

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

Abbey Rose

Cedar Avenue, St Leonards, Ringwood, BH24
2QG

Tel: 01202877764

Date of Inspection: 23 August 2013

Date of Publication:
September 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
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Serene Care UK Limited
Registered Manager	Mrs. Vimla Heeroo
Overview of the service	Abbey Rose is a residential care home for the elderly providing accommodation for up to twenty four people. At the time of our inspection there were twenty resident's living at the home.
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
Staffing	11
Assessing and monitoring the quality of service provision	12
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

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 23 August 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.

What people told us and what we found

At the time of our inspection there were twenty people living at the home. During our visit we spoke with people, looked at records and made observations. One of the people we spoke to told us that " the resident's are happy and the home is always clean and tidy whenever I come here ". Another person said, " the staff are brilliant and so helpful ".

People who lived at the home were positive about the care they received and each person told us they were treated with dignity and respect. This was clearly demonstrated throughout our visit from our observation of the way staff spoke to people and knocked on doors before entering people's rooms.

We saw that people were involved in the planning of their care and were given choices about their care and treatment. Records showed us that the care plans were reviewed regularly.

People we spoke to told us they felt safe in the home and that there were enough staff on duty to meet their needs.

We saw a planned programme of activities which took place twice a day, however, the activities were repetitive and did not include community or outdoor events. One person we spoke to said they would "love to go out sometimes".

Some records we looked at had not been kept up to date and did not provide necessary information. Annual quality assurance surveys had not been carried out since 2010.

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

Reasons for our judgement

From talking to people and looking at records we saw that there were procedures in place to assess and record people's individual needs prior to their admission. People told us that they had been involved in the assessment process and where appropriate family members and healthcare professionals had also been involved. We saw that an ' Involvement Plan ' was included in the care plan and had been signed by the people involved in the decision making process.

We looked at five care plans and saw that they were based on an individual needs assessment and reflected personal preferences. For example, we saw records that showed what time people liked to get up in the morning and their nutritional likes and dislikes. We saw that risk assessments were carried out on a regular basis and reviewed every month or as necessary.

People were encouraged to personalise their rooms to suit themselves and every room we looked at contained personal effects such as photographs, pictures, ornaments and favourite pieces of furniture.

From our observations and from talking to people we saw that staff were kind and competent and responsive to people's choices. We saw an example of this being demonstrated by a member of staff leaving clean laundry on the armchair of a person's room because the person liked to put it away themselves.

We noted that staff treated people in a dignified and respectful manner by knocking on people's doors before entering a room and in the way they spoke to people. On several occasions throughout our visit we heard staff explaining to people what was happening during the course of their care and encouraging people to maintain their independence.

During our inspection we spoke to a visiting professional who told us, " this is a lovely home, always so clean and tidy and the staff are very helpful ".

Details about the home were available in the form of brochures and leaflets which were clearly displayed in reception and freely available. The home also had a website for people to look at. The manager told us that new people coming to the home were invited to visit the home for lunch and to spend the afternoon there to help them decide whether they felt at home.

We saw that the home had an activities programme which took place every morning and afternoon. However, on closer inspection we found the activities to be repetitive. One person told us they would like to " do something different for a change " and another person told us they would " love to go out once in a while ". The manager told us that people were offered a choice of activities, but preferred the same ones as they knew what to do with them. The manager told us that people did go outside and sit in the garden when the weather was nice and often had their afternoon cup of tea outside. During our visit we observed three people from the home being taken out for the day by members of the family and friends.

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

We read five care plans and saw that people's needs were assessed appropriately and care and treatment was co-ordinated in line with the care plan. One of the care plans we read showed that a visiting professional was due to visit the person that morning. The visitor arrived and the planned care was given. We saw that care plans were based on an individual needs assessment and reflected personal preferences. We saw that people had signed an agreement to their care plan.

All areas of the care plan had been assessed for any associated risks and this included medication, mobility, the home environment and nutrition. However, the care plans were poorly presented and did not demonstrate how changes identified were to be achieved or indeed, if they had been actioned. The manager told us that they were in the process of addressing this matter and explained to us how they intended to rectify this issue.

Staff told us they were notified of any changes to the care plans by the manager or senior person on duty at the start of each shift and that they read the care plans on a daily basis. Staff we spoke to told us they reported and discussed changes in the needs of people with the senior staff who were responsible for reviewing and updating the care plans and risk assessments.

We saw that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that individual risk assessments had been completed in each care plan we reviewed. We saw that risks were assessed according to ability and reviewed on a monthly basis. Risks were assessed for a range of factors including : falls, mental health, moving and handling, nutrition and tissue viability. This meant that people's safety and welfare was kept under review.

We spoke to four people about their care and welfare and one person told us " there is always someone about if we need anything, we only have to ask ". Another person said, " the staff really look after us, I am very happy here ".

The manager told us to further ensure the safety and well being of people in the home, certain staff members were designated lead person'. At present there was a lead person in

manual handling and first aid. There was also another member of staff currently studying to become a lead person for infection control. Staff we spoke to were well trained and knowledgeable and told us they were encouraged to do as much training as they would like to. This meant that people living in the home were being cared for by staff who were competent and able to provide appropriate standards of care.

Records we looked at showed there was a choice of meals available at all meal times including a healthy option meal such as salad, fish and pasta dishes. A vegetarian option was also always available. Snacks and drinks were available throughout the day. We saw there was fresh fruit in a bowl, but it was in the kitchen where people could not go. Cook told us that this was because some people moved the fruit bowl around the home and other residents could not find it. The fresh fruit was however included on the drinks trolley several times a day and offered to people at those times.

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

We spoke to people in the home and asked them if they felt safe there. They all said they felt safe. One person told us " if I didn't feel safe, I would tell one of the staff straight away".

We looked at staff training files and saw that all members of staff received regular training in safeguarding adults from abuse.

Staff we spoke to were able to describe different types of abuse and the procedure for alerting suspected abuse. They told us they would not hesitate to report any such concerns to the manager or the senior person on duty. One member of staff told us of a recent incident involving a form of abuse. We checked records and saw that the matter had been dealt with and recorded appropriately.

Staff we spoke to were also able to describe their knowledge and understanding of the Mental Capacity Act and Whistleblowing and No Secrets procedures. This showed us that staff were aware of a variety of methods in which they could help protect people from abuse.

We saw that there were copies of all of the provider's policies and procedures available in the staff office. We could see that the provider was in the process of checking and updating these documents and they had been dated February 2013. The policy and procedure for the safeguarding of adults had been updated and signed accordingly. This meant that members of staff had access to the latest and most up to date information available.

The provider might find it useful to note that there were no relevant leaflets or posters displayed in the home on the subject of safeguarding adults from abuse. Posters and leaflets provide people with a readily available information service and helps promote awareness of the subject.

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

At the time of our inspection there were enough qualified, skilled and experienced staff to meet people's needs. There were seven members of staff on duty including the provider, the manager, three carers, one cook and one housekeeper.

We spoke to staff who were on duty at the time of our inspection who told us there were always enough staff on duty. They told us they never felt rushed carrying out their duties and that they had time to spend with the resident's.

People who lived at the home told us there were always enough staff on duty to meet their needs. We observed that staff answered call bells swiftly and promptly attended to the front door bell when visitors called to the home.

The manager told us members of staff rarely went off sick and holiday cover was arranged between the staff who covered for each other. Records we looked at confirmed this. The manager told us that agency staff were hardly ever used. This meant that people received continuity of care from staff who knew them and that staff were happy to cover for each other.

Records we looked at showed us that staff were well trained and that training was ongoing. The manager told us that staff training was considered a priority and they were continually encouraged to progress with their skills development. One member of staff told us " we are always doing training, that's why I like it here so much. It makes me feel I can do a better job".

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 in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

We looked at some aspects of the quality assurance systems that were in place. The information we reviewed demonstrated to us that the service was being monitored in a way that ensured people living at the home experienced a positive time there.

We saw that an adverse events log was available and had been used, but there was no evidence of reflective practice to demonstrate that lessons had been learned or that procedures had been put in place to reduce the risk of the event being repeated. The manager told us the provider was in the process of developing a more appropriate method of recording such information.

The manager told us audit tools were used in the home and we were shown the audit system for medication checks. Records showed that medication audits were carried out every two weeks and the last entry was dated August 2013. This meant that safe practice procedures were being followed in the home.

The manager told us that there were other audit tools available, but at present they were being updated by the provider.

We asked to see records of annual questionnaires that had been carried out. The last annual questionnaire was dated June 2010.

We were shown a plastic bag of 'letters of appreciation' from residents and relatives. This showed us that people were happy with the service.

We asked to see the complaints log. The last entry was dated May 2013. The complaint had been entered, dated and signed by an appropriate person, but there was no evidence of actions taken or how improvements to standards of care could have been made to avoid the incident from being repeated in the future. There was no action plan. The manager explained to us that the provider was in the process of addressing this matter.

We looked at the Infection Control Policy and saw that it was not the same as the one in

the staff office and was out of date by four years, dated April 2007. The manager told us they would destroy this policy to avoid the possibility of confusion with the updated version that was kept in the staff office.

Fire Safety checks were carried out rigorously every six days and records were signed and dated and up to date. This demonstrated that the manager and members of staff were aware of appropriate fire safety procedures.

The manager told us residents meetings were held every two or three months and we were shown evidence of the last one dated August 2013. The provider might like to note there was no record of actions taken or how the issues raised would be dealt with.

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.

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.
