication recording times were not accurate and later medication may be given without an appropriate time gap being left.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

There were effective systems in place to reduce the risk and spread of infection.

Reasons for our judgement

Our expert by experience noted, "The inside was dull and drab but very clean." We saw all areas of the home were clean and tidy. We checked the mattresses on a few beds and saw they were all clean.

The provider may find it useful to note our expert by experience told us they did not see staff offering people the opportunity to wash or clean their hands before eating their meal. This meant people's hands may not have been as clean as they would like to eat a meal.

We saw the care workers wore gloves and disposable aprons when attending to people's needs. We saw gloves and aprons were available for staff in all areas of the home. There was liquid soap and paper towels in people's rooms to enable staff to wash and dry their hands effectively. Where specific infection control issues had been identified, systems had been put in place to manage the risk.

We spoke to some members of the housekeeping staff. They were able to explain the cleaning processes in each area of the home. The manager showed us the cleaning schedule the housekeepers worked to. We could see it described the different daily, weekly and monthly cleaning that was needed.

One housekeeper told us they were studying for a nationally recognised qualification related to their job as a housekeeper.

We saw there were different coloured mops and cloths used in each area of the home to reduce the risk of infection. We saw posters on the walls to remind staff what colour mops and cloths were to be used in each area.

We saw dirty clothes and linen were taken directly to the laundry room. There were systems in place to store clean and dirty laundry in baskets to prevent any cross contamination. The housekeeper was able to describe the correct process for dealing with soiled linen.

We saw the kitchen was clean and tidy. All food in the fridge was wrapped and dated. Records showed the fridge and freezers were monitored to ensure they kept the food at

the correct temperature.

Records showed audits were completed for infection control, hand hygiene and cleanliness.

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, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Records showed the provider had a recruitment and selection policy.

We saw there were appropriate systems in place to record the selection process. For example we saw completed application forms and interview notes.

The manager explained they had struggled to find nursing staff to work in the home and had been using agency staff. Where agency workers were used, the manager checked they had the required skills to work safely. We saw the agency sent the manager an information sheet which listed the agency workers, training, skills and experience. The care worker with responsibility for the rotas told us they scheduled the rotas three weeks in advance. The advanced planning meant they were able to request certain agency workers giving some consistency for people receiving care.

Records showed appropriate checks were taken before staff began work. We saw the manager had obtained satisfactory checks from vetting and barring agencies. We saw two references had been obtained for staff prior to them starting work.

Records show staff who were no longer fit to work in health or social care were referred to the appropriate bodies.

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 identify, assess and manage the risks to health, safety and welfare of people using the service and others.

Reasons for our judgement

People who used the service and their representatives were asked for their views about their care and treatment and they were acted upon. We saw minutes from the latest relative's meeting dated 30 March 2013. Items discussed included the activities offered by the home.

Records showed a quality survey was completed by residents and relatives in November 2012. We saw regular staff meetings took place.

Relatives told us they had raised concerns with staff in the past. They told us the manager had acted on their concerns and resolved the issues. Records showed the manager had taken appropriate action when people had complained.

The area manager completed monthly quality assurance visits. These included observing care and reviewing care plans. They paid particular attention to people new to the home and people who were poorly. Incidents were reviewed to highlight trends. We saw an action plan was developed each month. Any items outstanding at the end of each month were rolled forwards onto the next action plan to ensure they were completed.

The provider may find it useful to note that we saw the grounds were shabby in appearance and the gardens had not been maintained to an appropriate standard. We saw the internal décor of the home looked tired. We saw skirting boards and doorframes had been knocked in places and the paint had been chipped away. The walls also had places where paint had worn away. We discussed these issues with the manager who told us plans were in place to improve the home both internally and externally within the next few weeks. While there was no risk to people, this did not support their wellbeing.

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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