

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

Kingfisher House Care Home

St Fabians Close, Newmarket, CB8 0EJ

Tel: 01638669919

Date of Inspection: 04 June 2014

Date of Publication: July 2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Management of medicines

✕ Action needed

Details about this location

Registered Provider	Four Seasons Homes No 4 Limited
Registered Manager	Ms Mable Gogo
Overview of the service	Kingfisher House Care Home is owned by Four Seasons Homes No 4 Ltd and is registered to accommodate up to 91 people.
Type of services	Care home service with nursing Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 4 June 2014, checked how people were cared for at each stage of their treatment and care and talked with staff. We were accompanied by a pharmacist.

What people told us and what we found

We conducted our inspection to assess if people's medicines were being managed safely. We found that records assured us medicines were being given to people as intended by prescribers, however, at the time of our inspection we noted several medicines that had not recently been administered because there had been delays in obtaining them. We noted some good information available about people's medicines but also a lack of written guidance about some medicines prescribed for administration at the discretion of members of care staff.

We noted that not all care staff authorised to handle and administer people's medicines had received recent training or had been assessed as competent to undertake medicine-related tasks.

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

What we have told the provider to do

We have asked the provider to send us a report by 06 August 2014, 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.

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

✕ Action needed

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

Our judgement

The provider was not meeting this standard.

The service did not protect people against the risks associated with the unsafe use and management of medication by way of appropriate arrangements for the obtaining, using and safe administration of 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.

Reasons for our judgement

During our inspection we looked at how information in medication administration records and care notes for people living in the service supported the safe handling of their medicines. When we looked at medication administration records, we noted that there was a system in place which could enable monitoring of medicine administration records. We conducted a sample audit of medicines which considered balances of medicines indicated by the records against quantities of medicines actually available for administration. We were able to account for medicines that we looked at and could be assured people were receiving these medicines as prescribed. There were some gaps in records for the administration of medicines, however, we noted that there were monitoring systems in place to promptly identify these and take action. There were clear records when medicines were prescribed with variable doses. The manager told us that there was regular monitoring of medicines to identify and promptly resolve issues but we noted that members of staff were not reporting medicine-related issues internally. We noted some medicines that had not been available for administration as intended by the prescriber because they had not been obtained. At the time of our inspection we noted several medicines that were not available to administer where people using the service had not received these medicines as intended by prescribers.

We looked for supporting information available for staff to safely administer medicines. We noted that there was photographic identification for people and information about their known allergies to assist staff with safe medicine administration. There was good information available about people's medicines such as body maps for people prescribed painkilling skin patches with records to ensure the patches were both removed and not always applied to the same place on the body. For some medicines that were prescribed for administration to people when required at the discretion of staff (PRN), we noted there

was written information to enable staff to make decisions about the use of some of these medicines and administer them. However, particularly in relation to medicines prescribed in this way for the management of psychological agitation or anxiety and which had the potential for sedative effects, there was insufficient or no information about the appropriate use of such medicines for individual people living at the service. In addition, when these medicines were administered, records did not indicate reasons why their use was justified. Therefore we could not be assured people prescribed medicines in this way would always be administered them appropriately.

Medicines were stored securely throughout the inspection, however, we noted one of the cabinets used to store controlled drugs was not properly fixed to the wall in line with Misuse of Drugs legislation. We noted refrigerator and room temperature records which showed medicines had been stored within the accepted temperature ranges and so were safe to administer.

We noted that lists of members of care staff authorised to handle and administer people's medicines were not up to date. We looked at training records and noted that some members of staff had not received recent training related to medicine management or had been assessed as competent to undertake medicine-related tasks. We could therefore not be assured that all members of staff authorised to handle and administer people's medication were sufficiently competent to do so.

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	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
	How the regulation was not being met: The service did not protect people against the risks associated with the unsafe use and management of medication by way of appropriate arrangements for the obtaining, using and safe administration of medicines (Regulation 13).

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 06 August 2014.

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.

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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