Inspection Report

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

Hallgarth Care Home

Hallgarth Street, Durham, DH1 3AY

Tel: 01925656337

Date of Inspection: 01 July 2014

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

Management of medicines	✓ Met this standard
Staffing	✓ Met this standard

Details about this location

Registered Provider	Four Seasons (No 9) Limited
Registered Manager	Mrs Anna Clark
Overview of the service	Hallgarth Care Home is a purpose built, three storey care home in the city of Durham. It can accommodate up to 63 people. The home provides nursing care.
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'.

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 1 July 2014, 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

We carried out an out of hour's inspection due to concerns received by CQC regarding staffing levels during the night and the management of medicines. The concerns were raised with CQC on the 30th June 2014.

We arrived at the home at 11.15pm on 1st July 2014 and left at 2.00am on 2nd July 2014. We re-visited the home at 1.00pm on 2nd July 2014.

We looked at the information provided to us and looked at the information we held about the service. As part of our inspection we spoke with four night staff including the registered manager who arrived at the home at 12.54 am.

The focus of this inspection was to check that the provider had sufficient numbers of staff on duty during the night to meet the needs of people who used the service.

On the 2nd July 2014 at 100.pm, we re-visited the home to check that people who used the service received prescribed medicines safely. This included making sure all medicines were up to date and reviewed as people's needs and conditions changed. To make sure that clear procedures were followed in practice, monitored and reviewed. We also checked the safe storage, preparation, administration and disposal of medicines.

We spoke with a number of people using the service. Everyone commented positively about the care provided. Comments included "The staff here have an awful lot of dedication; they look after me very well". "Nothing is too much trouble for them, when I need assistance I never have to wait very long," "The staff are very good and I always get my medicines on time and always at the same time every day". They put me at my ease" and "This is a good place to live". They look after my tablets very well. During the night I feel safe and I get lots of support each morning to get dressed. I am never rushed". It's really nice and the staff are always there when you need them".

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

We carried out this inspection due to concerns received by CQC regarding medication procedures. The concerns were raised with CQC on the 30th June 2014.

Prescribed medicines were given to people appropriately.

During this visit we looked at the storage arrangements for prescribed medication and checked medication administration records (MAR) for people who used the service.

We talked with people about their medicines. They told us the staff looked after all of them. One person told us "They stand by me to make sure I take my medicines OK." Another person told us "They make sure I get my medicines three times a day and always at the same time."

We saw risk assessments had been carried out with people to find out if they could look after their medicines independently or with staff support. On the day of our visit the manager told us everyone who used this service had their medicines given to them by a senior member of staff. We saw a copy of the home's policy and procedure for the administration of medicines was available for staff in the medication room. This was so they could check medication was given properly. We also found signs displayed in the medication room informing staff about those medicines which needed to be given at specific times of the day.

We found records were kept to show the person who had been responsible for administering the medication. This was important as it demonstrated people had been given their medicines as prescribed by their doctor. We checked the management of medicines and found these (including an error that had been highlighted) and stock levels were accurate. This showed people had received the treatment they had been prescribed.

The senior on duty, responsible for the administration of medicines described in detail the

process adhered to for the receipt, recording, storage, handling, administration and disposal of medicines. They showed us the records they kept for every stage of this process. We saw the manager where necessary, sought information and advice from the pharmacist regarding medicines dispensed for individuals who used the service.

We saw all prescribed creams were clearly labelled. We found staff had used a body map (this is a pencil drawing of a human body) and identified on this where each person's prescribed cream was to be administered and when. This was to make sure everyone received their prescribed creams at the right time. We saw topical cream charts were kept in people's bedrooms. We saw these were completed appropriately after every application.

Some medicines, which were liable to misuse, called controlled drugs, needed to be stored securely. We checked the storage was secure and appropriate records had been made of all stocks. We talked with the senior member of staff and the nurse on duty who told us all staff knew how controlled drugs should be stored and the procedures to be used when administering this type of medication. They told us records needed to be kept of the receipt and use of controlled drugs and stocks checked and recorded daily in a special "controlled drugs book" to help identify any loss or discrepancy quickly. We did a stock check on the controlled drugs held. We found these to be correct.

The manager told us all staff who were responsible for medication had received training. This was confirmed when we checked the staff training records.

When we checked the medication administration records we identified one error. We discussed this with the manager and the senior carer on duty. They told us they were aware of this as the error had been identified during the daily medication audit checks that took place. The manager showed us a copy of the audit. This showed us that one person had not received one tablet on 27/06/2014 (lamsoprozole 15mg) this was a gastro - resistant medicine. The manager told us this issue had been addressed immediately with the senior responsible. We saw a record that demonstrated that this member of staff's medication competency had been reviewed and completed.
All of these measures ensured people who lived at the home were protected by safe medication procedures.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We carried out an out of hour's inspection due to concerns received by CQC regarding staffing levels during the night. The concerns were raised with CQC on the 30th June 2014.

We arrived at the home at 11.15pm on 1st July 2014 and left at 2.am on 2nd July 2014. We re-visited the home at 100.pm on 02/07/2014.

On arrival, we explained the nature of our visit to the senior care staff on duty. We then looked at the recorded staff rota showing us which staff were and had been on duty during the last five weeks and in what capacity. The main focus was on night staffing levels during this period.

We looked at the ratios of staff to people who used the service including the assessed dependency needs of people.

We spoke with the senior carer and another carer who were on duty on the ground floor residential unit. They told us there were 22 people on this unit. We discussed the dependency levels of people. The staff told us there were eight people who required two staff to assist them with their personal care tasks. One staff told us, "We manage to meet people needs throughout the night, but it does become busier from 6.am when people begin to wake up and require assistance to get up.
We asked how many people required both night staff to assist them to get up each morning. They told us there were four people. We asked how many other people required assistance before the end of their shift at 8.am; they told us there were usually another five people who required one staff to assist them.

The staff told us they never woke up people to get up, and always respected people's wishes and choices about going to bed and getting up. The senior carer said, "We are aware of the health and personal care needs of the people on this unit, and we always ensure that people's privacy and dignity are respected at all times". They said, "It would be nice to have an extra member of staff on duty, but we do manage with two staff". They told us, "If we needed assistance there was support available from the nurse and two carers who worked on the upstairs unit".

We were told that there were some concerns when people were admitted to the basement unit and these also had to be cared for by staff from this unit. When we checked, this unit was not being used.

When we looked at the staff rota over a five week period, we saw that the home was staffed with a minimum of five staff every night. This included an RGN and two care staff of the first floor, and a senior carer and a carer on the residential ground floor unit. We saw no times when there were less than five staff.

The registered manager arrived at the home at 12.45am. She told us that on Sunday 30th June 2014 one of the night staff became unwell at about 6.am and had to go home. She said that the deputy manager arrived at the home at 7.am to provide support.
We discussed the dependency levels of people on the residential unit. She confirmed there were eight people with high dependency needs. She confirmed that four of these people were assisted to get up by the night staff. We discussed the busy time between 6.am and 8.am. The manager said that she sometimes arranged for an additional member of staff to start work at 6.am to assist during this time. She said that she had just recruited five new staff and was just waiting for their DBS clearance to come through. She said this would enable her to have a permanent member of staff on duty from 6.am. She said she already had one member of staff who could cover this period for four days with immediate effect.

We discussed the use of the four bed basement unit. She said this was used for respite care, and was not frequently used. She said if a demand for this service picked up, she would ensure that three night staff were on duty on the residential unit.

The manager said that she would keep under review the care staff ratios. She said she had a system in place for calculating the staff numbers required in accordance with the assessed needs of people who used the service. She said she used this as a baseline in addition to assessing the individual needs of people.

We spoke with two staff from the first floor unit. The RGN confirmed there was always three staff on this unit during the night. Both staff said there were sufficient staff to meet the needs of the 29 people on this unit.

Throughout our inspection we observed the home to be very quiet and there were only a few nurse call alarms activated. When this did happen, we saw staff responded to these immediately.

We found no evidence that people were at risk due to insufficient staffing levels. The registered manager said she will notify CQC when she reviews the staffing ratios.

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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