

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

Eleighwater House Retirement Home

Eleighwater House, Combe St Nicholas, Chard,
TA20 3AG

Date of Inspection: 07 February 2013

Date of Publication: February
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
Safeguarding people who use services from abuse	✓	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	Mrs Tabitha Angela Twidale
Overview of the service	<p>Eleighwater House is registered to provide personal care and accommodation to up to four people.</p> <p>The home specialises in the care of older people.</p>
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
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
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Requirements relating to workers	11
Assessing and monitoring the quality of service provision	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
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 7 February 2013, talked with people who use the service and talked with staff.

What people told us and what we found

There was a very relaxed and friendly atmosphere in the home. People appeared very comfortable with the staff and the owners. We noted that people were spoken with in a friendly and respectful manner. We saw that staff showed patience and kindness when assisting people.

People who lived at the home said that they continued to make decisions about their day to day lives and their care. One person told us "I can do what I want. I make the decisions about the help that I get and when I get it."

Everyone we asked said that they were very happy with the care and support they received. Comments included; "I feel well cared for" and "Everything is very comfortable, I couldn't ask for anything better."

We observed that people who lived at the home were well dressed and well presented. This showed that staff spent time to assist people with their personal care needs.

We saw that staff encouraged people to remain independent and offered support in a discreet manner which protected their dignity.

We looked at three staff personal files. Files contained application forms and evidence of formal interviews. The home carried out Criminal Records Bureau (CRB) checks before a new member of staff began work. This made sure that only people with the appropriate experience and character were employed at the home.

The owner worked alongside employed staff which enabled them to supervise staff and monitor standards on an ongoing basis.

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

People who lived at the home said that they continued to make decisions about their day to day lives and their care. One person told us "I can do what I want. I make the decisions about the help that I get and when I get it."

People told us that they were comfortable to speak with staff about their needs. One person said "Anything I want help with I only have to ask. The staff are all friendly and listen to me about how I want to be cared for."

We looked at three care plans and saw they contained information about people's likes and dislikes as well as their needs. This meant that staff had details of people's preferred routines which enabled them to provide support in line with people's preferences. One member of staff said "Everyone is an individual and we personalise the care we give to each person. Because we are such a small home we can give everyone 100% choice."

Two of the three care plans we read had been signed by the person who lived at the home or their representative. This showed that the care plan had been discussed with them.

We observed that staff spoke with people in a respectful and friendly manner. People said that staff were always polite and respectful.

Everyone who lived at the home had their own room with en suite facilities which meant that personal care could be carried out in private. We saw that people had unrestricted access to the communal areas and their personal rooms. One person told us "I can go to my room whenever I like. Staff respect my privacy and always knock on the door."

The provider informed us that meals in the home were cooked in accordance with people's known likes and dislikes. Two people told us that they would like more choice of meals. This was discussed with the provider who said that they would involve people more in

menu planning. This would ensure that people were able to influence the meals served.

People who moved into the home received a copy of the service user guide which gave them information about the home and the services provided. This meant that people were aware of what they could reasonably expect from the home and any restrictions.

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.

Reasons for our judgement

Everyone we asked said that they were very happy with the care and support they received. Comments included; "I feel well cared for" and "Everything is very comfortable, I couldn't ask for anything better."

We observed that people who lived at the home were well dressed and well presented. This showed that staff spent time to assist people with their personal care needs. One person said "I need help with washing and dressing, they never rush me." Another person said "The staff help me with bathing, they are so respectful."

Anyone who wished to move into the home had their needs assessed to make sure Eleighwater House was able to meet their needs and expectations. The provider informed us that they made sure that anyone thinking of moving in had written information about the home to assist them to make a decision.

We were also told that people were able to stay at the home for a short stay to help them to decide if it was the right place for them. Some people we spoke with had originally stayed for a trial period. One person said "When I first came I wasn't sure that I would be happy but it has surpassed all my expectations." Another person said "It was good to be able to test drive the home and helped me to make the decision to move in permanently."

The home was able to accommodate up to four people. It also provided day care. The staff and provider demonstrated an excellent knowledge of the people who used the service. One member of staff told us that the size of the home allowed them to spend quality time with people and provide individualised care and support.

The care plans we read outlined people's needs and gave information about how staff should assist people to make sure their needs were met. This meant staff had up to date guidance on how to support each individual.

We saw that staff encouraged people to remain independent and offered support in a discreet manner which protected their dignity.

We were able to see that the home responded to people's individual needs. For example when someone required care during the night staffing levels were adjusted to make sure that their needs were met. We saw records which showed that staff were supporting this

person with their night time needs.

Everyone we asked said that staff assisted them to attend appointments with health and social care professionals. All appointments were recorded in people's individual files and showed that people had access to a range of professionals including doctors, specialist nurses and social workers. This meant that people had access to healthcare professionals according to their specific needs which ensured that their needs were met.

To make sure that people received consistent and appropriate support if they needed to be admitted to hospital each person had a hospital admission form. The document gave basic details about the person and their needs including their prescribed medication.

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

There was a very relaxed and friendly atmosphere in the home. People appeared very comfortable with the staff and the providers. We noted that people were spoken with in a friendly and respectful manner. We saw that staff showed patience and kindness when assisting people.

The home had policies and procedures in respect of recognising and reporting abuse. The provider was aware of the local procedures for reporting suspicions or allegations of abuse. This meant that appropriate professionals would be involved to make sure that people were fully protected.

The service user guide and statement of purpose contained a copy of the complaints procedure which included contact details for outside agencies. People spoken with said that they would be able to speak with the provider if they were unhappy about any aspect of their care. One person said "I've no complaints but if I had any worries I would talk to the owner. I know they would sort it out."

Staff said that they would not hesitate to report any concerns and were confident that any allegation would be taken seriously and fully investigated.

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 skilled and experienced staff.

Reasons for our judgement

People who lived at the home were very complimentary about the staff who supported them. Comments included; "Staff are first class, they help me with everything," "Staff are very very caring" and "The staff are all so friendly, if I want anything I only have to ask."

We looked at three staff personal files. Files contained application forms and evidence of formal interviews. The home carried out Criminal Records Bureau (CRB) checks before a new member of staff began work. This made sure that only people with the appropriate experience and character were employed at the home.

One member of staff spoken with said that they had not been able to start work until a CRB check had been carried out and a reference received. They also said that initially they only worked under the supervision of the owner.

We saw records in staff files which evidenced that staff completed an induction programme and only worked unsupervised when the owner had assessed them as being competent with specific tasks. This ensured that new staff had the basic skills to safely care for people.

The owners provided the majority of care in the home but some staff were employed. The owners told us that the home did not advertise for staff but relied on "word of mouth and personal recommendations." This gave assurances to the owners of the person's abilities and good character but was not recorded in staff files.

The provider may find it useful to note that two staff files seen did not contain a written reference from the person's previous employer. This meant that there was no documented evidence of the staff members conduct in their previous employment.

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.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

There were effective systems in place to monitor the quality of care and service provided.

The home sent out questionnaires to staff, people who lived at the home and their representatives. This allowed people to share their views and highlight any shortfalls in the service.

We looked at some of the returned questionnaires and noted a high level of satisfaction with the service provided. We saw that one visitor had raised an issue on their returned questionnaire and the owner was able to explain the action that had been taken to address this. This demonstrated that the home responded to feedback and addressed issues raised with them.

Risk assessments had been carried to ensure that risks to people who lived at the home were minimised. Risk assessments seen included a full fire risk assessment and an infection control assessment. These assessments were comprehensive and demonstrated the actions which had been taken to reduce risks in the home.

We saw that regular health and safety checks were carried out. These included regular checks of the fire detection equipment, emergency lighting and water temperatures. This ensured that equipment was maintained to a safe standard.

The owner worked in the home and was able to seek people's views on a daily basis. Everyone we asked said that the owner regularly asked for their suggestions and opinions. One person told us "She wants to know that you are happy with everything or if there is anything you would like changed."

The owner worked alongside employed staff which enabled them to supervise staff and monitor standards on an ongoing basis.

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.

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

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
