Inspection Report

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

Coundon Manor Care Home

1 Foster Road, Coventry, CV6 3BH

Tel: 02476600860

Date of Inspection: 09 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:

Care and welfare of people who use services	✓ Met this standard
Management of medicines	✗ Action needed
Safety, availability and suitability of equipment	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Priory Elderly Care Limited
Registered Manager	Miss Zoe King
Overview of the service	Coundon Manor provides nursing care for up to 74 frail elderly people including those who have dementia.
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 to check whether Coundon Manor Care Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Management of medicines
- Safety, availability and suitability of equipment
- Staffing
- Assessing and monitoring the quality of service provision

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 9 September 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, were accompanied by a pharmacist and talked with commissioners of services.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

When we visited Coundon Manor in June 2014, we identified some concerns around care and welfare of people, equipment, staffing, the management of medicines within the home and the systems in place to monitor the quality of service provided. Following our inspection, the provider sent us a plan setting out the actions the service was taking to ensure improvements in these areas.

On 9 September 2014 two inspectors visited the home and on 15 September a pharmacy inspector visited the home to check the actions had been implemented.

The registered manager referred to at the front of this report is not the current manager of the service. The registered manager has not yet cancelled their registration with the Care Quality Commission.

During our visit we spoke with the manager, deputy manager, operations manager, 10 staff, five visiting relatives and five people who used the service.

Below is a summary of what we found. The summary describes what people told us, what we observed, the records we looked at and what staff told us. We used the evidence we collected during our inspection to answer five questions.

If you wish to see the evidence supporting our summary please read the full report.

Is the service safe?

We found sufficient staff to meet the needs of people during the day. Because of staff sickness, we could not determine from observation whether there was sufficient staff at night. The provider has agreed to monitor this and report their findings to us in the next six weeks.

We found some errors and omissions in medication management meant people were not always kept safe.

Is the service effective?

People were supported by staff who have the necessary skills and knowledge to meet their assessed needs.

Management had plans to promote good practice and develop the knowledge and skills of existing and new staff.

Is the service caring?

People were treated with kindness in their day to day care. Staff supported people to maintain their dignity, and were respectful when providing care.

Is the service responsive?

The manager had implemented systems which encouraged people to be involved in the planning and review of their care.

The service had an effective complaint's procedure.

Is the service well-led?

The new management team have been in post for a short period of time. During this time they have improved the quality of service provision, and introduced systems which more effectively monitor the quality of care provided.

Since our visit they have acted swiftly to address the new concerns we had regarding medication management.

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 October 2014, 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

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.

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

Reasons for our judgement

At our last visit we were concerned that care plans did not provide accurate and up to date information about people's health and social care needs. We were also concerned that people were not involved in care reviews or care planning.

During this visit we looked at four care records. Records provided detailed information about people's health and social care needs and any risks staff needed to be aware of when delivering care. For example, we saw where people required support to move, there were clear risk assessments and care plans with instructions for staff about the equipment needed and how many staff were required to ensure people were safe when they were moved.

We saw information had been sought from the person or their relative about the person's past history and any hobbies or interests they had. This supported staff in their communication with people and in arranging possible hobbies and interests for people within the home.

We saw one care record documenting a person's behaviour. This did not accurately reflect our observation of the person, or the information we received from the manager about the person. We showed this to the deputy manager who agreed the record was misleading and told us they would change it.

At our last visit we had concerns about skin care. We saw a number of people had pressure sores as a consequence of a lack of understanding and knowledge from staff about supporting people whose skin was breaking down. We found that all of the concerns we highlighted had been addressed by the provider and staff had received training to support them in providing effective skin care to people. We looked at one care record which had detailed recording of the skin breakdown of the person, the involvement of district and tissue viability nurses, and the plans to improve the integrity of the skin. This

meant staff were closely monitoring the person's skin and working effectively with health care professionals.

At our last visit the manager told us they needed to do further work to check whether applications had to be made to the Local Authority because people's liberty was being deprived under the Deprivation of Liberty Safeguards (DoLS). At this visit they told us they had sent three applications in to the Local Authority in August and three in September 2014 but they had not yet found out whether the applications had been approved. This meant the provider was working within the legal framework of the Mental Capacity Act and DoLS.

We observed staff support people throughout the day. We found staff on the whole, were caring and kind to people. We asked people who lived at Coundon Manor what they thought of the care they received. One person told us, "I've always liked it here, I've been here for years." Another said, "It's wonderful." A third person told us, "It's very clean, the people are very kind."

We spoke with relatives about the care provided to their loved-ones. On the whole relatives were positive about staff support. One relative told us the care was, "Very good." Another said, "I visit most days, from what I notice the care staff are very good." "I'm very pleased with it, no matter what we asked for, it's been done, they seem to be very caring." "I come and help my wife every day. The staff are good, I can't complain."

Whilst the majority of comments from people and their relatives were positive about the care provided, a relative told us their loved one had commented to them that a member of staff had told them to 'just do it' (in their pad) instead of going to the toilet. We informed the manager of this who told us this was unacceptable and would investigate.

We saw people being provided with their breakfast and with their lunch. During both times, people were offered choice and staff were attentive in making sure people got what they wanted. For example we saw one person being asked if they wanted a cooked breakfast and staff checked how many slices of toast they wanted with it. We also saw a person tell a member of staff the cup their tea was in was too large for them. The member of staff brought a smaller one to the person who still found the cup too large, the staff member searched for a cup until the person was satisfied with the size. We saw people who required support with eating, were provided this by staff who ensured they supported the person at their pace.

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 protected against the risks associated with medicines because the provider did not always have appropriate arrangements in place to manage medicines.

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

Our inspection of 16 June 2014 found poor recording and obtaining of medicines might have resulted in people not being fully protected against the risks associated with medicines.

At this visit, we found appropriate arrangements were in place to obtain medicines. We found the previous issues with the ordering procedure had been addressed by the service. This meant on the day of the inspection we found all prescribed medicines were available for administration. Good procedures for obtaining medicines will ensure that people can have their medicines administered to them when they need them.

At our last visit we saw gaps in the medication administration records (MAR). This meant we could not be sure people had received medicines prescribed by their doctor. During this inspection we looked at 13 medicine administration records. We found the service was able to demonstrate that people had received their medicines as prescribed. Appropriate arrangements for the recording of medicines meant that people's health and welfare was protected against the risks associated with the handling of medicines.

We found the service had a system for recording the disposal of medicines. We found when comparing the administration records with the disposal records the expected disposal quantity did not always match with the disposal records. This meant the disposal records did not support the service in demonstrating some medicines had been administered as prescribed.

We looked through the records for people who had been prescribed medicines on a 'when required' or 'PRN' basis. We found the records did not have sufficient information to inform nursing staff of how to administer these when required medicines. The lack of information about how medicines should be managed may result in people at the service not getting their medicines when they need them.

Medicines were not always administered safely. We raised a number of issues with the

management team about the administration of some medicines when examining the medicine administration records. We found a person using the service had been prescribed an antibiotic medicine that required the administration to take place on an empty stomach, which meant an hour before food or two hours after food. We found the service was not aware of these instructions and as a consequence they had not made any provision to ensure that this medicine was administered as prescribed.

We also looked at a medicine that had been prescribed with specific administration times. We found that the administration times for this medicine were not being adhered to. The poor administration practice placed the health and welfare of this person at risk.

We found the service did not have a system of recording where skin patches used to treat pain and some chronic conditions were being applied to the body. The manufacturers of these patches state in their patient information leaflets that the application of a new patch to the same site should be avoided for a certain period of time. The service was unable to demonstrate that the application of these patches was taking into account the manufacturer's guidelines thus placing the health and welfare of people using these patches at risk.

Some people had their medicines administered through a tube that went directly into their stomach. We found there was no detailed written information about how to administer the medicines through this percutaneous endoscopic gastrostomy (PEG) tube. When medicines are being administered through this tube we would expect the service to have a written procedure in place. This procedure should describe how to prepare each medicine before it is flushed down the tube and how much fluid should be used to prevent the tube from becoming blocked after the administration of each medicine. The service was therefore unable to demonstrate the administration of medicines in this way was being carried out safely by the staff.

Some medicines were not kept safely. We found the service was not ensuring that medicines stored in the refrigerators were stored within the correct temperature range. The service's inability to ensure that medicines were stored correctly meant the effectiveness of medicines could be compromised and ultimately placed peoples' health and welfare at risk.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

At our last visit we were concerned that there was insufficient equipment at Coundon Manor to support people's health and social care effectively and safely.

During this visit we checked equipment used to support people in moving. This included hoists, slings (used with the hoist), and slide sheets (to move people in bed). We found one working hoist on each floor. Staff told us this was sufficient to meet people's needs in a timely way. We found each person who required a slide sheet or a sling had one, and these were located in their bedrooms.

We found people who required pressure cushions and pressure relieving mattresses had the equipment they required and they were in good working order. We looked at wheel chairs and saw these were in good condition, and foot plates were being used.

We saw at meal times, people were provided with crockery and cutlery which met their needs. For example, crockery was brightly coloured to support people with dementia. Some people were using plate guards which helped them to keep the food on the plate and maintain their independence in feeding themselves.

We were informed that management undertook a daily walk round to check that equipment was in good working order. This included checks on hoists, and the suction machine kept in the treatment room for emergencies. This meant any concerns were identified early and action taken.

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

At our last visit we were concerned that the provider did not have a method for determining the number of staff needed to meet the dependency needs of people. During this inspection, the provider had just issued the home with a new 'staff dependency tool' to calculate the number of staff there should be on shift based on the levels of dependency people had been assessed as having. The manager used the tool and confirmed the staffing levels were above those required by the tool.

At our last visit we were concerned people were not receiving a continuity of care because the home used a high number of agency staff and bank staff. During this visit we saw the staff rota which showed there had been a significant decrease in the use of agency and bank staff. The rota also clearly showed the names of, and how many qualified nurses were on duty each shift, as well as the names of the care assistants who provided care each shift. At our last visit this was not the case.

We arrived early in the morning at 6.45am to observe the support staff gave people as they woke up and got ready for the day and to speak with night staff. This was because we had received concerns about the night time staffing levels. One inspector observed the support given on the ground floor and one inspector observed the support given on the first floor. Both inspectors spoke with staff on each floor.

Staff on both floors told us there were not enough staff to meet people's needs during the night. On the ground floor, staff told us it was difficult to predict whether staff numbers would be sufficient because it very much depended on the varying behaviours of some people. They told us some people 'walked' during the night, but not every night. When they were walking, people needed to be observed to ensure they remained safe and that other people were kept safe. This meant it reduced the time available to provide personal care.

On the ground floor we observed staff were busy during the morning but the atmosphere was calm and staff were working well to meet people's needs at that time of day.

The first floor was more hectic. Staff did not have sufficient time to undertake all the care tasks required. For example, we heard some alarms ring in excess of 10 minutes. One member of staff told us, "We haven't got enough staff to dress people, we are told we have

enough staff, we haven't… Overnight there was me and two carers to look after 28 people…we have 17 people who are doubles (require two people to support them)." Another member of staff told us, "When there is enough staff, then everything goes well. If understaffed, it all gets behind…we are trying to get personal care done before breakfast but it's difficult sometimes."

We spoke with the manager and deputy manager about the concerns raised by staff. They informed us there should have been another person on duty that night but they had phoned to say they were sick. They told us there were problems with staff sickness particularly at night and this could impact on the care provided. They said they were addressing this issue. They also told us they were in the process of changing the culture so that staff did not feel they had to get everyone out of bed and ready for breakfast before they finished their night shift. They told us they wanted to ensure people got up at the time that suited them. Both the manager and deputy manager told us they felt there was sufficient staff on the rota to meet people's needs.

Because the service was one member of staff down, it was difficult for us to determine whether there were sufficient staff on duty during the night. We were concerned about what staff had told us, and what some of the relatives of people living at the home told us. The provider agreed to meet with night staff and to schedule a series of visits at night time over the next six weeks to monitor staffing levels. It was agreed the provider would inform us of the outcome of these meetings and night time visits.

For the remainder of the day and early evening, we observed there to be sufficient staff to meet people's needs. We spoke with staff on the day shift. They told us, "In June I had enough of working here but I don't feel that way now…staffing is a lot better now… management are supportive, they talk to us." Another staff member told us when asked about staffing, "As far as I'm concerned it has improved…I'm not worried any more about finishing my shift and wondering what is going to happen…I don't feel so frustrated, I feel listened to, where -as I didn't before."

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

At our last visit in June 2104 we did not see systems in place to monitor and assess the quality of service provided at the home.

In June 2014 the registered manager had left and a new management team had been put in place. We found they had worked hard in the last three months to improve the quality of service provided in a short space of time.

Previously we identified gaps in staff training. We saw staff had either received training or were booked to undertake training to ensure they were knowledgeable in all areas considered essential to provide safe and effective care. For example, staff had undertaken moving and handling training, and tissue viability training.

At our last visit we were not sure how much involvement people had in their care planning. We found on this visit a 'resident of the day' initiative had commenced. This meant one day each month a person and their relative or advocate were invited to review their care and check they were satisfied with the care provided. This started in July 2014 and was still in its infancy. However the expectation was that this would ensure each person or their advocate would have the opportunity for regular contact with staff and be fully involved in care reviews and care planning.

Previously we were concerned that complaints were not being recorded, and when they were recorded, action was not taken in a timely way. This time we found good records had been kept of complaints raised. Since our visit in June 2014 the service had received six complaints. We saw these had been investigated appropriately and within the timescales of the provider's complaint investigation policy.

We had previously been concerned about the high number of agency staff being used. Recruitment has since then reduced significantly the need for agency staff. We found there continued to be some practice issues and staff issues which needed to be addressed but the management were aware of these had had plans in place to deal with them.

We saw the manager had systems in place to monitor and check the safety of the home (audits). These included checks on medication, infection control, environment, safety and tissue viability. The provider might like to note our concerns that the medication audit did not identify the issues found by our pharmacy inspector.

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 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines** **How the regulation was not being met:** The registered person was not protecting people against the risks associated with the unsafe use and management of medicines because of errors in administration, omissions in recording, and safekeeping of medicines.

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 October 2014.

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.

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