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: 14 June 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✗ Action needed
Management of medicines	✗ Action needed
Supporting workers	✓ 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

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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 14 June 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

During our last inspection on 08 November 2012 we found shortfalls in the administration and management of medicines. We also found shortfalls in the ongoing support and development of staff. 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 medication audits would be completed and documented and staff support and supervision had commenced. The provider said that they would be compliant by December 2012. During our inspection on 14 June 2013 we found improvements, with regard to staff support, however, there were still concerns regarding medicines management.

During our inspection, we found evidence that care staff identified and acted on the wishes of people who lived there.

People told us that they were very happy with the care that they or their relative received. One person told us, "The staff are very nice to us. I left another home because of the staff. They are really kind here." We noticed that staff spoke kindly to people and were considerate towards their individual needs.

Although we found that people's rooms and communal areas were clean, the bathrooms, treatment rooms and some equipment was visibly dirty. There were cleaning schedules in place, but these had not been thoroughly adhered to.

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 30 July 2013, 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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

During our inspection we saw that staff used a wide range of both verbal and non-verbal methods to communicate with people who lived at the home. They made considerable efforts to explain what was happening and to find out people's individual preferences and choices about issues such as food and drink, comfort and routines. One staff member told us, "We always give people choices about food, washing, everything."

Care records we saw gave staff clear guidance on how to communicate with, and obtain consent from, each person who lived at the home. They showed that people were respected as individuals and encouraged to take part in basic decisions about their lives and daily routines.

We saw that suitable arrangements had been put in place for obtaining, and acting in accordance with, the consent of people who lived there. People's families and where necessary, relevant health and social care professionals were also involved in obtaining consent. We also saw that people's capacity to consent had been assessed, documented and reviewed. This meant that published guidance relating to the Mental Capacity Act (MCA) 2005 had been followed where necessary.

Staff we spoke with during our inspection understood how consent about the care provided should be obtained and documented. We also saw evidence that staff had received training relating to the MCA 2005.

Care and welfare of people who use services ✓ Met this standard

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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We looked at the individual care plans for four of the people who lived at Kingfisher Nursing Home. They were written in a way which identified people's strengths and needs, and were supported by risk assessments. We saw that care plans and risk assessments had been regularly reviewed and updated where necessary. This meant staff had the most current information available to consistently support people effectively and safely. All the care plans we looked at had a section entitled 'life and times,' which explained the person's life, their job, their family and friends and what they liked to do.

From observations on the day, it was clear staff had a good relationship and communicated well with people living in the home. We noticed that staff spoke kindly and respectfully to people. We observed one person who needed moving with the aid of a hoist from the chair to a wheelchair. The staff explained everything and covered the person's legs with a blanket whilst being moved to maintain their dignity.

People who lived in Kingfisher Nursing Home were offered a variety of activities to provide stimulation and entertainment. We saw care staff helping people play bingo and singing. Care staff told us how they played other games with people and took trips to the local park in good weather.

People told us they were happy with the activity provision, one person said, "There is plenty to do and people to talk to if you want to. Sometimes I like to join in, but I also like to stay in my room and read."

A relative told us, "You can tell its well run there are the same staff that were here two years ago. That says a lot. I'd like them to look after me when I get old"

Cleanliness and infection control ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not cared for in a clean, hygienic environment.

We have judged that this has a minor 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

The home had an infection control policy in place which provided staff with guidance in relation to hand hygiene, blood borne infections, dealing with bodily fluids and the use of personal protective equipment. We checked training records for staff and found that some had received infection control training in the last year and more training was planned for the remaining staff at the end of June 2013.

One member of domestic staff was employed each day. There was a daily cleaning schedule in place for people's bedrooms, communal areas, bathrooms and a separate one for the kitchen where breakfast and snacks were prepared.

Staff we spoke with described the steps they would take to prevent cross infection. Staff were wearing personal protective equipment such as disposable gloves and aprons and their arms were bare below the elbows to reduce cross infection. We saw that equipment such as mops, buckets and cloths were colour coded to ensure they were only used to clean designated areas to reduce the risk of cross infection. The domestic staff were aware of which bucket and mop should be used for each area. Liquid soap and paper hand towels were available in bathrooms and toilets to reduce the risk of infection. We saw notices on display above sinks in the staff toilet and in a bathroom to remind staff to wash their hands thoroughly.

We checked two bathrooms and a utility room and saw that clinical waste bins were almost full and that there was a strong smell coming from them. This meant that effective systems were not in place to ensure clinical waste bins were emptied regularly to prevent and control the spread of a health care associated infection.

We checked four bedrooms, plus the two communal bathrooms and toilets. The bedrooms, lounge, and dining room all appeared to be clean. We saw the kitchen assistant thoroughly cleaning the dining room after lunch. However, the overall level of cleanliness elsewhere was poor. The toilets were very dirty, the shower was heavily scaled and the corners of the shower screen contained a build up of grime.

We saw two commodes both of which were very dirty around the wheels, they also were very unclean underneath the seats. The manager confirmed it looked dirty. The domestic staff told us that they were cleaned as part of the daily plan. However, there was no schedule to ensure they were taken apart and cleaned thoroughly on a regular basis.

We saw a hoist, used to move people, which was very dirty around the wheels and on the legs. The non-disposable urinals, bedpans and commode inserts were stored in the utility room. They were all dirty, scaled and stained. There was no cleaning schedule or method to ensure they were cleaned thoroughly after use.

In the treatment room dressings and a dressing trolley was stored. The tops of the cupboards were very dusty and all the cupboard doors had a layer of ground-in grime. The sealant around the sink was dirty and the sink was heavily scaled. The floor was dirty.

Some of the areas we saw had obviously not been thoroughly cleaned for some time, despite the schedule stating they had been cleaned the day before.

The kitchen where snacks, drinks and breakfast were prepared had a separate cleaning schedule. Again this was signed from the day before to demonstrate it had been cleaned. However, we found greasy dust on top of the cupboards, the cupboard doors were dirty as was the drinks dispenser which had a build up of dirty water and scum in the tray. The cup holder was heavily scaled.

The last infection control audit, which had taken during May 2013 showed compliance with cleaning schedules and that the home was clean.

Although the provider had schedules in place to ensure that all areas were cleaned. There was no schedule for cleaning of equipment or a robust checking system to ensure that cleaning was done thoroughly in order to keep people safe from the risk of infection.

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.

People were not consistently protected against the risks associated with medicines because the recording system was not fully implemented

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 last inspection on 08 November 2012 we found shortfalls in the way that medicines were administered and the way that they were checked using an audit system. We issued a compliance action 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 the nursing staff had been made aware of the shortfalls found at the last inspection and a system of timely and appropriate audits had commenced. The provider said that they would be compliant by December 2012. During our inspection on 14 June 2013 we found that were still improvements to be made in this area to achieve compliance.

There was a medicines administration policy in place, which covered the prescribing, administration and reconciliation of medicines. Appropriate arrangements were in place in relation for obtaining medicines. We saw that medicines were provided by a local pharmacist and that sufficient stock was available. There was a regular system for delivery of medicines and also for the safe return of medicines that were no longer required.

We saw evidence that staff had received training in medicine management. We also saw that staff competency was assessed to ensure safe practice. This meant that people were cared for by staff who were supported to administer medicines safely and to an appropriate standard.

Medication administration records contained photographs of the person to support clear identification. There was a record of any allergies and how the person liked to have their medicines or tablets. For example one person's record stated that they liked to have their tablets put into their hand. We saw a medicine round taking place and saw that the member of staff undertaking this task, spoke with people kindly, explained what the tablets were for and assisted the person to take them.

We checked the medicines and medication administration records for eight people. These checks included the records relating to controlled drugs.

The provider had updated their medicines audit form to include checks of people's records. This showed that there were no omissions and the number of tablets tallied with remaining medicines since 14 April 2013. This indicated that people received their medicines as prescribed. However, when we looked at some records in detail we found several errors which were not recorded as anomalies on the audits. This meant the audits were inaccurate. For example, we found three examples of medicines that were incorrectly tallied, which meant that some tablets were unaccounted for. We found that on many occasions for three people, and on two occasions for another person, medication was not administered, but there was no reason for this annotated on the medicines administration chart (MAR) or in the person's daily notes. The home's policy stated that any non administration should be reported on the MAR chart and reported to the prescriber. There was no evidence this had been done. The manager and a member of staff were both unsure why it was not recorded that medicines had not been administered as prescribed. Therefore it was unclear, from both the medication record and people's daily records whether medicines had been omitted and the reason not recorded, medicines had been administered incorrectly, or that the medicines had not been reconciled properly.

The home's policy stated that all individual medicines should be counted and signed as received on the MAR chart. We found that this was not done on two people's MAR chart and not done intermittently on others. Therefore the policy was not adhered to consistently.

Supporting workers ✓ Met this standard

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

Staff received appropriate professional development.

During our last inspection on 08 November 2012 we found shortfalls in the ongoing support and development of staff. We issued a compliance action 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 Kingfisher Nursing Home would be compliant by December 2012 and staff support and supervision had already commenced. During our inspection on 14 June 2013 we found improvements in this area.

The manager, who had only been in post for a few weeks, showed us a training spreadsheet which we cross referenced with individual staff records. We also spoke with members of staff about their supervision, training and support.

We saw from records and we were told by staff, that regular supervisions had taken place. We also saw that all staff had received an appraisal of their performance in January or February 2013 where they were able to discuss, with a senior member of staff, their strengths, training needs and future development.

We were told by staff members and the manager that daily informal supervision took place. The three staff we spoke with told us that they felt supported and could go to the manager with any concerns. One care worker told us, "I love working here, just like a family. We all support each other."

Staff were given regular, relevant training to support them in their role. We saw a spreadsheet for each member of staff which showed in which subjects training was completed, progress and what outstanding training was due.

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 activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010** **Cleanliness and infection control**
	How the regulation was not being met: The provider had not taken reasonable steps to ensure that people were protected against the risk of infection. There were few effective systems in place to prevent and control the risk of infection. Regulation -12(1)(a)(b)(c)(2)(a)(c)(i)
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: The provider did not protect people against the risks associated with the unsafe use or management of medicines. Regulation 13

This section is primarily information for the provider

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 30 July 2013.

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.

Contact us

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