

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

Midsomer Norton Community Resource Centre

Combe Lea Residential Care Home, Greenacres,
Midsomer Norton, Radstock, Bath, BA3 2RD

Tel: 01225396616

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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
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Sirona Care & Health CIC
Registered Manager	Mrs. Ketrine Cooper
Overview of the service	Midsomer Norton Community Resource Centre accommodates 30 people over two floors. Fifteen people whose primary care need relates to dementia are based on the first floor (Gardners Row) and 15 people whose care needs are around personal care are based on the second floor (Willow View).
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 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 and talked with staff.

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.

What people told us and what we found

One person we met said: "I would not change anything. I am happy here and would not want to move as I wouldn't find anything better". Another person said: "I am looked after very well. The food is good and the staff are kind".

One visitor we met told us: "the place is perfect and I have no concerns". Another said: "I don't think we could have picked a better home".

All the people we talked with said they enjoyed the food. They said they were given a variety of meals and could choose them each day. They said they were able to ask for something different if they did not like what was on the menu that day.

We observed care delivered by the care staff. People were treated with patience and kindness. People were treated with dignity and respect. We observed that the care plans detailed the care needs of the people at the home. We saw that an assessment about people's mental capacity had not been completed.

Staff told us that they had received all necessary training. The home has a system in place to monitor the quality of care and support provided at the home.

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.

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

Reasons for our judgement

We were able to talk at some length with eight people who lived at the home. We met and talked briefly with a number of other people, including visiting relatives. The people we talked with said they were treated with respect and dignity. They said staff did not carry out any personal or intimate care without closing doors and curtains. Other staff did not come into their room without asking first. Two people said they felt the service was their home and they felt staff understood this.

People said they felt involved in decisions about their care. They said staff did not do anything without asking permission and they felt able to refuse care if they wanted to at any time. They said their families were involved with their care but the home made sure this was what the person wanted first.

Staff we met and talked with gave us examples of how they treated people with respect and dignity. We observed staff on duty knocked on doors and asked people if they could come in.

Staff told us they introduced themselves to people particularly if people had dementia. We were told this was so people felt safe and to reassure them. One member of staff said it was important for staff to appreciate people's rooms were their own and no different to living in their own home "which you wouldn't just walk into uninvited". Another member of staff said it was important to talk slowly and clearly with people who had difficulties with memory or answering questions. They said even if the person did not understand it was still important to give them as much information as possible. Information should be given sensitively and people "not treated like a child".

The home had recently had a resident's and family meeting. We saw minutes of this meeting. This demonstrates that the home seeks the views of people at the home

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People we met and talked with said the service met their needs. The eight people we talked with at some length said staff were kind to them and patient with them. People said they could get up when they wished or stay in bed until they were ready. We were told staff did not make people get up but encouraged them if they felt it was in their best interests. One person said there were "quite a lot of activities" and they joined in with those they thought were interesting. They said people came to entertain them. One visitor we met told us: "the place is perfect and I have no concerns". They told us the care was good and staff were kind and attentive. Another visitor who was a healthcare professional said: "I don't think we could have picked a better home". They told us staff kept them informed of any concerns about their relative. They were also able to take part in care reviews and were assured the home understood their relative well and met their needs.

We looked at six sets of care records. The records were detailed and contained valid and up-to-date information. The records showed relatives had been able to participate in gathering information about a person. They were also involved in care planning and had been notified of changes in a person's health or other concerns.

Risk assessments had been carried out for people. These included assessments for nutrition and hydration risks, pressure area care, mobility, falls and the use of bed rails. People's communication difficulties were also described and advice provided as to how staff were best able to communicate with people. The provider may like to note that although staff had a good awareness of people's ability to make decisions and "best interests" no formal mental capacity assessments had been completed.

Staff we met and talked with were able to tell us about people and describe their needs. They were able to demonstrate both from conversations with us and from our observations of their care how they met these needs. Staff were able to tell us which people needed to use equipment such as hoists, or needed to be assisted with bathing. Staff were able to tell us how they helped people to be independent but made sure they and others were safe. One member of staff said it was important to encourage people to do as much for themselves as possible. People were encouraged to take exercise and walk around the home and the garden when and where possible.

People were able to get up unaided and dress themselves when they were able to do so safely.

Staff said they found knowing about a person's history was important to having good conversations with people and getting to know them. Staff said if a person's memory was impaired, they would talk with the person's relatives to learn more about them and their family.

During the visit we saw people at lunch time. All the people we talked with said they enjoyed the food. They said they were given a variety of meals to choose from each day. They said they were able to ask for something different if they did not like what was on the menu that day.

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

The people we met and talked with said they felt safe at the home. They said no staff had acted inappropriately with them or given them cause for concern for their own safety. They said they had not seen staff acting inappropriately with anyone else.

Visitors told us staff were kind to people. None of the four visitors we met and talked with had seen staff abusing people and had no suspicions about abuse taking place. They said they would report any concerns to senior staff and expected them to be dealt with urgently.

Care staff told us that they had received training in safeguarding of vulnerable adults (SOVA) and that they were expected to have refresher training on a regular basis. We asked them what they would do if they saw, or were told about, bad or abusive practices. Staff confirmed they were supported by the deputy and area manager and felt they could talk to them about any concerns they had. We saw the provider had clear policies and procedures on safeguarding people and whistle blowing. The policies were up to date and included contact details for staff if needed. The staff induction training also included SOVA training. Staff we spoke with told us that they were aware of the policies, procedures and where to access them if required.

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

People and visitors we met said they felt staff were well trained and supported in their roles. They said staff appeared to like their jobs and caring for people. They said they had not found any staff who did not know how to meet people's needs. One visitor said they felt staff would ask for help if they were unsure how to act and they would be supported by more experienced staff.

We were told new staff shadowed more experienced staff when they started and only worked with people when they felt they were confident and ready.

We looked at the staff training records. These showed that the majority of staff had received training in a range of subjects including health and safety, fire precautions, infection control, safeguarding of vulnerable adults from abuse, whistle blowing, moving and handling, diet, food hygiene and other relevant subjects.

Staff told us that they had supervision sessions every two months with their line manager. This ensures that staff were given the support that they need.

We looked at the duty rota's. These showed that there were adequate numbers of staff on duty. Staff told us that they felt that there were sufficient staff to meet peoples needs. People at the home told us that when they rang the bell they did not have to wait long for staff assistance. People told us that they felt there were enough staff on duty.

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 a sample of recent audits carried out to check on the quality of the care and the service that people received. We saw that the care people received and the management of their medicines was quality checked on a regular basis.

We saw information in the accidents and incidents records about occurrences that had happened at the home that involved people who used the service. We saw written information that showed how the manager and the staff learned from what had caused an accident or a significant incident. We saw that the manager and staff aimed to find ways of improving overall outcomes for people for the future. The staff told us they had regular meetings with the management of the home and discussed any issues relating to health and safety and incidents that had occurred.

We saw the record of complaints made about the service. We saw written information that showed that complaints had been properly investigated and addressed by the management. This helped to suggest that when people complained their concerns were properly responded to and addressed.

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, 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, primary medical services 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 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.

 **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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