Inspection Report

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

Hothfield Manor Acquired Brain Injury Centre

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Tel: 01233643272

Date of Inspection: 29 September 2014

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

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

Details about this location

Registered Provider	Hothfield Manor Limited
Registered Manager	Mr Robert Bunting
Overview of the service	Hothfield Manor Acquired Brain Injury Centre provides accommodation with personal and nursing care for up to 45 adults with an acquired brain injury. The service is divided into three areas. The Neuro-Rehabilitation Unit provides short term specific rehabilitation; the Manor House provides long term care; and seven bungalows within the grounds provide support for people who are able to live more independently.
Type of services	Care home service with nursing Rehabilitation services
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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	6
Our judgements for each standard inspected:	
Management of medicines	7
Assessing and monitoring the quality of service provision	9
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Hothfield Manor Acquired Brain Injury Centre had taken action to meet the following essential standards:

- Management of medicines
- Assessing and monitoring the quality of service provision

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 29 September 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We carried out this inspection to follow up compliance actions given at our previous inspection in May 2014. At the previous inspection we found that the storage and management of medicines was unsatisfactory in each of the three units; and this had not been identified as part of medicines' audits.

This inspection was carried out by one Inspector over two hours. During the visit we talked with the manger about the changes that had been put in place for medicines storage, and the changes that were due to be implemented. We also talked with five staff, and two people living in the service.

We looked at the answers to five questions: Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

Is the service safe?

We saw that the premises were visibly clean and satisfactorily maintained. We viewed the three areas where medicines were stored, and saw that medicines were stored safely. In the Manor House, the staff had noticed that the room temperature where medicines were stored sometimes rose higher than 25 degrees Centigrade. This meant that that some medicines could become less effective if they were not always stored at the correct temperatures. The staff had arranged for the medicines trolley to be stored temporarily in the Neuro-Rehabilitation Unit clinical room at these times, to protect the medicines. This showed that staff were aware of the importance of safe storage.

Is the service effective?

We viewed the processes for receipt and disposal of medicines, and the records for administration. These demonstrated that medicines were correctly checked in, and were administered to people in accordance with their prescriptions.

The company had recognised that auditing procedures for medicines needed to include an assessment of safe storage, and they were reviewing auditing processes.

Is the service caring?

Medicines' records showed that people were given prescribed medicines correctly. We saw that pain assessment charts were used to remind staff of the people who might be experiencing pain, and to offer them pain relief as needed. Some people had 'as necessary' (PRN) medicines. We saw that clear directions were given for administering these medicines, and the reasons were clearly recorded.

People who were making significant progress with managing their own care were assessed for their ability to manage their own medicines. This showed that staff enabled people to be as independent as possible and to take increased responsibility for their own treatment.

Is the service responsive?

The service ensured that people's medicines were reviewed by their GP or other suitable health professionals on a regular basis. People who were experiencing difficulties in their behaviour were referred to the mental health team for re-assessment, including a review of their medicines.

Is the service well-led?

The manager informed us that the company which owned the service had recognised that their monthly auditing processes for medicines management did not include medicines' storage. The company were in the process of reviewing this documentation.

The manager told us that improvements in storage in two of the units had not yet been implemented. This showed a disappointing time delay, but we saw purchase orders and installation orders for the work that was to be done to improve the storage facilities. The manager had contacted us prior to this inspection to inform us of the company's action plan for improved storage; and had told us that the service was waiting to hear from the estates manager for a date when the work would be carried out.

The service had processes in place to take people's views into account, and to take action as a result of their comments.

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

Management of medicines ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

A schedule of work had been put in place to provide improved storage. People were protected from the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were prescribed and given to people appropriately. Arrangements had been put in place for improved storage.

Medicines in the Neuro-Rehabilitation Unit (NRU) were stored in a spacious clinical room. At our inspection in May 2014, we found that some medicines were stored under the sink unit, which was unsatisfactory. Other medicines had been stored in unlocked wooden cupboards; and items had been stacked on the floor and on the top of cupboards. At this visit we found that a locked metal cupboard had been fitted, and the clinical room no longer had medicines or dressings stored on the floor or the tops of cupboards. The storage cupboard was clean and in good order. We did not see any overstocking or out of date medicines; and there was evidence of effective stock rotation. The manager told us that the nursing staff were waiting for an additional shelf and a noticeboard to be fitted in this room, which would further improve the tidiness of the room and make it easier to clean.

Medicines being administered every day were stored in two medicines trolleys. We saw that these were kept locked to the wall when not in use and were clean and tidy. Bottles of medicines and eye-drops were routinely dated on opening, showing that staff recognised that they had a limited shelf life.

We saw that medicines for disposal were stored in a container on the floor. The nurse on duty told us that nursing staff stayed by the doorway when the floor was cleaned so that medicines could not be accessed by unauthorised people.

We saw that the medicines storage in the Manor House was largely unchanged since the previous inspection. The summary of work to improve this area included new flooring in place of the wooden floor, so that the floor could be cleaned effectively. Wooden cupboards were being replaced with a new steel cupboard; and the drugs fridge was being

re-sited off the floor. The staff had noticed that the room temperature where medicines were stored sometimes rose higher than 25 degrees Centigrade, meaning that some medicines could become less effective if they were not always stored at the correct temperatures. The staff had arranged for the medicines trolley to be stored temporarily in the NRU clinical room, to protect the medicines. This showed that staff were aware of the importance of safe storage.

Medicines for the Bungalows were stored in an office area which was openly visible to people passing by, and next to a window. The summary of work to be done included installing opaque film for the window to improve safety. The office area did not include a wash hand basin, and the purchase order showed that a new wash hand basin had been ordered and was due to be fitted. We saw that medicines inside the cupboard were stored in individual plastic baskets for each person. This was an improvement on the previous wooden space dividers, which could not be cleaned effectively.

We viewed medicines administration records (MAR charts) in each unit. These were accompanied by a photograph of the person to check their identity. Other forms were included for giving 'as necessary' (PRN) medicines, showing the reason for giving these; body map charts showing where to apply topical medicines; and blood sugar charts for people with diabetes. The MAR charts were accurately completed. They included clear directions for staff; and hand written entries were checked and signed by two staff to confirm they had been correctly transcribed.

Controlled drugs were correctly stored in each unit in metal cupboards which met the legal requirements. We saw that suitable records were maintained, showing that these medicines were always checked by two staff. The controlled drugs were checked weekly by two staff to ensure that any discrepancies could be found and dealt with very quickly.

People in the Bungalows who were making significant progress with managing their own care were assessed for their ability to manage their own medicines. One person was able to manage their own medicines, and another was going through the assessment process. This showed that staff enabled people to be as independent as possible and to take increased responsibility for their own treatment.

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 received.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and these were acted on appropriately.

The service carried out yearly questionnaires for people who used services, and for their relatives and representatives. We saw a copy of the 'Patient Survey 2014' which was sent out for all the services of the provider. The survey included questions with tick boxes so that it was comparatively easy to complete. There was space for people to add extra comments. The questions included asking people if they had been involved in their care planning; if they received their medicines on time; if they had the opportunity to express their views whenever they wanted to; and how they rated the quality of care. The questionnaires were sent directly to the company's head office, where they were analysed and the results sent back to each service. We were unable to see the results for the recent survey as they were in the process of being analysed. The manager told us that he would be compiling an action plan in response to the findings, and people would be informed of the results. This showed that there were processes in place to make on-going improvements to the service in accordance with people's wishes. The manager told us that the yearly questionnaire results also provided the service with the opportunity of benchmarking their results against other services so that they could monitor how progress was being made.

Weekly meetings were held in the Manor House unit to enable people to express their views. People from the Bungalows could also attend these meetings. The minutes showed that most conversations were to discuss the menus and the availability of activities. A recent decision had been taken about the colour for the redecoration of the lounge, showing that people's views were taken into account. One person that we spoke to said they were happy "With everything"; and a second person said "The staff are fine, and they look after us alright."

People who were receiving long term care at the service had decided to write their own 'Rights and Responsibilities' which were going to be displayed on a colourful poster. We saw that some of their decisions included: "To be able to go home"; "To be able to choose

how my room is decorated"; and "The right to be as independent as possible."

The staff told us that the service had weekly meetings with the multi-disciplinary team (for example, nurses, physiotherapists, psychologists and occupational therapists) to discuss people's on-going progress. This particularly related to people receiving short term care in the Neuro-Rehabilitation Unit. This ensured that people's individual progress was kept under review, and any required changes could be addressed.

The company required each service to carry out monthly audits to monitor the progress of the service. These included care plan audits, medicines' audits, health and safety and environmental audits, and an infection control audit. These identified where improvements could be made for the effectiveness of the service.

It was disappointing to find that the company had not yet fully addressed the medicines' management storage issues in each unit. However, we found that some changes had been implemented. Purchase orders and installation agreements showed that the rest of the changes were due to be carried out.

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

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