

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

Fistral House Residential Home

3 Esplanade Road, Pentire, Newquay, TR7 1PY

Tel: 01637878423

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

Respecting and involving people who use services

✓ Met this standard

Management of medicines

✓ Met this standard

Details about this location

Registered Provider	Mr & Mrs G Dowling
Registered Manager	Mrs. Rita Dowling
Overview of the service	Fistral House was registered to provide accommodation and personal care for up to 13 elderly people. The home was situated in Pentire, near the town of Newquay on the north coast of Cornwall.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 25 November 2013, talked with people who use the service and talked with carers and / or family members. We reviewed information given to us by the provider.

What people told us and what we found

This inspection was carried out in order to review two compliance actions set at our last inspection in September 2013. We had concerns that people who lived at Fistral House did not have their views and experiences taken into account in the way the service was provided and delivered in relation to their care. We also had concerns the provider did not have appropriate arrangements in place to manage medicines.

We spoke with four people who lived at Fistral House and one visitor. Their comments included "I am very happy here" and "they do very well". People were positive in their comments regarding the care and support they received.

We spoke with two staff, the registered manager and the deputy manager and reviewed the daily records for three people.

We found people's views and experiences were taken into consideration in the way the home was run, and people were provided with choice, although we did not see documentation to support this.

We saw there were arrangements in place to protect people from the risks associated with medicines.

You can see our judgements on the front page of this report.

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Peoples' views and experiences had been taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

At our last inspection we had concerns that the views and experiences of people who lived at Fistral House had not always been considered in the way the service was delivered. We issued a compliance action in this regard.

We spoke to four people who lived at Fistral House and one visitor. People told us "I have no complaints, they are all very kind" and "I come and go as I please".

We spoke with the registered manager, deputy manager and two staff. We reviewed the daily records for three people who lived at Fistral House. At our last inspection we had concerns these records were limited to the care tasks provided for the person and did not contain any information relating to the person and their social activity. On this occasion we found the home had begun to use more comprehensive daily records to document the persons mobility, mood, activity and choices made. The daily records showed people were asked how and where they chose to spend their time.

Some people at Fistral House were not able to speak with us due to their healthcare needs. We were told by the registered manager activities had been discussed with some people who lived at Fistral house. We were not able to see documented evidence this had taken place. One person we spoke with remembered a conversation with the manager regarding activities, they could not recall the decisions made. The registered manager and two other staff members told us some people are not keen on activities and choose to stay in their room, watch TV or read. We saw, and we were told, a visiting musician came to Fistral House once a month and all people in the home attended and enjoyed it. People we spoke with told us they enjoyed the musician. Staff told us they spent time with people on a one to one basis painting their nails and doing puzzles. We saw some activities recorded in the daily records. We were told there was not a set timetable for daily activities planned in advance, but staff would offer various options to people in the afternoons.

At our last inspection we found people had not been asked if they would like to have a key to their bedroom so that they could lock their door should they so choose. The registered manager told us people had been asked if they wanted a key to their room. We were told no-one at Fistril House wished to lock their rooms. We did not see this recorded in people's records. One person we spoke with told us they had been asked and did not wish to have a key. Another person we spoke with did not recall being asked, and did express an interest in having a key so they could lock their room when they went out. We discussed this with the registered manager who told us this person may have been out of the home when the question about door keys was raised to people. The registered manager confirmed they would follow up this request. The provider might wish to note discussions with people who use the service regarding the running of the home, should be recorded in their files as this demonstrates the person has had their views sought and they have been enabled to be involved in the service provided at Fistril House.

At our last inspection we had concerns people living at Fistril House did not have access to a Service User Guide which contained the complaints procedure. At this inspection we found each bedroom had a copy of the Service User Guide. This enabled people to access the necessary guidance and information regarding the service, should they need to seek advice or raise a concern at any time.

We observed staff supporting people during our inspection. We heard staff speak respectfully to people. We saw lunch being served and saw people being offered a choice of drink and meal at the table. We saw, and were told, people were offered a choice of two meals at lunch time and an wide choice of food for tea. These choices were made at the time of the meal. This supported people who may not recall a choice made many hours before a meal, or may have changed their mind.

Having considered all the available evidence we found that the service could demonstrate that people were respected and decisions that related to their care and support were provided.

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

At our last inspection in September 2013 we had concerns that Fistral House did not have a policy for the ordering, recording and disposal of controlled drugs. We saw the home stored people's medication, which required cold storage, in the food fridge in the kitchen. The cook was recording the internal temperature of this fridge daily, and the records demonstrated the fridge was not consistently remaining between two degrees centigrade and eight degrees centigrade, as required for the safe storage of the medication kept within it. We discussed this with the registered manager who agreed to order a dedicated medicines fridge.

Some of the people who used the service were not able to comment in detail about the service they received due to their healthcare needs. We relied on our observations and discussions with the registered manager and deputy manager to reach our judgement on this outcome.

We saw a dedicated fridge had been purchased and was storing medicines which required cold storage. We saw the fridge was having the minimum and maximum temperatures recorded every 24 hours. There were some gaps in the records we saw which began on the 8th November 2013. For example, 11th November had one recording missing and the 25th November 2013 was blank. We noticed the temperatures of this fridge were occasionally being recorded at lower than two degrees C. We discussed this with the deputy manager who told us the home had been visited by the medicines management team for an audit on the 19th November 2013 and the fridge temperatures had been discussed. We were told it was due to the thermometer not being 'cleared' after every 24 hour reading. This was being monitored by the deputy manager and the potential risk to the medicines stored within this fridge, should the temperature drop below two degrees C was discussed. It was agreed by the deputy manager that advice would be sought from the pharmacist regarding this matter.

We reviewed the controlled drugs policy and procedures. We saw there was a procedure for the ordering, recording and disposal of controlled drugs dated 25th July 2013. We were told Fistral house did not hold any controlled drugs at the time of this inspection. We checked the record book which stated all controlled medicine stocks showed as zero.

During our tour of Fistril House we noted people's topical medications, such as creams and lotions, were named and dated upon opening. This practice ensured staff were aware of expiry dates as creams were dated upon opening, and ensured people's named creams were not shared.

We reviewed the training records for staff who administered medication. We were told two staff were currently working towards an accredited certificate in medicines management, having completed two of the four units required. The registered manager, who we were told administered medicines when the deputy, and one other member of staff were not on duty, had not undertaken a medicines management update. Staff who are involved in administering any medication, should receive suitable training regarding the administration of medication. Medication training should be updated at regular intervals according to national guidance (for example 'Skills for Care', Nursing and Midwifery Council). The registered manager agreed this would be undertaken.

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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