

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

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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
Safety, availability and suitability of equipment	✓	Met this standard
Assessing and monitoring the quality of service provision	✗	Action needed

Details about this location

Registered Provider	Classic Care Limited
Registered Manager	Mrs. Shirley Ann Archer
Overview of the service	The home provides accommodation, nursing and personal care for older people.
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

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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 6 December 2013 and 9 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

When we carried out our inspection care and support was provided to 54 people.

We spoke with the registered manager, the deputy manager, three nurses, two care workers, the activities coordinator and a housekeeper. We were also able to spend some time with office and administration staff. We spoke with two people who visited people who used the service. We spoke with some people who used the service. Due to the health needs of some people who used the service we also observed the care and support provided to people.

People we spoke with were complimentary about the care provided. One person who used the service told us: "I can't fault the place. It's my home now". Another person commented on the staff: "They are all wonderful."

One visitor described the home as: "Warm, well cared for and safe. It's all those things". They also told us that they did not worry about their relative due to the care and support provided at the home.

We found that improvements were needed to ensure that people always received their medication as prescribed.

The registered manager told us that some improvement had been needed to ensure equipment provided within the home was checked and maintained. These improvements had already commenced to ensure equipment was safe for its intended purpose.

The provider had systems in place to enable them to monitor the quality of the service

provided. These systems were in place to ensure that people received appropriate care and support. Improvements were needed to identify concerns we found regarding the management of medicines.

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 25 January 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have referred our findings to Local Authority: Commissioning. We will check to make sure that action is taken to meet the essential standards.

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 usually asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

During our inspection, the atmosphere at the home was warm and homely. We saw that people who used the service looked comfortable around the staff on duty.

Staff we spoke with explained how they gained people's consent before they provided the care and support they needed. Staff told us that they would always ask people before they provided care and support. For example, we saw that members of staff checked with people that they were happy to be hoisted from a wheelchair into an armchair. This meant that staff informed people what they were about to do and sought their consent.

We looked at the care records for three people who used the service. The records did not show that people's consent had been obtained. However, we spoke with two visitors who confirmed that they were aware of their relatives care plan. The registered manager told us that family members were telephoned about care plan up dates.

One member of staff told us that care would be provided in the people's best interest. This showed that staff knew what to do when a person was unable to make the bigger decisions in their lives.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During our inspection we were able to speak with some people about their experiences of the care and support provided. Where people were not able to share their experiences describe the care provided we observed their care in one lounge and a dining room.

The registered manager informed that the majority of people who used the service required two carers to ensure they were cared for safely. On the day of our visit we saw that eight carers and two nurses were on duty. During our inspection we saw peoples were cared for and had their immediate care needs met. We saw that staff were kind, supportive and encouraged people. For example, during lunch we saw people were assisted with their meal in an unhurried way. This meant that staff met people's individual care needs appropriately.

Throughout our inspection we saw that people responded positively to interactions from the staff on duty.

People we spoke with were complimentary of the care and support they received. Comments included: "It's very pleasant here" and "Staff are nice to us. I have never felt uncomfortable here." and: "Can't get a better place than this". People also told us that they were happy with the medical care they had received. Comments included: "Nurses are very good to me" and: "They look after you well if you are ill. They get a doctor in".

One relative we spoke told us that their relative was: "Monitored the entire time. Feed well and kept warm". The registered manager was described as: "Extremely approachable".

We looked at the daily records that staff completed about the care and support they had provided to people. The provider may wish to note that the records we saw these contained gaps. We were assured by staff we spoke with and the registered manager that people received regular drinks or were repositioned in bed as needed. It was acknowledged that the care records associated with these tasks were incomplete and did not reflect the care that staff described.

We spoke with the registered manager about how staff provided social stimulation for

people who used the service. We were told that the activities coordinator worked occasional weekends and evenings. We were informed that a nominated member of staff was also involved in activities each afternoon. People we spoke with confirmed that social activities took place. We saw evidence of quizzes and craft making that had happened.

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 always protected against the risks associated with medicines because the provider had not fully made appropriate arrangements in place to manage medicines.

We have judged that this has a moderate 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

As part of this inspection we assessed the management of people's medicines. We found that improvements were needed.

People's medicines were stored within one of three trolleys. We spent time with the registered manager and nurses and looked at the records maintained and some people's medicines. We were informed that during the day time two nurses were on duty. We saw occasions when both nurses were administering medicines.

We saw that each person's medicine record had a front sheet which included a photograph and a description of how people took their medicines. For example 'on a spoon' 'one by one' and 'with water'.

We found gaps in the Medication Administration Record (MAR) sheets for some people who used the service. These gaps meant that nurses had not signed to show that they had administered people's medicines. We found on people's MAR sheets that a nurse had initially signed that medicines were taken and then signed to say they were refused.

Nurses had used a code 'O' to show why medicines had not been taken. This code meant 'other' and required an explanation. No explanation had been recorded. This meant that we were not always able to see why medicines were not given as prescribed. On other occasions we saw that nurses had used an incorrect code. For example, nurses had used the code 'A' for asleep. On the MAR sheets it showed that asleep needed to be recorded with an 'S'.

We found that the numbers of medicines held at the home did not always match the number recorded. For example we found that occasions where people had few tablets left than the records showed. The nurse on duty was not able to account for the shortfall found. The registered manager agreed that we found occasions where it appeared that people had not received their medicines as prescribed. No explanation for our findings could be offered.

We saw a MAR sheet stated 'One to be taken on alternative days'. The MAR sheet showed that this medicine had been administered seven times over a period of eight days. We asked to see the remaining stock of this medicine but none could be found. We were told that some medicines were used communally due to storage difficulties. This meant that a medicine stock check could not be carried out to ensure that people had received their medicines as prescribed.

Where nurses had recorded the administration of a medicine we were unable to establish whether the correct dose had been given. We saw that nurses had at times recorded administration of the medicine in a different place. This meant that nurses had recorded medicines administered in different places.

We were told that if care staff applied creams to people the application would be written in their personal profile (a written record maintained by staff). We found inconsistency in the records and what staff reported to the nurse on duty. For example, we saw that some creams were signed as applied while others were not. We were shown a cream from one person's bedroom

The name on the printed prescription label had been crossed out and another name written in its place. This meant that this person had received cream prescribed for someone else.

We found eye drops prescribed for one person which had been opened. They did not have a date of opening recorded. Therefore the registered manager was unable to tell us when these needed to be discarded. These drops were removed immediately to ensure the welfare of the person concerned.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

We found different types of hoists were available for staff to use to ensure they were able to move and lift people who used the service effectively and safely. The provider may wish to note that improvements were needed in maintaining the hoists to ensure that people were protected from unsafe or unsuitable equipment.

We saw a hoist in the main hallway had a label fixed to it which indicated that a service had been due in May 2013. The registered manager told us that they had been aware that the service label had not been updated. Other hoists had labels on them which showed the same date. We were assured that hoists had been serviced during May 2013.

We saw records that showed the hoists had been serviced in May 2013. These records showed that a further service was due towards the end of November 2013.

We were told that the service in November 2013 had not happened as the provider had not renewed the service contract. We were told that the provider planned to renew the contract.

The provider may wish to note that we saw a record of an engineer visit to the home in June 2013 to repair faults found during the May 2013 service. There were occasions when we were unable to establish whether the recommendations from May 2013 had been carried out to ensure the hoists were safe. A contractor was contacted while we were at the home on 6 December 2013 and they were seen to be at the home to service the hoists on 9 December 2013.

We observed staff whilst they used equipment to help people mobilise. We saw that they did this sensitively and provided constant reassurance and protected the people's privacy and dignity. This meant that staff were able to use the equipment correctly to meet people's needs.

We saw that other safety equipment such as the fire alarm and fire extinguishers were serviced and maintained. This meant that the provider made sure that these items of equipment remained in good condition and fit for purpose.

Assessing and monitoring the quality of service provision

✘ Action needed

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

Our judgement

The provider was not meeting this standard.

The provider had systems in place to regularly assess and monitor the quality of service that people received. However these had not identified shortfalls identified as part of this inspection.

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

We found that there were various methods used to gain the views and experiences of people about the standards of care they received.

The registered manager told us that they had sent out surveys to people who used the service, their relatives and other professionals. We looked over the recently returned forms. The majority of responsive were positive. Comments seen included: "High standards of medical care. Supportive compassionate treatment by all staff" and: "I would highly recommend". Other comments included: "Staff are marvellous" and: "Medical needs are met at a very high level".

We viewed records of complaints made about service delivery. We found that records were detailed and showed how the complaint was addressed and actions taken to prevent a reoccurrence.

There were systems in place that helped the registered manager to check people received care that met their needs and was safely delivered. Prior to our inspection the registered manager had become aware that hoists had not received their regular service. Although repairs had taken place following an earlier service the records did not always match.

We saw that the registered manager carried out audits of care delivery. These included medicines. This meant that the registered manager had arrangements in place to monitor the quality of their services to ensure that all aspects of the care people received were being delivered well. The registered manager accepted that improvements were needed in the management of medicines.

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	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
Diagnostic and screening procedures	How the regulation was not being met: People were not always protected against the risks associated with medicines because the provider had not fully made appropriate arrangements in place to manage medicines. Regulation 13.
Treatment of disease, disorder or injury	
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision
Diagnostic and screening procedures	How the regulation was not being met: The provider did not have sufficiently effective systems in place to monitor and improve the quality of service that people received. Regulation 10 (1) (b).
Treatment of disease, disorder or injury	

This section is primarily information for the provider

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 25 January 2014.

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 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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