

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

Fessey House

Brookdene, Haydon Wick, Swindon, SN25 1RY

Tel: 01793725844

Date of Inspection: 25 September 2012

Date of Publication: March 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✘	Action needed
Safeguarding people who use services from abuse	✔	Met this standard
Cleanliness and infection control	✔	Met this standard
Management of medicines	✔	Met this standard
Requirements relating to workers	✔	Met this standard

Details about this location

Registered Provider	Care & Support Partnership Community Interest Company Limited
Registered Managers	Mrs. Emma Jones Mrs. Valerie Timms
Overview of the service	Fessey House is a care home that provides care and support for up to 39 elderly people. The accommodation is arranged over two floors and the home is situated on the outskirts of Swindon.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	8
Cleanliness and infection control	9
Management of medicines	10
Requirements relating to workers	11
<hr/>	
Information primarily for the provider:	
Action we have told the provider to take	12
<hr/>	
About CQC Inspections	13
<hr/>	
How we define our judgements	14
<hr/>	
Glossary of terms we use in this report	16
<hr/>	
Contact us	18

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 25 September 2012, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with stakeholders.

What people told us and what we found

People who lived in the home we spoke with said they enjoyed living there and were well treated by the staff. We observed staff interacting positively with people and treating them with respect. Many people living in the home were unable to comment upon their care due to their dementia.

We found there were some shortfalls in the recording of the assessing and planning of care and have required that improvements are made.

We found that the home was clean and hygienic and that all staff had completed training in infection control.

We found that the home trained staff correctly before they undertook any responsibility for administering medication.

Staff we spoke with said they completed regular training and were clear about their roles and responsibilities. The required employment checks were completed on staff before they commenced employment.

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

What we have told the provider to do

We have asked the provider to send us a report by 04 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external

appeal processes. We will publish a further report on any action we take.

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

✘ Action needed

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

Our judgement

The provider was not meeting this standard.

Shortfalls in the documenting, recording and planning of care and support did not ensure that people experienced care, treatment and support that met their needs and protected their rights.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People we spoke with who lived in the home were positive about the care and support they received. The service provided short and long term accommodation in different parts of the building. People living in the home were positive about the staff and the care they were receiving. We saw evidence that good care and support was being provided. However, we identified shortfalls in the documentation and planning of care and have required that improvements are made. We found there were some inconsistencies between assessments and guidance for staff and that some files lacked sufficient information to ensure that people's assessed needs were being met.

We were told by the manager that the care files were audited on a regular basis and were shown a record that this had been recently completed. We identified some issues with the information detailed in the care files.

In one file we found that the handling assessment contradicted what was written in the care plan. The record showed this person had lost a stone in weight in two months and also that one month's weight recording had not been completed. A note was written into the notes for the person to be observed but no further details had been recorded. The initial assessment noted the person enjoyed listening to music, including using their own personal stereo, and reading, but no mention of these activities were found in the daily notes. Staff we spoke with were unaware of these interests.

The assessment also contained some additional information about the person's condition on admission to the home, which should possibly have been monitored. No follow up action was recorded. We discussed this issue with the manager.

In another file we found a handling assessment that said the person could mobilise

independently but in the care plan it said they needed staff assistance. This person was prescribed PRN medication but no protocol for this was found in the file.

In another file we found that the care planning information had not been fully completed. The personal history information listed a number of interests and activities that the person enjoyed but we found no record or mention of these occurring in the daily notes. Staff we spoke with were unaware of these interests.

When people were admitted to the home we saw that detailed assessments had been completed, usually by the manager. From these care plans were developed and families were asked to complete a form about the person which contributed to this. However in one file we found no care plan or assessment. There was a note saying a form had been sent to the relatives to be completed, asking for information. The guidance in the file consisted of a list of care tasks, such as washing and dressing, next to which was written "requires staff assistance", and also "requires support throughout the day". There was also no risk assessment about mobility in place. We found that this person had been admitted to hospital following a fall.

We also found two personal files that contained information about different people and we observed that some files were disorganised with information being filed in the wrong sections.

At lunchtime we observed staff interacting positively with people, for example offering choice over their meals and where they would like to sit. We saw people being given assurance whilst momentarily confused. Staff were patient and calm, and treated people respectfully and used their correct term of address. People who lived in the home told us they enjoyed the food. Sufficient staff were available to give the support that was required

People we spoke with said they enjoyed living in the home and were well treated by the staff. Many people were unable to comment upon their care due to their dementia.

We observed that people appeared well cared for in their appearance and were wearing clean and freshly laundered clothes. People were comfortable and relaxed in the communal areas of the home.

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 it from happening.

Reasons for our judgement

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 it from happening.

At our previous visit to the home a shortfall had been identified in regard to staff training in adult protection. We found that this issue had been addressed by the provider and that all staff had completed training on adult protection and, where required, completed a refresher course.

The manager had completed training about the Mental Capacity Act and the Deprivation of Liberty Safeguards. The home had policies in place on safeguarding procedures and whistle blowing.

Staff we spoke with were clear about their responsibility to report concerns and how to do this, whether inside the home or to an outside agency. Information about adult protection was displayed within the home.

The service had cause to report a safeguarding concern during recent months and we saw evidence that the correct procedures had been followed and appropriate action taken. This had related to the behaviours of a person living in the home whose changing needs resulted in some behaviours that challenged the service. Appropriate people were informed and action had been taken to promote the individuals safety. Action was being taken to monitor the ongoing situation.

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We undertook an inspection of the environment and found the home to be clean, hygienic and generally free from odours. We found that one of the downstairs lounges had an odour which we were told was caused by the furniture being steam cleaned during the previous night. The windows had not been opened to ventilate this area but we observed that the room appeared clean.

We looked at a number of individual bedrooms and these were clean and well maintained. We spoke with two of the cleaning staff who explained how they organised their work and the training they had undertaken. Night staff also undertook some cleaning work.

Staff, people who lived in the home and visitors we spoke with told us the standard of cleanliness was maintained.

Care staff we spoke with were clear about their responsibility in regard to infection control and the procedures they had to follow for transporting laundry and the wearing of protective clothing.

We looked at the record that was kept of the infection control audits which were completed by the senior staff. The provider might like to note that we found there was a lack of detail on these checks to identify exactly who and what was checked, and the exact times and dates when they were undertaken.

The manager confirmed the home had a copy of the current code of practice for health and adult social care on the prevention and control of infections and related guidance issued by the Department of Health.

The provider organisation had a lead person for infection control who completed an audit of the home every year and supplied a report. We were told this had been satisfactory. The manager told us there were plans for the deep cleaning of the home to be undertaken by outside contractor supplied by the provider.

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 storage, recording and administration of medication in the home and found that this to be in order.

We observed part of a medication round and saw that the correct procedures were being followed. Medications were being given safely and discreetly and the correct recording was being completed.

We looked at the records for administration and storage and found these were being completed correctly.

Up to date records were in place for the disposal of unused medications and also any controlled medications were correctly stored and the appropriate recording procedures being followed.

We met with a senior staff member who was responsible for overseeing the medication ordering and storage. We were told how all staff had to complete training before they took responsibility for administering medication. Once training was completed staff were observed completing three medication rounds by the senior staff member before they undertook the role unsupervised. All staff were re-assessed every six months and completed an additional observed administration of medication.

Regular auditing of the medication was being undertaken and recorded.

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

The service had effective recruitment and selection procedures in place which helped ensure the safety and welfare of the people living in the home.

We looked at the staffing records relating to recruitment and found them to be satisfactory. All the required pre-employment checks were being completed and recorded. The recruitment process was managed by the provider from a central location for all of their services. The registered manager was informed when the required checks had been completed and were satisfactory, and would then organise a start date for new employee.

The manager explained how application forms were anonymised by the providers human resources team prior to being sent to the home for short-listing. This helped ensure that potential candidates were not discriminated against during the selection process.

The records showed that several staff were recruited who had previous experience of working in care and had completed a variety of relevant training. We also spoke with one person who had worked as a domestic cleaner in the home prior to successfully applying to work as a care assistant. All staff we spoke with said they had been required to complete regular training once they commenced their employment in the home.

All posts within the home had up to date job descriptions which helped ensure staff were clear about the roles and responsibilities of their position. We spoke with two staff who had been recruited recently and they confirmed they had been supplied with job descriptions, and had been required to complete the recruitment process. Staff we spoke with were clear about the differing responsibilities for the various roles within the home.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
	How the regulation was not being met: Inconsistencies in the assessing and recording of mobility needs and the lack of information in some care plans meant that the planning and delivery of care did not ensure that individual needs were being met. The documented care plans did not ensure that individuals were protected against the risks of receiving care or treatment that was inappropriate or unsafe. Regulation 9(1)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 04 April 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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