

Review of compliance

Sudera Care Associates Limited Fauld House Nursing Home

Region:	West Midlands
Location address:	Fauld Tutbury Burton-on-Trent Staffordshire DE13 9HS
Type of service:	Care home service with nursing
Date of Publication:	August 2012
Overview of the service:	Fauld House provides personal and nursing care to a maximum of 48 people. Ground, first and second floor accommodation is provided for people, with a mixture of single, double and en-suite bedrooms.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Fauld House Nursing Home was not meeting one or more essential standards. Action is needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 8 August 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We carried out this inspection to check on the care and welfare of people using this service. We visited Fauld House Nursing Home in order to up date the information we hold and to establish that the needs of people using the service were being met. We also needed to check that the provider had met the compliance action we made in January 2012 regarding the lack of staff available to people using the service during the night.

The visit was unannounced which meant the provider and the staff did not know we were coming. We spoke with nine people using the service, five staff on duty and three visitors whilst we were there, and other staff afterwards on the telephone.

We found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The home was warm, clean and well maintained with no malodours. We saw people had the necessary equipment in place to provide a safe environment. Bedrooms were personalised and suitably furnished, and shared rooms offered screening. This meant people's privacy, dignity and independence were respected.

People spoke well of the home, one person told us, "The staff are polite and ask me what I would like, I don't feel on my own which is nice." "Another person using the service said, "The staff are so willing; there is nothing here to worry about."

Everyone we spoke with told us that staff were helpful and kind. We heard staff speak respectfully and it was clear from our observations that people reacted positively when the staff engaged with them. We observed staff providing support and saw people were

treated with respect. Personal care issues were discussed sensitively and discreetly. We saw the staff listened to people and did not rush them.

We looked at the recruitment procedures for staff and found that suitable systems were in place to protect people using the service.

When we last visited the home in January 2012 we found that the provider did not offer enough staff at night. We checked the rotas and spoke with the staff who confirmed there were now always three staff on duty during the night. They told us this had been a significant improvement, one person told us, "I don't have to wait as long as I used to during the night for the staff to answer my bell." A staff member said, "It has had an impact on the morning shift because we are now not as rushed."

We looked at medication management and found that medication was not always recorded in a suitable manner. This meant people using the service could be placed at risk because the management of medicines was not as safe as it needed to be.

We looked at ways in which the home assessed its own quality and safety and saw suitable systems were in place except for the above.

What we found about the standards we reviewed and how well Fauld House Nursing Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard. People's privacy, dignity and independence were respected.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard. Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed. People were not protected against the risks associated with medicines because the provider did not always have appropriate arrangements in place to ensure the safe administration, storage and recording of medicines.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

The provider was meeting this standard. Appropriate checks were undertaken for when the staff began work.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was meeting this standard. There were enough staff on duty to meet the needs of the people who lived there.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard. There was ongoing quality monitoring of the service delivered at Fauld nursing home to monitor that people continued to receive effective and appropriate care.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

The essential standards for quality and safety states that a service must uphold and maintain the privacy, dignity and independence of people who use the service.

We asked the people using the service if staff treated them with dignity and respect and people confirmed they were happy with the support they received and they were complimentary about the staff. People told us they could maintain independence and were encouraged to be involved with the local community. One person told us, "They always knock on my door, they are friendly and polite, it is very good."

When we talked to people who used the service they understood the care and treatment choices available to them, they told us the staff helped them to make their own decisions. We were told the staff protected people's dignity and were kind and considerate. One person told us, "The staff are very respectful towards me." Another person said, "I am so pleased with everything."

We also spoke to visitors to the home. One relative told us, "The staff are really nice here, we are more than happy." Another visitor told us, "We know privacy and dignity is respected, we visit regularly and see it all the time."

Other evidence

We reviewed the information we held about this service. Prior to our visit we had not received any complaints from people who used the service or their families. We spoke with the commissioning quality monitoring team who confirmed they did not have any areas of concern.

We saw that people who used the service were given appropriate information and support regarding their care or treatment. People informed us they were able to read records written about them and they were regularly consulted about their care and welfare. One relative told us, "We have recently been encouraged to be involved with my relative's care."

We saw that risk assessments were completed to support people's independence and promote their safety. This meant individuals' needs and safety were taken into account.

Our judgement

The provider was meeting this standard. People's privacy, dignity and independence were respected.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

The essential standards for quality and safety states that people who use the service experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

Most people we spoke with told us they could get up and go to bed when they wished. They said they felt in control of their lives and one person told us, "I like to be in my bedroom, I can come and go as I please." Another person said, "I like my room and am happy to stay here, although I do sometimes go into the garden." Three people we spoke with told us they could not always go to bed when they wished, one person said, "I am told when to go." Another person said, "We go when we are asked." The provider should consider ways to ensure everyone living at Fauld House is offered the choice of when they wish to retire to bed.

We saw that the staff had a good rapport with people who lived in the home and talked about events and experiences they had shared. Staff told us about people's interests, their life and family and it was evident they knew them well.

We observed care and saw that it was unrushed; the staff knew the people and their individual likes and wishes. Staff showed people genuine warmth and respect whilst encouraging positive interactions. The way the staff went about their work created a calm atmosphere. Staff responded well to the needs of individual people, which enhanced their sense of well-being and comfort. People using the service confirmed their call bells were answered.

The staff confirmed they were able to discuss working practices and plans of care. Staff could identify further training needs, and where possible suitable training was organised in the home or used external services. Supporting the staff and keeping up to date with care practices meant people were able to receive support from trained and competent staff.

Staff commented they felt there was enough information within the care records so they knew how to support people using the service.

Other evidence

We looked at two care records and they contained suitable information of how assessed needs were to be met. The care records we looked at were individually written and reflected the person's personal wishes and preferences. We were told all care records were being updated and that a new system was in place, these were considered 'work in progress'.

Risk assessments identified individual risks to promote and protect people's safety and well-being and again these were being strengthened and included where necessary.

As required under current fire safety legislation each person had a fire safety risk assessment. The personal emergency evacuation plan (PEEP) provided information to support people who cannot get themselves out of a building unaided during an emergency situation. This meant the necessary information was available to support vulnerable people.

Our judgement

The provider was meeting this standard. Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is non-compliant with Outcome 09: Management of medicines. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

The essential standards of quality and safety states that there should be clear procedures in place where treatment and support involves medication.

On this inspection, we observed medication being administered at lunch time. We saw staff approach people in a quiet and pleasant manner. The staff sat next to people and patiently waited for them to take their medicine and talked with them throughout.

We heard the nurse say to one person, "Are you okay to take your tablets now?"

Another person was encouraged and the nurse said, "I have two tablets for you, do you want a drink with them?" This meant people were being consulted about their medication.

Other evidence

The service had secure storage for medication and the monitored dosage system (MDS) was used for most medicines, which meant medicines were dispensed into monthly blister packs.

Medication was administered by the nursing staff and as part of our pathway tracking we looked at the way medicines were recorded for three people. Medication was stored in a locked cupboard and the medication administration records (MAR) were inspected along with the medication systems. We saw that MAR charts had been completed

properly. This meant the suitable recording of the medicines was in place.

However when we looked at medication that was administered from the original packaging we found that an audit system was not in place. We tried to audit the number of tablets coming into the home and the number that had been prescribed. This was not possible due to the systems being used. This meant that we could not be confident that people were receiving their medication as prescribed by a doctor and correct systems were being followed.

We discussed this with the nurse in charge and the manager; both confirmed that auditing medication was not satisfactory. This meant there was no way of ensuring medications in original packaging were being recorded and audited as required. We could not be confident that people were receiving their medication as prescribed by a doctor or that correct systems were being followed.

We looked at the storage and management for controlled drugs. We found that the service had appropriate storage and records. We checked the documentation and quantity for two controlled drugs and found them to be accurate.

We looked at medication stored in the fridge, we saw that fridge temperatures had not been recorded in July 2012 and were recorded between 29 to 31 degrees Celsius for 11, 12 and 13 August 2012. Our inspection was on the 8 August 2012. We checked the fridge temperature with the nurse on duty the temperature was 2.9 meaning it was within the correct range. Not recording the temperature meant the home could not be confident of the integrity of the medication being stored, in particular insulin. We noted that some medication had not been dated when opened, which meant that staff could not be sure that this medication was safe to administer.

Our judgement

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed. People were not protected against the risks associated with medicines because the provider did not always have appropriate arrangements in place to ensure the safe administration, storage and recording of medicines.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

The essential standards of quality and safety states that people who use services are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

People using the service told us they liked the staff and felt well supported.

Other evidence

We looked at staff files for two staff members. The files held appropriate documentation including application forms, references and proof of identification. All files we viewed contained copies of contracts of employment and references. We saw that the provider had obtained Independent Safeguarding Authority (ISA) and Criminal Records Bureau (CRB) checks for staff. This meant people were suitable to work with vulnerable adults.

Our judgement

The provider was meeting this standard. Appropriate checks were undertaken for when the staff began work.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

The essential standards of quality and safety states that there are sufficient numbers and suitably qualified staff at all times to safeguard people's health safety and welfare.

We asked all the staff on duty if they felt they had enough time to support people using the service. Their comments included, "There is no rush or stress, I give the best to my ability." Another staff member said, "The new way of working has meant we have more time to spend with people and we all know what we're doing."

People told us they liked the staff. They considered them to be supportive and kind. People's comments included, "I am more than satisfied, they always prompt me to ring the bell if I need something." Another person said, "They are good staff, nice and caring."

When we visited in January 2012 there were not enough staff to support people during the night. The provider had ensured a third staff member is now included. This meant there were now 2 care staff and 1 nurse to meet the needs of the people residing at Fauld House. Both the staff and the people using the service confirmed this had made a difference. One person said, "The staff are so willing and they answer the buzzer as quickly as they can, I don't wait for long."

Other evidence

We reviewed the information we hold about this service. We had not received any negative information in relation to staffing levels.

Our judgement

The provider was meeting this standard. There were enough staff on duty to meet the needs of the people who lived there.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

The essential standards of quality and safety states that people who use services should be protected by means of regular assessment of the quality of the service.

The service had a quality assurance system to check that people received safe and appropriate care that met their needs. The manager told us that they were in the process of introducing new care records and reviewing the allocation of staff. This meant that the service was monitoring the quality of the service to ensure that people received the care they needed.

The service had a comprehensive system for recording accidents and incidents. The manager had undertaken a review of accidents. This meant that improvements could be identified to reduce the risk of similar incidents occurring.

Surveys were sent to people who used the service on a regular basis. This meant that people were involved and could contribute to what was happening in the home. We found that any suggestions for improvement were acted upon whenever possible, giving assurance of ongoing improvement of the home.

We were told that the manager had "an open door policy" ensuring that people could raise any areas of concern if they wished to. People told us that they were listened to and any concerns were addressed when needed.

There was evidence to confirm resident and relative meetings were held. This meant

people were encouraged to offer their views. The provider should consider developing surveys to include the staff and stakeholders.

The provider may wish to note that completing an annual report to offer information to people using the service to demonstrate how they had made improvements following these surveys. This would demonstrate the home were continually developing the service to meet the needs of the people who used it.

We saw a newsletter was sent out regularly to inform people of what events were taking place. Important information such as birthdays and forthcoming events were included. This meant people using the service were included and informed of necessary updates.

Other evidence

We reviewed the information we hold about this service. We had not received any negative information in relation to monitoring the quality of the service.

Our judgement

The provider was meeting this standard. There was ongoing quality monitoring of the service delivered at Fauld nursing home to monitor that people continued to receive effective and appropriate care.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>How the regulation is not being met: The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed. People were not protected against the risks associated with medicines because the provider did not always have appropriate arrangements in place to ensure the safe administration, storage and recording of medicines.</p>	
Diagnostic and screening procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>How the regulation is not being met: The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed. People were not protected against the risks associated with medicines because the provider did not always have appropriate arrangements in place to ensure the safe administration, storage and recording of medicines.</p>	
Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated	Outcome 09: Management of medicines

	Activities) Regulations 2010	
	<p>How the regulation is not being met: The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed. People were not protected against the risks associated with medicines because the provider did not always have appropriate arrangements in place to ensure the safe administration, storage and recording of medicines.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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 within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
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