Inspection Report

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

Pinford End House Nursing Home

Church Road, Hawstead, Bury St Edmunds, IP29 5NU

Tel: 01284388874

Date of Inspection: 17 February 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✗ Action needed
Staffing	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Pinford End Limited
Registered Manager	Miss Jill Hunt
Overview of the service	Pinford End House Nursing Home is a care home with 40 beds and provides 24 hour nursing care. This nursing home specialises in the care for people with complex medical needs and end of life care. The service offers respite 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

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 17 February 2013, 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 and reviewed information sent to us by commissioners of services.

What people told us and what we found

We spoke with one relative, seven staff and twelve people that used the service. Everyone we spoke with was positive about their experience of this service. One person living at the service typically told us "It is wonderful here. This is as good as it gets". A relative said "You cannot fault it here. The staff come straight away".

We found that people were treated with respect and consent was obtained before care and treatment commenced.

People told us that they experienced care, treatment and support that met their needs and protected their rights. Care plans were up to date and informative for staff to follow.

Staff told us they were well trained and were happy to work at this establishment. There were enough qualified, skilled and experienced staff to meet people's needs.

We found that people were put at potential risk because medicines were not always handled appropriately.

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 19 March 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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We observed staff offering care and that they sought permission before they acted. Staff explained their actions whilst performing care and support to people. This meant that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. One person at the service told us, "I just call the bell and they come and meet our every need".

There were other key documents that were used at the service that sought consent from people. We saw that care plans were signed by the people they were written about. We examined the documentation for a person who had come to the service for end of life care. The person was very unwell and a relative was with them at all times. We saw that this person had an advanced care plan in place that had the appropriate consent from the individual, their relatives and a medical practitioner.

The medication policy had a clear statement on covert medication and referenced to the Mental Capacity Act 2007. This meant that where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The provider may wish to note that we did not see written consent for use of photographs and an agreement of how they would be used by the service.

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.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with one relative and twelve people that used the service. Everyone we spoke with was pleased with the service they were offered and spoke highly of the staff delivering the care and support. One relative told us that the service met their relative's needs. "If you need the staff they are here straight away. They look after my relative very well, but also they care for the family. They provide us with food, tea, a hug and chat with us". One person using the service told us, "The care and attention is splendid. I have everything I need".
We examined four care plans. We saw that an initial assessment was completed before people moved into the service or immediately they arrived. This formed the basis of a care plan. Care plans were regularly monitored and updated. We saw that 'About me' documents were being completed for each person. This document developed individualised care for people as it set out people's wishes, preferences and choices about every day life. These documents were informative as were the comprehensively completed daily notes on people that recorded what fluid, food and care each individual had received. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We saw that care plans contained risk assessments that were regularly updated. This included moving and handling, skin integrity, nutrition and an overall needs assessment. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The provider may wish to note that one new person who had been at the service a few days did not have a moving and handling assessment in place. However we requested this was completed before we left the premises.

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

People using this service were registered with a GP and the service had a supplying pharmacist. The registered manager dealt with the monthly reordering of medication for the service. This meant that appropriate arrangements were in place in relation to obtaining medicine.

We observed a qualified nurse administer the prescribed medication at lunch time. The nurse had a friendly approach to people and explained what was happening. The nurse knew how individuals liked to take their medication and they waited until medication had been consumed before leaving a person. We observed the nurse dispense medication into clean medicine pots from reading the monitored dosage system (MDS). The nurse did not cross reference to the medication administration chart (MAR). Most of the time the nurse signed the MAR chart before giving the medication to the person for whom it was prescribed. On one occasion the nurse signed the MAR chart first then dispensed the medication. At this point the person for whom this was intended was not free. The nurse went on to dispense a second medication, then administered the correct medication to the first person, then administered the second medication and then signed the MAR chart. The nurse carefully checked that the MAR chart were completed and used coding. We checked the code 'N' and this meant 'offered but not required', but we did not see any offer made by the nurse of these medications. These actions meant that the recording of medicine was complete, but not correct as medicines were not handled appropriately. This practice increased the risk of people being administered other peoples medication.

We asked to see the medication policy relating to medication administration. This was not detailed and did not give clear guidance to nurses at this service. We asked to see the training completed by nurses. We were later told that medicines handling training had been completed by the supplying pharmacist in July 2012 but we saw no records. The medication system in operation at the service was relatively new as the service had changed pharmacy supplier.

We asked to see completed quality audits on medication systems at the service, but the

manager informed us that these were not undertaken by the service. The supplying pharmacist had audited medication on 17 January 2013, but no records were seen. This meant that monitoring of systems was not in place by the service to potentially note and prevent incidence and risks associated with medication management.

We examined the storage and records relating to controlled drugs and found that these were appropriate.

We saw that medicines were kept secure and were stored in appropriate locked trolleys and drug cupboards were locked with the qualified nurse holding the key. The downstairs clinic room had recently been fitted with shelves. These were rough wooden shelves and were not able to be cleaned. There was a system in place for monitoring the temperature of refrigerated medication. Neither upstairs nor downstairs clinic rooms were monitored for temperature to ensure medication was stored within safe limits. This meant that not all medication was safely stored.

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 asked four people who used the service if there was sufficient staff at the service to meet their needs. Everyone replied there were enough staff and that they responded quickly to being called. We examined the rosters in use and found that there was always two qualified nurses on during the day and one at night. We met the seven care staff who worked alongside the qualified nurses. They told us they were happy working at the service and that they were well trained with being offered all the 'mandatory' training as well as options to do additional training. This additional training was college courses such as infection control and understanding dementia. We noted that two of the staff on duty were agency staff. The roster showed that agency staff were currently regularly used to maintain staffing levels. The manager and care staff told us that regular agency people were used. We examined the rosters for catering staff, and housekeepers and saw that they were fully staffed and the roster covered seven days a week. This meant that there were enough qualified, skilled and experienced staff to meet people's needs.

Records ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We examined four care plans, risk assessments and medication administration records for people on the ground floor. These records were up to date and completed. This meant people's personal records including medical records were accurate and fit for purpose.

We examined the staff roster and explored with the manager notifications required by law. These had been appropriately completed. This meant that records relevant to the management of the services were accurate and fit for purpose.

We saw that records were kept securely and could be located promptly when needed.

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:** People were not protected against the risks associated with medication because appropraite arrangements were not in place for handling, dispensing and safe adminsitration of medication. Regulation 13.

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 19 March 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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk