

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

Inwood House

10 Bellamy Lane, Salisbury, SP1 2SP

Tel: 01722331980

Date of Inspection: 02 July 2013

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

Details about this location

Registered Provider	Salisbury Christian Care Homes (Inwood House) Limited
Registered Managers	Ms. Donna Malone Mrs. Tracy Louise Penton
Overview of the service	Inwood House provides accommodation and personal care to up to 20 older people.
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

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 2 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

People told us they were happy with the care they received.

Staff were caring and respectful in their interactions with people.

People looked well cared for and their rights to privacy and dignity were maintained.

People were encouraged to make decisions in their daily lives.

A comprehensive range of social and leisure opportunities were offered to people, both in-house and within the local community.

People felt safe within the home. Staff were aware of their responsibilities to recognise and respond appropriately to any suspicion or allegation of abuse.

Staff were given a range of opportunities to develop their knowledge and skills in a way which met their individual needs.

Staff were fully supported and worked well as a team.

People were encouraged to give their views about the service and its development. A clear auditing system was in place to monitor the on going quality of the service provided.

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.

Reasons for our judgement

People told us about a range of choices they made as part of their daily lives. They said they got up and went to bed when they wanted to. They had a choice of meals and were able to eat in their bedroom, the lounge or dining room. People told us they could join in with a variety of social activities or they could spend time quietly in their room. People were supported to go out on a regular basis to places of their choice. One person said "you can do exactly as you please, when you please. Out of courtesy, you just need to let them know when you're going out." Another person said "you are your own person here, your own unit. They are here to help but you make the decisions."

One person showed us a menu of the week which was delivered to people on a Monday. There were various choices for each meal. The person told us "you only have to ask and the chef will do you something different. They are very good like that." We saw people had various different meals at lunchtime. The chef told us individual wishes were catered for, as far as possible.

People told us staff respected their privacy and dignity. They said staff always knocked on their bedroom door before entering. One person laughed and said "I'm very deaf so they thump the door." Another person said "I have difficulty hearing so they'll always knock and call out. Sometimes they stick their head around the door, if I don't hear them." Another person told us "they help me perfectly with a shower. They are very discreet and professional."

The manager told us people's rights to privacy and dignity were discussed initially with staff during induction. They said practices to promote privacy and dignity were re-emphasised when experienced staff 'shadowed' new members of staff. They said this included closing curtains and making sure people were covered when receiving personal care. One staff member told us "promoting privacy goes without saying. It's their home." Another staff member said "it's automatic. We're just like a family so everyone is supportive and cares about each other."

Staff talked to people in a polite and caring manner. They spoke to people as they went about their work. Interactions such as "Good morning X. You look nice. How are you today?" were a regular occurrence. Staff used people's preferred names and regularly said "you're very welcome" after any intervention. One staff member assisted a person from their wheelchair to an armchair. They were attentive and talked through each part of the manoeuvre. This included "just one step further, left a bit, feel for the arms, careful, back a bit. There you go, well done." Another staff member accompanied a person to the lounge. They asked the person where they wanted to sit and where they wanted their handbag put. They ensured the person was comfortable and asked if they needed anything. The person smiled and said "No I'm fine, thank you dear." The staff member replied "Thank you X."

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 told us they were very happy with the care they received. They said staff helped them appropriately and at a time which was convenient to them. One person told us "it varies when I get up and when I want my breakfast. I just ring my bell and they bring it to me." Another person said "they're very good. They always ask if they can help me even though I can do most things for myself."

People looked comfortable and well cared for. People had clean, coordinated clothing, manicured nails and clean spectacles. Some people had a call bell pendant around their neck. They said they were prone to falling but the pendant meant they could call for help quickly, if needed.

People told us staff were good at responding to their call bell. Two people said they did not use their bell. They said "staff are always nearby so I just get their attention if I need them" and "staff know what I need and they just come to me. I don't need to call them." Another person told us staff regularly "popped in" to make sure they were alright.

People took part in a wide range of social activity provision both within the home and the local community. They were given a weekly planner which showed what activities were scheduled for the forthcoming week. Such activities included quizzes, reminiscence and trips out. Staff told us people enjoyed a group called 'Active Salisbury.' This involved an external group which assisted people to undertake levels of physical activity linked to their individual needs. Another popular group was called 'Edge On' which was facilitated by a dementia care specialist. The group aimed to promote self-esteem through recall and discussion about past and current events.

Some people told us they liked to join in with the activities taking place. They said they particularly liked going out to the local market or the library. Two people told us they would rather follow their own interests such as reading. One person said they liked baking although the other activities on offer were "not their cup of tea."

Staff were attentive to people's needs. After lunch, one person became very agitated and upset. A staff member sensitively encouraged the person to accompany them into the

garden so they could have a chat. They encouraged the person to say what was wrong, whilst giving support and reassurance. Another person became angry whilst looking at the headlines in a newspaper. The provider offered the person their favourite snack, which distracted the person well.

The provider may find it useful to note that whilst staff were aware of people's needs, the care plans in place were not easy to follow. An assessment of key areas such a person's risk of developing a pressure ulcer and how this was to be managed was not clear. Another record showed a person had lost weight. There were measures in place to promote weight gain, which staff told us about. However, an instruction to weigh the person weekly was not being followed. Monthly weight records were being maintained. Another person had recently returned from hospital. An up to date assessment of their needs had not been completed. The provider confirmed they had identified the care plans needed further development. They said they were in the process of working with team leaders to do this.

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

When we arrived at the home, a staff member was thorough in ensuring it was appropriate to enable us to enter the home. We were asked to wait until a senior member of staff was available to meet with us. Such scrutiny minimised the risk of authorised access which enhanced people's safety.

People told us they felt safe within the home. One person said "I do feel safe here. I don't know why but I do." Another person told us "definitely. I feel totally safe. I have no concerns."

People told us they would inform the manager or the provider if they were unhappy about any aspect of the service.

We asked one person what they would do if a staff member was rude or abusive to them. They said "I'd be straight to Mrs B the owner. Too right I would. They wouldn't get away with it." Other people told us the provider was very approachable so they would have no hesitation in raising a concern, if required.

Staff told us they would immediately raise any suspicion or allegation of abuse with a senior member of staff. They told us if their concern was not taken seriously or if the allegation was about the staff member, they would "go higher" and speak to the owner. Staff told us there was always a manager on call so they would be able to do this at any time.

Staff told us they had recently undertaken training in safeguarding vulnerable adults. They told us there was a flow chart in the office which described local safeguarding procedures. They confirmed contact details of the required personnel were detailed within the information. We saw the flowchart was prominently displayed on the notice board in the office.

One staff member told us a person was sometimes resistant to care. They told us they managed this by reassurance, explanation and distraction. They said they sometimes

removed themselves from the situation and gave the person time. On returning, they said the person was often less agitated. The provider may find it useful to note within one daily record, staff had recorded "she put up a fight but eventually she calmed down." The provider agreed this was inappropriate and agreed to address the incident with staff.

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

Our judgement

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.

Reasons for our judgement

People were positive about the staff team. Comments included "they are all very good," "they're really friendly and they have a laugh" and "they will do the little extra things like water my plants." One person said "they're excellent, absolute gems." They referred to one staff member as "a little treasure."

People told us staff were well trained and good at their job. One person said "they have to do a lot of training I think. They keep them up to date." Another person said "I'm amazed how knowledgeable they are. One day, one of them came to see me before they went off duty. They'd done a training course and told me their brain was full."

Staff told us the training available to them was good. One staff member said "we do loads of training here. It's on-going. We try to cover two subjects a month in-house and then there's the external training as well." Another staff member told us they had recently undertaken training in moving people safely, dementia and managing challenging behaviour.

The manager told us there was a training manager who coordinated courses and ensured staff were up to date with all subjects. We recently met with the training manager at another care service managed by the provider. They showed us a detailed staff training matrix. This demonstrated when training courses were scheduled and when they had been undertaken. Person-centred care planning, death and dying, nutrition, safeguarding, dementia and risk assessment were examples of the topics which formed part of the overall training plan.

The training manager told us they used a range of training providers and different formats to enhance learning. Staff were able to ask for additional time or support to complete their training.

The training manager was very aware of staff member's individual learning styles. They said the needs of staff were taken into account when any training event was organised.

Staff told us they felt supported in their role. They said they had no hesitation in asking for

more training in a particular area, if they felt they needed it. One staff member told us "there's no need to make any mistakes here, as you can just ask anyone for help or advice." Another staff member told us "everyone is very supportive of each other. We all get on well so any issues are sorted out quickly. You just have to say."

Staff told us they had regular formal supervision with their manager. There said there were also regular staff meetings, handovers and informal discussions. Staff told us these systems ensured they were given the information they required to do their job effectively.

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

People told us they were encouraged to give their views about the service. One person said "the owner's always around and they ask you if you're alright. You only have to say and they'll sort it out." Another person told us "I asked if I could have a toaster in my room and they got me one straight away."

People told us they could speak to staff, the manager or the owner at any time. They said there were also "residents' meetings" where they could give their views. People told us they could suggest places to visit or new ideas for the menus. They said staff listened and always acted on their wishes, where possible.

The chef told us they regularly met with some people on an individual basis to discuss the meals provided. They said they welcomed feedback and developed the menus in accordance to people's preferences. Another staff member told us the views of people's relatives were also welcomed. They said a lunchtime barbeque was being held to further promote relationships and discussions.

One person told us the home was very well run. Another person said "the boss is always around keeping an eye on things. They won't have any 'slap dash' here. It has to be right."

The manager told us checks were in place to ensure systems such as the fire alarms were in good working order. Contracts were in place to service equipment such as the passenger lift. All small portable electrical appliances had been tested to ensure they were safe to use.

The chef told us a comprehensive range of checks were in place to ensure food safety. These included regular monitoring of the refrigerator temperatures to ensure all food was safely stored. Records showed checks of the refrigerator's contents were also undertaken. This ensured all food was properly labelled, in date and safe to use.

The manager showed us the quality monitoring format currently used in the home.

Records showed a range of audits which took place at varying intervals. The audits covered areas such as care provision, accidents, staff training and medicines.

The provider told us the garden was currently being developed to enhance people's outside space. An upstairs bathroom was being refurbished. We noted that not all of the radiators in the home were covered. The provider told us they were updating risk assessments in this area. They confirmed as a result of updating risk assessments, more radiators would probably be covered to ensure people's safety.

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.

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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