

***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 November 2013

Date of Publication:  
November 2013

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Management of medicines</b>	✗	Action needed
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	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 five 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

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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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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.

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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 7 November 2013, 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.

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### What people told us and what we found

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The owners provided the majority of care in the home but some part time staff were employed. On the day of the inspection the owners were working with one other member of staff.

People were very complimentary about the staff who supported them. People told us "The staff are so good" and "They are all kind and polite but you can have a bit of fun with them as well."

People were very happy with the care they received. One person said "Everything is very nice and I certainly feel well looked after." Another person told us "I am very comfortable. They can't do enough for you."

People had access to healthcare professionals to meet their specific needs. Care plans that we read contained records of appointments with healthcare professionals including doctors, community nurses and chiropodists.

All areas of the building that we saw were clean and fresh. People who lived at the home were happy with the standards of cleanliness. One person said "Everywhere is always so lovely and clean."

Medication was not always administered in line with good practice guidelines which could place people at risk of receiving the wrong medication.

Systems in place to monitor the quality of the service offered and ensure the safety of people were appropriate to the size of the home.

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

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 25 December 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.

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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

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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

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People who lived at the home were very happy with the care they received. One person said "Everything is very nice and I certainly feel well looked after." Another person told us "I am very comfortable. They can't do enough for you."

Throughout our visit we observed that people appeared very comfortable with the staff who supported them. We saw people received care and support in a way that respected their privacy and promoted their independence. One person said to us "They are very good when they help you, so kind and gentle."

Staff had up to date guidance on how to support each individual. We read three care plans. Each care plan contained a personal assessment which outlined people's likes and dislikes as well as their care needs. We saw that these assessments had been signed by the person using the service, or their representative, to show that they agreed with the care being offered.

People received care in line with their assessed needs. We saw that one care plan stated that the person was at high risk of pressure damage to their skin. We visited this person in their room and noted that the appropriate equipment was in place to minimise the risks of pressure damage.

Another person's care plan stated that they required specialist cutlery to eat their meals. At lunch time we saw that this cutlery was in place. This showed that the home worked in accordance with people's assessed needs.

People had access to healthcare professionals to meet their specific needs. Care plans that we read contained records of appointments with healthcare professionals including doctors, community nurses and chiropodists. One person said "When I first moved in they made sure I was registered with the doctor. I haven't needed one but I know if I was unwell they would get the doctor to me really quickly."

The home monitored people's health and well-being and took action to ensure that people's needs were met. We saw and heard evidence that when one person's behaviour had changed the home had worked with healthcare specialists to make sure that they received the appropriate support and treatment. A visitor that we spoke with told us "They made a referral to the mental health team. They have involved me in all discussions and decisions."

The home had arrangements in place to deal with emergency situations. If for any reason the house needed to be evacuated the home had made arrangements to use a local facility. All staff had received first aid training to make sure that they could deal with any accident which occurred.

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

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**Our judgement**

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The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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All areas of the house that we saw were clean and fresh. People who lived at the home were happy with the standards of cleanliness. One person said "Everywhere is always so lovely and clean."

The home had appropriate measures in place to minimise the risks of infection which may put people at risk. There was a sign on the front door asking people not to visit if they were unwell. There was also alcohol hand gel available for visitors and staff to minimise the risks of the spread of infection.

There was personal protective equipment, such as gloves and aprons, throughout the home. Staff told us that gloves and aprons were always available.

The home had a small laundry which was appropriate to the size of the home. The washing machine in place was suitable to deal with items of laundry which were soiled. There was a contract in place for the disposal of clinical waste.

Risks to people were minimised because staff were aware of good infection control practices. Staff that we spoke with said they had received training in hand hygiene and told us they used protective equipment appropriately.

**People should be given the medicines they need when they need them, and in a safe way**

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## Our judgement

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The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

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.

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## Reasons for our judgement

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There was suitable secure storage in the home for medication. Medicine was only administered by the providers and one other member of staff. Other staff that we spoke with said they had never been asked to administer medication.

People told us that they got their medication at the right time but one person said "I sometimes have to remind them to give me my tablets." We looked at this person's medication chart and noted that their medication was prescribed to be taken at different times to the other people who lived at the home. On the day of the inspection we saw that this person received their medication at the prescribed time.

Medication was not always administered in line with good practice guidelines which could place people at risk of receiving the wrong medication. The Royal Pharmaceutical Society guidelines stated; 'In order to give a medicine safely, you need to be able to: Identify the medicines correctly. To do so, the medicine pack must have a label attached by the pharmacist or dispensing GP.'

The medication for four of the five people who lived at the home was dispensed from the pharmacy in a labelled monitored dosage system. The fifth person's medicine was dispensed in individual labelled packets. The provider was dispensing this medication into an unlabelled monitored dosage tray to be administered at a later time. This was secondary dispensing and could lead to accidental mix up and errors.

There were some errors in the recording of medication. We looked at the medication administration records for all five people who lived in the home. We saw that in one instance there was no signature to state that a tablet had been given to the person. We checked this person's medication and noted that it was not in the box for the day in question. Another person's medication chart stated that the medicine should be given twice a day but it had only been signed as being administered once a day. These errors in the recording of medicines given meant that there was no clear audit trail and no way to check the amount of medication in the home.

The dispensing pharmacy supplied printed medication administration charts. Where the provider needed to hand write additional prescribed medicines onto the charts these had not been signed or checked by a second person. Checking by a second person would reduce the risks of incorrect entries onto the medication administration records.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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The owners provided the majority of care in the home but some part time staff were employed. On the day of the inspection the owners were working in the home with one other member of staff.

People were very complimentary about the staff who supported them. People told us "The staff are so good" and "They are all kind and polite but you can have a bit of fun with them as well."

Staff told us that they received good support from the owners, who were always available for advice and guidance.

Staff received adequate training to enable them to provide a safe level of care. We looked at the training records for four members of staff. Each member of staff had completed an induction programme and had their competency assessed by the provider before working unsupervised. This ensured that staff had the basic skills to safely support the people who lived at the home.

We saw that there were opportunities for on-going training in health and safety and subjects relevant to the needs of the people who lived at the home. Training certificates showed that staff had completed statutory training including safeguarding vulnerable people and first aid. They had also received training in how to care for people who had a dementia and the Mental Capacity Act 2005.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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Systems in place to monitor the quality of the service offered and ensure the safety of people were appropriate to the size of the home.

We saw that individual risk assessments had been incorporated into care plans. These showed how identified risks would be minimised for people who lived at the home and the staff who supported them

The home sent out satisfaction surveys 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 read minutes of staff meetings. These showed that a wide variety of subjects were discussed including expected standards of care.

Everyone who moved into the home had received a copy of the home's statement of purpose and information about how to make a complaint. The provider told us that any concerns that people or visitors had were usually resolved on an informal basis. One person who lived at the home said "I have no complaints but if I did I would talk to someone. I know they would want to put things right."

The provider monitored standards of care on an on-going basis. The provider worked alongside care staff which enabled them to continually monitor the provision of care and promptly address any poor practice. It also enabled them to seek people's views on a daily basis. One person told us "They always want to know how we are, if there is anything we want and what we think about things. It's like a family really you feel totally part of things."

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	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Management of medicines</b>
	<b>How the regulation was not being met:</b> People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

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 25 December 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 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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