

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: 04 November 2013

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November 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Sudera Care Associates Limited
Registered Managers	Mrs. Doreen Ashmore Mrs. Laura Mosedale
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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Meeting nutritional needs	6
Management of medicines	7
Staffing	9
Assessing and monitoring the quality of service provision	10
Records	11
<hr/>	
About CQC Inspections	12
<hr/>	
How we define our judgements	13
<hr/>	
Glossary of terms we use in this report	15
<hr/>	
Contact us	17

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Fauld House Nursing Home had taken action to meet the following essential standards:

- Meeting nutritional needs
- Management of medicines
- Staffing
- Assessing and monitoring the quality of service provision
- Records

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 4 November 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 given to us by the provider. We reviewed information sent to us by commissioners of services and reviewed information sent to us by other authorities.

What people told us and what we found

This inspection was unannounced which meant the provider and the staff did not know we were coming. We spoke with five people using the service, four visitors and three staff. At our last inspection in June 2013 we made three compliance actions in relation to staffing, quality assurance and the management of medicines. This meant the provider needed to make improvements in these areas to demonstrate they were fully protecting people using their service.

During this inspection we found that suitable and sufficient improvements had been made where we had identified concerns. We saw the provider had put right what was required. This meant the provider could demonstrate people's medication was handled safely, there were sufficient staff to support people, and there were systems in place to assess the quality of the service provided.

People we spoke with were happy with the care and support they received, one person using the service said, "The staff are great. They help you; they don't see you stuck for anything."

On this inspection we also checked to make sure people were suitably fed and hydrated. We looked at records to make sure these were stored securely and held the information required. People liked the meals offered and we saw suitable records were in place.

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

Meeting nutritional needs

✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People told us they liked the food and drink that was provided. One person said, "The food is good, I have no complaints." A visitor told us, "The food is fine, I have eaten here." We asked people if they could access food and drink in between meals if they were hungry or thirsty. One person said, "The food is nice and it is always there if you want it." This meant that people thought the food was of a good standard and were able to eat and drink sufficient amounts to meet their needs.

We saw people were eating together in the dining room or in other areas of the home if they wished. People appeared to enjoy their food and there was a relaxed atmosphere during the mealtime. We saw people being offered and supported to access hot and cold drinks at regular intervals. Where necessary the staff supported people with their meal in a relaxed and unhurried manner. This meant people received the nutrition they required.

We saw food and fluid charts were used to monitor what people were eating and drinking when a risk had been identified. The care records we looked at showed that people's weight was taken at regular intervals. This meant that people received support to ensure their nutritional needs were met.

The home had received a four star rating from an environmental health inspection. The highest rating is five stars. This meant some improvements were needed. We saw these improvements had been implemented which meant the home was meeting the necessary standards.

We saw that safety checks were in place to protect people from the risks associated with the storage, preparation and cooking of food. These checks included ensuring that food had been stored within the recommended temperature ranges.

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

During our last inspection we saw the medication room and fridge temperatures were not always being recorded. This meant that staff could not be certain that medication had been stored as required by the manufacturer and was safe to use. On this inspection we saw these temperatures were suitably recorded. We saw there were regular audits undertaken by the manager to ensure suitable recording systems remained in place. This meant the service was assessing and monitoring the safe storage of medicines on a daily basis to ensure that the medication worked effectively.

On our last inspection we checked three people's records 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. On this inspection we checked four medicines and the records for three people. There were no discrepancies; this meant the provider could demonstrate suitable stock management was in place.

During the last inspection we found that oxygen was not attached to the wall in the medication room as required. On this inspection we saw oxygen was chained to the wall, this meant oxygen was stored securely.

We saw the medication administration records (MARs) were completed after each person had taken their medication as required. This meant the service reduced the possibility of mistakes as a record was kept only after medicines had been given.. We checked the MAR charts and found they were correct.

We saw there were now appropriate arrangements in place for 'when required' (prn) medication. A protocol was in place for recording when this medication should be administered. This meant people using the service could be confident there was clear information about why and when to provide this medication as prescribed.

We spoke with a visitor about their medication. They told us, "I know X (person using the service) receives their medication. There are no issues with administering; I have seen this done on a number of occasions."

We checked one person's controlled drugs records and saw information was accurate. This meant controlled medication was suitably recorded and managed.

We spoke with the deputy manager and asked them if they felt improvements had been made in relation to medication management. They said, "It was a bit of a mess to start with but we have much better systems now. We have great support from the doctors, so medication reviews happen very regularly." This meant the staff had a suitable system to follow and were responsive to people's changing needs.

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

The deputy manager showed us the rotas which demonstrated the number of staff on duty. The deputy manager confirmed there were enough staff to meet people's individual needs. They said, "Since I have been in post we have managed to look at issues such as staff sickness. I am also always able to cover any short notice sickness as a qualified nurse." This meant people received care, treatment and support from staff who understood them. We spoke with three visitors who confirmed they were satisfied with the number of staff overall. One visitor said they sometimes saw people had to wait for support. They said, "They don't come straight away at times." The provider may wish to consider undertaking an audit in relation to call bell management. This would demonstrate the time taken and if there were any concerns.

We observed lunch in the dining room and saw it was served in a relaxed and calm manner. People who required support with their meal were not kept waiting and the staff sat with the individual to ensure they received the necessary assistance. This meant the staff had the time they needed to help people using the service.

Staff we spoke with considered there were sufficient staff on duty. One staff member told us, "I have noticed big improvements in the last few months, better moral, better leadership and more staff." This meant the staff felt well supported.

Assessing and monitoring the quality of service provision

✓ Met this standard

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 meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

During our last inspection there were limited audits taking place and there was a lack of policies and procedures. This meant there was poor information available to the staff to support them in decision making to assist in improving the service.

On this inspection we saw policies and procedures were in place. These had been reviewed by the manager and made available to the staff team. This meant the staff had the information they required.

We saw audits were taking place, although they were not being completed in all areas. We saw that systems were in place to ensure outcomes for people were considered and improved upon. Five care plan audits had been completed during September and October 2013, there were 39 people in residence at the time of our inspection. The provider may wish to consider ways of ensuring senior staff are given the time to complete and evaluate these on a regular basis.

The provider had employed an operations manager to oversee the care and support delivered to people using the service. The staff considered this had been an improvement. They told us the operations manager was approachable and had some good ideas. The provider may wish to consider how the information received or recorded by the operations manager is used to demonstrate how outcomes for people using the service are improved.

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 saw that people's personal records were accurate and fit for purpose. We looked at two people's care records and saw they had been regularly reviewed and updated. We looked at the Medication Administration Record (MAR) charts for one of these people. There were no gaps or omissions on the MAR to indicate the person had missed doses. There was a list of all staff trained to administer medication that included a sample of their signatures so that it was possible to identify which member of staff had signed the MAR.

Records relevant to the management of the service were accurate and fit for purpose. This meant that the provider had ensured that the records required had been maintained. Records were kept securely and could be located promptly when needed.

People's care records were stored securely to ensure confidentiality. Records were clearly written and contained information to show care had been delivered in accordance with people's care needs. We checked to make sure that when a person had been identified as losing a significant amount of weight appropriate measures had been taken. We saw a referral to the dietician had been made and the person's weight had been monitored weekly. We saw the malnutrition universal screening tool' (MUST) had been completed. MUST is a five-step tool to identify adults, who are malnourished, or at risk of malnutrition or obesity. It also includes management guidelines which can be used to develop a care plan. This meant there were suitable records to demonstrate that necessary action had been taken. A visitor told us, "The staff are good at communicating with us and I know things are being monitored downstairs on the forms."

We spoke with the operations manager on the telephone who told us they had an up to date certificate confirming they were a registered data controller. We asked for evidence of this, but it was not received at the time of completing this draft inspection report. We did receive the evidence we needed at the time of producing the final report. The Data Protection Act 1998 requires every data controller who is processing personal information to register with the Information Commissioner's Office (ICO). This is to ensure secured information is managed in a safe and effective way.

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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