

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

Sursum Limited Bramley House

Bramley House, Castle Street, Mere, BA12 6JN

Tel: 01747860192

Date of Inspection: 11 December 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Management of medicines

✘ Action needed

Records

✘ Action needed

Details about this location

Registered Provider	Sursum Limited
Registered Manager	Mr. Simon Roger Jones
Overview of the service	Sursum Limited Bramley House is registered to provide care and support to 37 older people some of whom may have dementia. This is one of two care homes in the South West run by the provider.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 December 2012, 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 observed on the day of the inspection medicines were administered safely and in line with the home's policy. We saw from people's medicines records there had been recording errors.

People were satisfied with their care. One person said "It's tops! Although the mattress is uncomfortable." We noted people's risk assessments and care records had been updated and were reviewed regularly. Overall there was sufficient detail in the care plans to provide appropriate care. However some people who were assessed as being at risk of developing pressure ulcers did not have support plans to manage the risk.

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 02 February 2013, 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

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 have appropriate arrangements in place to manage medicines.

We have judged that this has a minor 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

During our review of compliance on the 2nd August 2012 staff described how medicines were not administered in line with the home's medicines policy. Practices included dispensing medicines hours before administering them and staff not signing the medicines administration records (MAR) until all medicines had been given to people.

The provider sent us an action plan. They identified where there were shortfalls in the medicines management and administration process. At this inspection we observed the administration of medicines. We saw medicines were administered at the times they were required. Medicines records were signed as medicines were administered. The nurse in charge of medicines explained the medicines administration process which was in line with the home's policy.

At this inspection we saw staff supervision meetings included an overview of the actions necessary to ensure the safe handling, dispensing and administration of medicines. Staff were provided with the updated medicines policy.

All senior staff had undertaken further medicines management training. The provider might find it useful to note some staff who administered medicines had yet to complete the training.

We saw the medicines records were now audited regularly. The PCT pharmacist had advised a code was used when medicines were not administered. We looked at five MAR sheets. We noted there were two occasions when records had not been signed or a 'code' used to explain why medicines had not been given. This meant the provider could not provide evidence people have received the medicines prescribed for them.

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate treatment because accurate and appropriate records were not always maintained, particularly in relation to risk.

We have judged that this has a minor 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

During our review of compliance on the 2nd August 2012 we found care plans were not fully reviewed on a regular basis and arrangements for supporting a person were not reflected in current care plans. Medical protocols were not available in the care plans which made it difficult to determine each person's current care needs.

Some records did not have sufficient detail regarding people's care needs and the actions to be taken.

The medication administration records (MAR) were kept on top of the medication trolley within the nurses' station and not securely stored.

The provider sent us an action plan. They identified where there were shortfalls in updating and maintaining people's care records and the actions to be taken.

We spoke with two people who told us the care was good. One person said: "it's tops! I have no complaints except the mattress could be more comfortable."

At this visit we looked at seven sets of care records. We noted the long term care assessments had been reviewed monthly and there had been changes made to people's care records.

Existing care plans were now reviewed monthly. We saw there was sufficient detail to enable care to be provided to meet people's needs. For example some people required complex skin care because of skin conditions. We saw in one person's care plan their food preferences were detailed. This person had difficulty eating and needed to maintain their weight. This information would assist staff in enabling the person to have an adequate food intake.

People's diabetes protocols were now included in their care plans. These enabled staff to provide the specific support required to manage this condition. We were told the folder with the MAR sheets was locked away when not in use.

We saw risk assessment was proportionate and appropriate. People were initially

assessed for risk of falls and risk of pressure ulcer development. We saw people who were assessed as being at risk were reviewed monthly or if their condition changed. The review of risk highlighted one person had not been weighed. This was rectified in a timely manner.

We noted three people who had been assessed as presenting a high risk of developing pressure ulcers did not have support plans to manage the risk. We identified from the district nurses' notes one person had an existing pressure ulcer. Details about the location, category and support care this pressure ulcer required was not documented anywhere other than in the district nurses records. We were told this person had a pressure reducing mattress on the bed. We checked the bed and were told by the person the mattress had been moved at their request as they didn't like it. There was no record of the mattress having been removed or how the person's risk of pressure ulcer development was subsequently to be managed. This aspect of care planning and recording contrasted with the improvements otherwise made in the service's record keeping since our previous visit.

The National Institute for Health and Clinical Excellence (NICE) provides guidance on the prevention of pressure ulcers. Pressure ulcers, once developed can take time to heal and are debilitating. Therefore the emphasis must always be on prevention. The NICE guidance (2005) recommends strategies should be implemented to remove or reduce the risk of pressure ulcer development. These include: how often people should change their position; the pressure relieving aids to be used; how skin should be cared for and how often it should be assessed. This information was not included in people's care records. This meant the provider could not evidence they were taking all reasonable steps to prevent risk of pressure ulceration for people.

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 activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
	How the regulation was not being met: People's medicines administration records were not completed accurately.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records
	How the regulation was not being met: People did not have support plans in place to manage identified risks.

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 02 February 2013.

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 dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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