Inspection Report

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

Friars Hall Nursing Home

Friars Road, Hadleigh, Ipswich, IP7 6DF

Tel: 01473822159

Date of Inspection: 11 February 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
Notification of other incidents	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Mrs Lalitha Samuel
Registered Managers	Mrs. Sally Ruggier Mrs. Maureen Wear
Overview of the service	Friars Hall Nursing Home provides accommodation and support to older people and those who may also have a physical disability and dementia. The home provides nursing care and can accommodate a maximum of 54 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

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

- Cleanliness and infection control
- Management of medicines
- Notification of other incidents
- Records

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 11 February 2013, checked how people were cared for at each stage of their treatment and care and talked with staff.

What people told us and what we found

Our inspection of 24 September 2012 found that the provider was not meeting one or more of the essential standards in relation to cleanliness and infection control, medication, policies and procedures were out of date and failing to notify the Commission of events that affected the welfare, health and safety of people using the service. The provider wrote to us on 29 October 2012 and told us what actions they were taking to become compliant with these standards. At this return inspection we found that the provider had made the improvements we asked them to make.

We did not speak with people who used the service on this occasion. We gathered evidence by looking at records and speaking with staff to ascertain what improvements had been made to ensure the service was protecting people from the risks associated with infection control, administration of medication and maintaining accurate and appropriate records.

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 protected from the risk of infection because there was appropriate guidance in place for staff to follow to help prevent and control infections.

Reasons for our judgement

Our inspection of 24 September 2012 found that there was a lack personal protective equipment, antibacterial soaps and alcohol hand gel readily available for staff use, a lack of understanding with regards to Control of Substances Hazardous to Health (COSHH) regulations and a lack of storage to separate out sterilisation and used commodes and urine bottles. We also found that the process of dealing with soiled linen was putting people who used the service at risk of infectious disease.

The provider wrote to us on 29 October 2012 and told us that they had installed dispensers for personal protective equipment, such as gloves and aprons and antibacterial hand wash and alcohol gel at specified locations around the service. They told us that they had improved the cleaning and storage of equipment, introduced new laundry processes and implemented new policies and procedures for managing infection control.

At this inspection we found that systems to reduce the risk and spread of infection had improved. Routine audits were taking place to monitor that the improvements were being maintained. Heads of department meetings had been implemented to improve communication between the managers and staff. New policies and procedures for managing the laundry and infection, prevention and control of the environment had been implemented and that these were being followed by staff. A copy of the latest guidance; Health and Social Care Act 2008, code of practice on the prevention and control of infections and related guidance had been obtained and was reflected in the infection control policy. This meant that people were protected from the risk of infection because there was appropriate guidance in place for staff to follow to help prevent and control infections.

All staff had received training so that they were suitably educated in the principles and practice for the prevention and control of infection. Two staff had completed a certificate in the principles of infection control and had been designated to take a lead role on infection control in the service and to cascade further training to staff. We saw evidence that the service was maintaining links with the NHS Suffolk infection control network. This meant

that staff were trained and had access to information to ensure that they were being kept up to date with best practice.

We observed staff wearing gloves and aprons when attending to people's personal care needs and when dealing with dirty laundry. Dispensers for the personal protective equipment had been placed around the service at specified locations so that staff had access to gloves and aprons when required. These were being checked daily and replenished. Antibacterial soaps and alcohol hand gel dispensers had been fitted in bathrooms and sluice areas. We saw that drying racks had been installed in sluice rooms to ensure air could circulate and that pots and urine bottles were dried properly and kept off of the floor to ensure cleanliness was maintained.

The registered manager told us that all staff had been asked to provide information about their immunisation status and a list of current vaccinations. This was part of a risk based screening assessment to minimise the risks of infection being transmitted to other people living or working in the service. The provider told us that all trained nurses and overseas staff had now received Hepatitis A and B vaccinations.

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 ensure medicines were being safely administered.

Reasons for our judgement

Our inspection of 24 September 2012 found that Medication Administration Records (MAR) charts had a number of missed signatures and did not corresponded to the used and remaining medicines. Codes had not been used appropriately to show the reason why any medication had not been given. We also saw that medicines were not being safely administered. This meant that there was not an accurate and safe record of people's medication and that medicines were not being safely administered.

The provider wrote to us on 29 October 2012 and told us that they were reviewing the systems in place for administering medication. They had obtained a new policy and procedure, developed new guidelines and a checklist for staff reference, to ensure that they followed correct processes, and to ensure that medicines were administered correctly.

At this inspection the deputy manager showed us that they were undertaking in depth monthly audits to monitor correct recording and administration of medication. The audits involved checks of the medication stock held against MAR charts. This meant that there were systems in place to ensure that people were receiving their prescribed medicines.

The registered manager confirmed that staff disciplinary procedures had been used where they had identified malpractice in drug administration and recording. We also saw that training and regular observations, competency checks and supervisions were taking place to ensure that staff had the skills and knowledge to safely administer medicines. This meant that people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to ensure staff were safely administering medicines.

The registered manager confirmed that they had had a meeting with the local pharmacy and had developed agreed protocols which had improved the systems for ordering and delivery of medicines for people using the service. This meant that appropriate arrangements were in place in relation to obtaining medicines.

Notification of other incidents ✓ Met this standard

The service must tell us about important events that affect people's wellbeing, health and safety

Our judgement

The provider was meeting this standard.

People using this service can be confident that important events that affect their welfare, health and safety are reported to the Care Quality Commission, so that where needed, action can be taken.

Reasons for our judgement

Our inspection of 24 September 2012 found that the provider was not notifying the Commission of events that affected the health, welfare and safety of people using the service. The provider wrote to us on 29 October 2012 and told us that they were developing staff roles and that they had allocated designated areas of accountability for the administration and management of the service. These included responsibility for completing medication audits and making the appropriate notifications to the Commission and other relevant authorities.

Our records checked against the incident and accident records confirmed that the provider was now notifying the Commission of events that had affected the health, welfare and safety of people using the service. A checklist of reportable incidents had been developed for staff to refer to and had been secured to the notice board in the staff office. This meant that the Commission and other relevant authorities were being kept informed of relevant incidents that had occurred in the service.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were being maintained.

Reasons for our judgement

Our inspection of 24 September 2012 found that records relevant to people's health needs, the management of the service, including the services policies and procedures were not accurate and fit for purpose. The provider wrote to us on 29 October 2012 and told us that they had purchased a new set of policies and procedures that reflected current legislation.

We reviewed the records relating to three people using the service and found that these were up to date and reflected people's current needs. This meant that personal records including medical records were accurate and for purpose.

A new set of policies and procedures had been purchased from a company specialising in the development of policies, to ensure compliance with the most recent and up to date legislation. We saw that these had been developed so that they directly related to the service provided at Friars Hall. The registered manager informed us, that as legislation changed, new polices and procedures were automatically updated and sent to the service. The policies and procedures reviewed provided staff with clear guidance on how to work in accordance with the policy. This meant that people were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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