Inspection Report

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

Kingfisher Nursing Home

Emmanuel Lodge, College Road, Cheshunt, EN8 9NQ

Tel: 01992627939

Date of Inspection: 19 November 2013

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

Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard

Details about this location

Registered Provider	Westgate Healthcare Limited
Overview of the service	Kingfisher Nursing Home is owned and operated by Westgate Healthcare Limited. It is registered to provide care and accommodation for up to 22 older people.
Type of service	Care home service with nursing
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	4
Our judgements for each standard inspected:	
Cleanliness and infection control	6
Management of medicines	7
About CQC Inspections	9
How we define our judgements	10
Glossary of terms we use in this report	12
Contact us	14

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Kingfisher Nursing Home had taken action to meet the following essential standards:

- Cleanliness and infection control
- Management of medicines

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 19 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During our inspection in November 2012 and again in June 2013, we found shortfalls in the administration and management of medicines. It was unclear, from both the medication records and people's daily records, whether medicines had been omitted and the reason not recorded, or medicines had been given and not signed for. Furthermore, medicines did not reconcile with the number in stock despite audits stating that they did.

In June 2013, our inspection identified shortfalls with regards to cleanliness and the control of infection. We found that although Kingfisher Nursing Home had a system of audits in place to ensure cleanliness, some equipment and parts of the home were dirty.

We judged both these deficits to have a minor impact on people living at Kingfisher Nursing Home and asked the provider to send an action plan outlining how they would remedy this situation.

When we carried out an inspection on 19 November 2013, we found that the provider was able to demonstrate that they had taken steps to address the identified shortfalls. We found evidence that the home was clean and the recording of medication was consistent and clear.

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

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

When we carried out our inspection on 19 November 2013, we toured the premises and noticed that the home was visibly clean and smelt fresh. We checked the cleaning schedules and found they had been adhered to. The manager had introduced a system of 'spot checks,' which demonstrated that the audits that were previously not adhered to were verified on a weekly, but random basis.

We looked at three bedrooms, all the communal areas, bathrooms, toilets and utility areas. All were clean. There was no build-up of scale in the sinks, baths or on the water dispenser in the kitchen. A member of the domestic staff explained to us how they used a cleaning schedule which was signed by the manager or a member of senior staff once they had satisfied themselves the areas were cleaned properly.

We checked the equipment, including, hoists, commodes bedpans and bowls. They were all clean. We were shown by a member of staff how they were cleaned after each use and were part of a cleaning schedule. This meant there was an effective system in place to ensure equipment was cleaned regularly.

We spoke to three members of staff, all of whom confirmed they had received training, in July 2013, on the prevention of infection. One described the process of effective hand washing. This meant that staff were trained and aware of how to prevent infection.

We spoke to two people, both of whom were fairly new to Kingfisher Nursing Home. One told us, "Everywhere is lovely and clean, even the bathroom that lots of people use."

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.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

During our last inspection on 08 November 2012 and again in June 2013 we found shortfalls in the administration and management of medicines. We issued compliance actions and asked the provider for an action plan setting out how they would meet these standards. The action plan submitted by the provider stated that regular medicine audits would be completed. The provider said that they would be compliant by December 2012. During our inspection on 14 June 2013 we found improvements, however there were still some on-going concerns regarding medicines management.

During our inspection on 19 November 2013, we observed medicines being administered. We saw that people were identified correctly and the member of staff either waited until the person had taken their medicines, or assisted the person to take them. We saw one person decline their medicines, despite patient and gentle persuasion by two members of staff. The medicines were then disposed of, the person's medicine administration record (MAR) annotated correctly and the prescriber called. This meant that if a person did not take their medicine a safe process was followed to ensure that the person's records were correct and action had been taken to ensure non administration of medicines did not harm the person. This was all in line with the home's policy.

We looked at five (MAR) charts and the medicines stored in the locked trolley. All charts were completed correctly throughout. Medicines were signed for after being both dispensed and administered and stock reconciled correctly. The MAR charts had been coded appropriately to show the reason why any medicines had not been given.

We also checked the controlled drugs. Because of the nature of this type of medicine, they are subject to particular restrictions. We found that all these medicines had been stored, administered and reconciled correctly.

During our inspection we saw the weekly audit of medicines that had been carried out by the nurse in charge. Random checks of the audits had been completed by the manager. This meant that there were accurate and safe records of people's medicines, which were corroborated by regular audit.

We saw from employees records that staff had received training and were competent to

administer medicines. Staff told us they undertook training from internal sources as well training by an external pharmacist. Competency checks were carried out every month by the manager to ensure staff maintained their skills to administer medicines. We saw records of this supervision. This meant that people were cared for by staff who were supported to administer medicines safely and to an appropriate standard.

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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