Inspection Report

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

Fauld House Nursing Home

Fauld, Tutbury, Burton On Trent, DE13 9HS

Tel: 01283813642

Date of Inspection: 24 May 2013

Date of Publication: June 2013

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

Care and welfare of people who use services	✓ Met this standard
Management of medicines	✗ Action needed
Staffing	✗ Action needed
Assessing and monitoring the quality of service provision	✗ Action needed

Details about this location

Registered Provider	Sudera Care Associates Limited
Registered Manager	Mrs. Doreen Ashmore
Overview of the service	Fauld House Nursing Home is registered to provide accommodation and personal care to 48 adults. They are registered to deliver nursing 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 24 May 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, talked with staff and reviewed information sent to us by commissioners of services.

What people told us and what we found

During our inspection we spoke with six people who used the service, five relatives, four members of staff and the manager. People told us they were happy with the care they received. One person told us, "I am okay here, I think they look after me well." A visitor said, "It has got potential, the care is good." We found that people were treated with dignity and respect. Their individuality was recognised and they were supported to make their own choices.

We saw that people's care records contained up to date information. This meant that information was recorded accurately to guide staff on how to support people.

During our last inspection in August 2012 we found medication management needed improvement. On this inspection we saw that suitable systems were still not in place. This meant the required improvements had not been made.

We saw that staff engaged with people in a friendly manner and people told us suitable care and support were provided. Some people including visitors and staff considered there were not always sufficient staff on duty to meet the needs of people using the service.

The home does not have a registered manager in place as required in The Care Quality Commission (Registration) Regulations 2009. We will be contacting the provider about this.

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 06 July 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

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 saw the staff interaction with people in the home was positive and their approach was calm and attentive when supporting people. We saw people's individualised preferences being respected. This meant people received care and support to meet their needs.

We observed staff engaging with people in a friendly and caring manner. People living at the home were happy with the care they received. One person said, "I like the staff here". Another person said, "I have settled, I feel at home."

We saw that people's needs had been assessed prior to admission. This meant the home could demonstrate that they could meet the needs of people before they moved into the home.

Through a process called 'pathway tracking' we looked at two people's care records, observed the care those people received and spoke with them about their care. We also spoke with the staff about how they provided support. Pathway tracking looks at the experiences of a sample of people. This is done by following a person's route through the service to see if their needs were being met.

We saw care records were informative and well maintained. The care records were specific to the person concerned and gave information about their individual needs and wishes. This meant that staff had the information they needed to provide people with appropriate care that met their needs in the way they wanted.

We saw assessments of risk had been completed for each person. Clear instructions were in place advising how identified risks should be managed. We noted these were being regularly reviewed to ensure the information was up to date and relevant.

We saw that people had access to health and social care professionals, such as doctors

and dentists. A visitor told us, "The home keep us well informed and I know what appointments mum has to attend. They always follow things through." This meant that people's health and wellbeing needs were being addressed.

People using the service had been encouraged to continue to take part in a variety of hobbies and interests in the home and the community. On the day of our inspection people were involved with activities. We saw staff encouraged people to be involved and one person told us, "The activity coordinator takes a real interest in finding things I like to do, she is very good." A visitor told us, " The activity coordinator is very good, she made a memory box, and put things in to stimulate mother." This meant people's interests and independence were maintained.

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 had 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

We observed medication being administered to two people using the service and saw that it was undertaken in a relaxed and careful manner. The medication administration record (MAR) for one person was signed before the person took their medication. This meant that records may not have been accurate if the person had refused to take their medication.

We saw that the person who administered medication also had to answer the telephone whist undertaking the medication round. On one occasion we saw they left the medication trolley unattended to pass the telephone to another member of staff. This increased the risk of making a mistake due to distractions, and also meant medication was left on the trolley unattended.

We looked at the storage of medicines and a selection of people's medicine records and care records. The manager told us they had recently reorganised the stock room and ensured medication was returned to the pharmacy when not required. This meant there were systems in place to ensure the correct amount of medication was available.

We saw the temperature for the medication stored in the medication room and the fridge were not recorded daily as required. We saw the temperature recordings for the medication room ran high and there was no record of any action taken. We saw there were 12 instead of 24 entries for fridge temperatures in May 2012, and the fridge was not lockable as required. This meant people using the service could not be confident their medications were stored appropriately.

We looked at the medication record for one person who had 'as and when required' (PRN) medication and saw that individual protocols were not in place. The nurse informed us protocols were available in care records but these were not specific to the individual. Protocols demonstrate the decision making processes for PRN medication, to validate when medicines are administered. Providing an individualised protocol would ensure the staff had clear information on why and when to provide certain medication.

We checked one person's medication and found the records and the amount of medication in the home did not tally. This meant the provider could not be confident the amount of medication recorded was available in the home. The provider did not have a system for auditing medication. We were informed this system was introduced after our last inspection but records indicated this ceased in January 2013. This meant the provider was not able to demonstrate the medication records were clear, accurate and up to date.

We saw that oxygen was stored in the medication room. Oxygen must be secured to the wall to ensure safety. We saw that one cylinder was not securely stored. This was rectified during our inspection.

Controlled drugs (CDs) were being administered at the time of our inspection.
A CD is one whose use and distribution is tightly controlled because of its abuse potential or risk. CDs are rated in the order of their abuse risk and placed in Schedules by the federal drug enforcement administration (DEA).
We saw that an appropriate CD cabinet was in place which meant the CD medication was suitably stored and secured.

We checked the controlled drugs register and found the information required was recorded as needed. We checked the number of CDs in the home and found the CD register tallied with the amount of CDs in the home. We saw two signatures were in place, this meant the provider could demonstrate these medicines were being administered correctly.

Staffing ✖ Action needed

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was not meeting this standard.

There were not always enough qualified, skilled and experienced staff to meet people's needs.

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 the service and their relatives spoke well of the staff. A visitor said, "The manager oozes care." A person using the service said, "They can't do enough for you, they are wonderful and kind."

There were 44 people using the service at the time of our inspection. We saw that 22 people required the support of two staff, 20 people needed support with their meals, 14 people required two hourly turning to protect their skin and four people were receiving palliative care. This meant the needs of some of people using the service were complex.

During the afternoon there was one nurse and six carers on duty. We spoke with the staff, people using the service and relatives regarding this. We also made observations during our inspection. We saw two people needed assistance from the staff when staff were unavailable, we informed the manager of this during our inspection. Three visitors told us they considered more staff were required. Their comments included, "I cannot be assured my relative is turned as required." Another visitor said, "I heard someone calling for assistance for an hour yesterday. " This meant people's needs may not be met in a timely way.

Staff we spoke with raised concerns because when there was one nurse on duty they had to take full responsibility for medication administration and were responsible for appointments, new admissions, telephone calls and administration. Staff comments included, "We work well as a team but sometimes I feel there is steam coming out of my ears as I don't know what's going on on the top floor." Another staff member said, "It can be hard to keep on top of things, we try to deliver good care but we deliver adequate care because of the staffing levels."

People using the service told us, "I know they are so busy, I don't complain when they can't come quickly enough because I understand how busy they are. It is particularly bad around bedtime, you just have to wait."

Rotas seen demonstrated that during the night there was one nurse and three care staff on duty. Although it was not considered another nurse was required we were informed that the nursing staff were 'frustrated' because they had to undertake care staff roles and responsibilities to support people using the service when two staff were needed. This meant they were not always able to undertake their nursing duties. We were informed this was one of the reasons medication audits had ceased, because there was no longer the time to complete these.

The nursing staff we spoke with told us that the time of medication administration was often moved along from shift to shift. This was because of the time it took to administer the medication and then the fact that a four hour gap may not be possible, unless the time of administration was changed. This meant medications may not be administered at the times prescribed.

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 does not have a fully effective system to regularly assess and monitor the quality of service that people receive

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

The manager had introduced some systems to assess and monitor the quality of the service people received. The manager informed us they sought the views of people who used the service. We saw questionnaires were completed and these offered information about the service. One questionnaire said, "The room and clothes are kept clean and people are supported by staff to make their own decisions." This meant they encouraged people to provide feedback about their experiences of using the service. The manager informed us questionnaires had been evaluated and people using the service were offered feedback. We saw records to confirm this occurred.

The manager held regular meetings with people who used the service and their relatives; they also provided people with a monthly newsletter. People confirmed these meetings were useful and they felt involved with the home. One person said, "I enjoy going to the meetings, I find them very helpful and informative."

People were protected from unsafe or unsuitable equipment because there were systems in place to ensure equipment was tested regularly. Portable appliance testing (PAT) ensures that electrical equipment is safe to use. The provider had ensured suitable tests were undertaken.

The manager informed us they had not yet had the opportunity to complete audits in important areas such as medication and record keeping. They informed us the provider had employed a person to undertake this role but they were only in post for a few weeks and then resigned. This meant that the provider was not able to determine the standard of care and treatment provided to people or how it could be improved.

The provider has not yet ensured the manager at the home is registered with us. It is a requirement of the service to have a registered manager in place to ensure that the service has systems to provide safe and effective care for people.

The provider has not ensured the home has the necessary policies and procedures in place to manage the home effectively. The manager confirmed they had requested these on a number of occasions. Not providing these meant the manager did not have the necessary information available to support them in managing the service effectively.

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: The registered person must protect service users against the risks associated with the unsafe use and management of medicines by means of the making of appropriate arrangements for the recording, safekeeping and administration of medicines used for the purposes of the regulated activity.
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010** **Staffing**
	How the regulation was not being met: The registered person had not safeguarded the health, safety and welfare of people using the service as there were not always sufficient staff on duty.

This section is primarily information for the provider

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision** **How the regulation was not being met:** The registered person had not ensured there were effective systems in place to regularly assess and monitor the quality of the services provided.

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 06 July 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 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.

Contact us

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