

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

Haddon Court Nursing Home

High Street, Beighton, Sheffield, S20 1HE

Tel: 01142511318

Date of Inspection: 15 September 2014

Date of Publication: October 2014

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

Details about this location

Registered Provider	Amocura Limited
Registered Manager	Mrs Judith Margaret Nicholas
Overview of the service	<p>Haddon Court is a nursing home registered for up to 83 people situated within Beighton Village, approximately five miles from the city centre of Sheffield. The home is within easy access of the local community, which has a selection of shops and churches. Haddon Court is a large purpose built three-storey care home. It provides nursing and personal care for older people who have a physical disability, nursing needs or have dementia.</p>
Type of service	Care home service with nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

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Summary of this inspection

Why we carried out this inspection

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

- 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 15 September 2014, talked with people who use the service and talked with staff. We reviewed information given to us by the provider, reviewed information sent to us by commissioners of services and reviewed information sent to us by other authorities.

What people told us and what we found

An adult social care inspector carried out this inspection. The focus of the inspection was to answer five key questions: is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

Haddon Court is a residential care home which was providing care and support to 59 people at the time of our inspection. A number of people living at the home had dementia. As part of the inspection we spoke with two people who lived at the home, three members of staff and the home manager. We also looked at a selection of records.

This was a follow up inspection to check that improvements had been made in the management of medicines since our previous inspection on 23 June 2014. At the previous inspection we found people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

The manager of Haddon Court submitted an action plan following our inspection which detailed the actions they intended to take in order to achieve compliance.

Below is a summary of what we found. If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

At this inspection two people who used the service gave positive feedback about the care and support they received. They told us staff gave them their medication as prescribed and when they preferred.

People told us, "they [staff] are good to me. I have no complaints" and "I have to take my tablets at a specific time of day. The staff usually bring them on time. If they're running late

they've told me to press my buzzer and they'll come straight away. I don't like to do this but they said they don't mind."

We checked the Medication Administration Records (MAR) sheets for people living in the home. We found MAR sheets had been signed by the member of staff administering the medicines in all cases.

A staff member told us the manager and senior staff carried out frequent medication audits so that any errors were identified promptly. We saw evidence of this.

Staff training records evidenced staff received medication training to ensure they were competent in their role to safely manage medicines.

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.

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

Reasons for our judgement

This was a follow up inspection to check that improvements had been made in the management of medicines since our previous inspection on 23 June 2014.

The manager of Haddon Court submitted an action plan following our inspection which detailed the actions they intended to take in order to achieve compliance with the management of medicines.

Two people we spoke with gave positive feedback about the care and support they received. They told us staff gave them their medication as prescribed and when they preferred.

People told us, "they [staff] are good to me. I have no complaints" and "I have to take my tablets at a specific time of day. The staff usually bring them on time. If they're running late they've told me to press my buzzer and they'll come straight away. I don't like to do this but they said they don't mind."

We observed a senior member of staff administering the morning medicines. We saw that medicines were given to people from a medicine pot and each person was offered a drink. The member of staff stayed with the person until they were sure they had taken their medication. When the person had taken their medicines the member of staff signed the MAR (medication administration records) sheet.

The majority of medication was supplied to the service in a monitored dosage system (MDS). We looked at the MAR sheets for people living on the ground floor of the home. We found MAR sheets had been signed by the member of staff administering the medicines in all cases.

A staff member said that the manager and senior staff carried out frequent medication audits so that any errors were identified promptly. We saw evidence of this.

Since the last inspection the room used for the storage of medicines had been changed. The new room provided more space and had cupboards with locks fitted to the walls where medicines were securely stored.

At the last inspection we noted the temperature readings in all the clinic rooms' were well above the maximum temperature range to store medicines. This meant medicine may not be effective as they were not appropriately stored as directed by the manufacturers. At this inspection the manager showed us the new air conditioning units which had been purchased for the clinic rooms. We found the clinic rooms were being kept within the advised temperature range.

We observed some people living in the home also had a preferred name which was recorded on the MAR chart. This reduced the risk of wrongly administering medicines to another person living in the home.

We noted that some people living in the home had allergies and this was recorded on their MAR charts to alert staff as well as the local pharmacist supplying medicines to the home. The manager told us when new people were admitted into the home they faxed the pharmacist information about any allergies. This information was added to the 'master' MAR chart so that any subsequent MAR charts included this information.

We found there was a system in place to record and monitor the quantities of medicines brought into the home and carried forward to a new recording period. This meant all medicines and nutritional supplements could be accounted for.

Some people were prescribed medicines on a 'when required' basis for example, for pain relief or to control a person's challenging behaviour. We found there were details and guidance provided for staff on the circumstances these medicines were to be used. This meant people were given medicines to meet their needs and to ensure safe and consistent use.

At the time of this inspection there were no people who used the service that were self-administering their medicines.

The home manager told us that following a meeting with the local GP the homes policy and procedures for the safe administration of medicines was being updated and reviewed. This was to make sure it was up to date with all current guidance and legislation.

The home manager also told us that Sheffield Local Authority had employed a pharmacist who would be providing training and support to the care homes. We saw confirmation that all staff that administered medications were up to date with their training and had undertaken competency checks from either the manager or other senior staff.

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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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