

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

## Horfield Lodge

Kellaway Avenue, Horfield, Bristol, BS7 8SU

Tel: 01179166630

Date of Inspection: 26 January 2014

Date of Publication: March 2014

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

**Staffing**



Met this standard

## Details about this location

|                         |   |
|-------------------------|---|
| Registered Provider     | Methodist Homes   |
| Registered Manager      | Mrs. Hilary Bridget Mitchell  |
| Overview of the service | Horfield Lodge is a location of Methodist homes which provides accommodation for up to 75 people. The accommodation is purpose built and is arranged over three floors. |
| Type of service         | Care home service with nursing  |
| Regulated activities    | Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury                       |

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*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

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### Why we carried out this inspection

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

- Care and welfare of people who use services
- Staffing

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service.

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### What people told us and what we found

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This inspection took place to check on the improvements made since our last inspection in October 2013, when we found that regulations were not being met in relation to care and welfare and staffing. Following this inspection we received an action plan setting out the steps that would be taken to achieve compliance. When we returned to the service in January 2014, we found that improvements had been made.

During our visit, we saw that people were receiving support with their meals and drinks. Records relating to their care demonstrated that support was being provided in accordance with their needs. Care was provided in a calm atmosphere and people that we spoke with told us that they received support when they needed it and were well cared for.

Due to some staffing issues, the activities programme wasn't yet operating in the way that the manager had hoped. However, recruitment of a second activity coordinator had just taken place at the time of our inspection.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### 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.

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### Reasons for our judgement

When we inspected the service in October 2013, we found that people weren't always receiving the level of support they required. For example, people didn't always receive the support they needed with their meals. Staff and relatives also raised concerns about the lack of activities for people in the home.

Following our inspection we received an action plan from the service setting out what steps they would take to achieve compliance with the relevant regulation. Our concerns in October 2013 related to the nursing floor of the home and so on our return in January 2014, our visit focused on this area of the home.

We spoke with three people during our visit, and visited three other people in their rooms. One person was relatively new to the home and told us they had settled in well and were being well cared for. Another person, when asked, told us that they received support with their meals and drinks.

When we returned to the home in January 2014, we observed people receiving support in accordance with their needs. During the afternoon drinks round, we saw people who required support with their drinks were attended to by staff. We observed staff thickening fluids for those people that required it. Staff were pleasant in their interactions with people and offered to get alternative drinks for people if they didn't want a hot drink.

We looked at the days recording charts for people who were at risk nutritionally and saw that these were being filled in so that staff could monitor people's nutritional intake. From the records viewed, we saw that people were also receiving support to reposition in bed in order to help prevent pressure wounds to the skin.

We saw that people who were identified as being at risk of malnutrition, were being monitored through being weighed weekly. We pathway tracked four people on the nursing floor of the home and from viewing records we saw that their weight was stable, indicating that their nutritional needs were being met. We were told that there was concern about one

person who was not eating well and arrangements had been made for them to see their GP.

On the afternoon of our visit, there was no activity coordinator on duty, however a group of people gathered in the lounge to play scrabble. We were told that this was a regular occurrence. We did hear from staff about occasions when activities had been cancelled, which was disappointing for people in the home. However staff told us that they tried to organise activities themselves when possible, such as singing.

We spoke with the manager about the activities programme and were told that due to staff issues, they weren't at full capacity for activity coordinators at the time of our inspection. However, a member of staff had recently been recruited and therefore it was hoped that the activity programme would be further developed.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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When we visited the home in October 2013, we found that staffing levels were insufficient to ensure that people's needs were met. Following this inspection we received an action plan from the service setting out how they would achieve compliance with the relevant regulation. This inspection focused on the nursing floor of the home.

The manager of the home was present during the inspection and told us that a number of staff had recently been recruited and were awaiting completion of all their checks before they could begin work. Recently recruited staff included; five care assistants, a new deputy manager and an activity coordinator.

The manager told us that the expected staffing levels on the nursing floor would be four to five care assistants depending on occupancy. On the afternoon of our inspection, there was one registered nurse on duty and four care assistants. This included one member of staff who had been redeployed from another area of the home. Staff told us that with this level of staffing they were able to meet people's needs. This was reflected in the observations we made. People received support with their meals and drinks and care was provided in a calm and pleasant atmosphere.

We viewed the daily record sheets of four people living in the home and saw that these were completed indicating that people were receiving the support they required. We also observed a number of people being given individual support during the afternoon drinks round demonstrating that staffing levels were sufficient to meet their nutritional needs.

We heard that there were still occasions when staffing on the floor was not at the expected level. It was not possible to check this information due to the fact that the staff allocation sheets for the nursing floor were not consistently filled in. The provider might find it useful to note that this information is necessary to monitor how well staff are being deployed in the home. We discussed this with the manager on the day of our inspection and we were told that these records would be started immediately.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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