

# Review of compliance

Sunshine Care Homes Limited Majestic Care Home	
<b>Region:</b>	North West
<b>Location address:</b>	192 Queens Promenade Bispham Blackpool Lancashire FY2 9JS
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	December 2011
<b>Overview of the service:</b>	The Majestic is registered to provide personal care for a maximum of 19 older people. The home is an adapted property, which is situated on the promenade at Bispham. The accommodation comprises of 19 single bedrooms, of which 14 have en-suite facilities. A stair lift enables people to gain access between the ground and first floor.

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

## Our current overall judgement

**Majestic Care Home was not meeting one or more essential standards. Improvements are 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 to check whether Majestic Care Home had made improvements in relation to:

Outcome 09 - Management of medicines

### How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 22 November 2011.

### What people told us

One person we spoke with had chosen to manage some of their own medicines. They knew what the medicines were for and felt able to manage their condition.

### What we found about the standards we reviewed and how well Majestic Care Home was meeting them

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

The service needs to take action to improve and maintain their arrangements for the recording, handling, administration and use of medicines in order to protect people against the risks associated with the unsafe use and management of medication.

### 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 to improve. We will check to make sure that the improvements have been made.

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**

In a previous review, we found that improvements were needed for the following essential standards:

- Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights
- Outcome 08: People should be cared for in a clean environment and protected from the risk of infection
- Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare
- Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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

## 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 compliant with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

One person we spoke with had chosen to manage some of their own medicines. They knew what the medicines were for and felt able to manage their condition. But, examination of the medicines stocks showed that the resident had chosen to use the medication less frequently than prescribed. And, care workers were unaware of this.

##### Other evidence

We spoke to the senior carer about the action the home was taking to improve medicines handling. They told us that all medicines were administered by trained staff and regular medicines audits were carried out. Competency assessments had been completed to help ensure that the home's policies and current good practice guidance was followed.

We looked at a sample of medicines stocks and records. We found that recent records of medicines administration were clearly presented and up-to-date. Medicines stock control had improved, reducing the risk that medicines will 'run out'. Consideration had been given to the times that people's medicines were given, and doctor's advice had been sought about any action needed should doses be missed. But, there was no formal system to ensure that where doses of the same medicine were repeated throughout the day, enough time was left between each dose. Additional supporting information about the use of 'when required' medicines was in place but was not 'personalised'. We saw examples where clear records of doctors' advice had been made, but on occasion these had been missed.

We looked at the medicines storage and found that all medicines were safely locked away. But, the new legally compliant controlled drugs cupboard had not yet been installed.

**Our judgement**

The service needs to take action to improve and maintain their arrangements for the recording, handling, administration and use of medicines in order to protect people against the risks associated with the unsafe use and management of medication.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

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><b>Why we have concerns:</b></p> <p>The service needs to take action to improve and maintain their arrangements for the recording, handling, administration and use of medicines in order to protect people against the risks associated with the unsafe use and management of medication.</p>	

The provider must send CQC a report about how they are going to maintain 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.

CQC should be informed in writing when these improvement 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.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, 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

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