Inspection Report

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

The Harefield Nursing Centre

Hill End Road, Harefield, UB9 6UX

Date of Inspection: 26 July 2013

Date of Publication: September 2013

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

Consent to care and treatment	✖ Action needed
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Bupa Care Homes (ANS) Limited
Overview of the service	The Harefield Nursing Centre provides nursing care for up to forty people. There are two units, one for general nursing care and one for dementia 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 26 July 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 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

We looked at the care records of eight people, spoke with five people, two people's relatives and six members of staff. People we spoke with talked positively about the service, one person told us " I enjoy living here, the staff are kind and caring and we have good selection of food, there is activities for us to do". Another person told us " they do there best, sometimes you have to wait to go to the toilet but that is not often".

Relatives of people we spoke with also spoke positively about the service, one person told us " I never worry about my relative being here, I come every day and the care is very good, people are treated with respect and staff show themselves to be caring".

We found that people were not always involved in decisions regarding their care and treatment and therefore arrangements for obtaining consent were not always appropriate. The deputy manager acknowledged our concerns and told us they would take steps to improve matters.

People's care was planned and delivered in accordance with their assessed needs. Staff had a good understanding of people's needs and care plans contained sufficient information to ensure people's safety and welfare.

We looked at the arrangements in place for the safe handling of medicines and found people were given their medicines as prescribed, the service carried out daily and weekly audits and medication was stored correctly. This meant the service had suitable arrangement in place for the handling of medication.

We looked at the provider's records and found people's care records were maintained to

ensure they were protected from the risks of receiving inappropriate or unsafe care. We also found where the service had recruited new members of staff appropriate checks had been carried out and the service maintained staffs' individual files to demonstrate they had appropriate processes in place for the safe and effective recruitment of staff.

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 07 September 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

Consent to care and treatment ✖ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

The service did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of people using the service in relation to the care and treatment provided for them.

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 looked at the care records of eight people and observed how people were cared for. We found that people were involved in consenting to some aspects of their care when issues arose. For example during lunch people were asked if they wanted to wear apron's to protect their clothing. We also saw people being asked if they required the toilet and were supported with this by staff.

We looked at people's care records to gain a broader understating of how the service obtained consent in relation to aspects of people's care. We found arrangements that were in place were not adequate. For example people's records were reviewed on a monthly basis but the person was not included within the review of their care, we also found that people's relatives or advocates were equally not involved in decisions relating to people's care and treatment.

Where people had bedrails in place the assessments that were carried out were not robust, they failed to demonstrate how the use of bedrails was the least restrictive methods to maintain the person's safety and what other options had been considered and why they were dismissed. We found that people or their relatives were not involved in the decision to use bedrails and therefore the service was not able to demonstrate they had sought appropriate consent. We spoke to the manager who acknowledged our concerns and said they would improve by making bedrails risk assessments more detailed.

We observed five people sat in wheelchairs in the main lounge area all wearing safety belts. We spoke with three members of staff who told us people were wearing safety belts to prevent them from moving around on foot as they were at risk of falling. We looked at people's care records where they were using safety belts and found that although assessments had been completed there was no information within people's plans to

ensure that safety belts were not being used as a form of restraint. There was also no information within people's care records on who consented to the use of safety belts. We spoke to the deputy manager who acknowledged our concerns and said they would review the use of safety belts whilst people were using lounge areas and also would ensure that appropriate consent had been sought for their use.

Where important decisions regarding end of life care were made and the consent to treatment, people's views were not taken into account and in many cases their views were not considered at all. For example, we looked at the care records for one person who had difficulties in communicating due to a memory impairment. We found a "do not resuscitate order" which had been recently signed by the person's GP. There was no evidence of how the person was involved in this discussion or how the service had obtained the person's views. This meant appropriate consent relating to people's end of life wishes was not being sought properly.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records of two people who had recently been admitted to the service and found that comprehensive assessments of their needs had taken place. One person who had needs in relation to weight and diabetes had a plan in place informing staff how to deliver the person's care. For example regular blood and weight monitoring was carried out to ensure the person's safety and well-being. There were instructions in the person's file to inform staff what to do if the person's weight reduced or their blood sugar levels were not adequate.

Another person who was at risk of developing pressure ulcers also had a plan in place informing staff how the person should be cared for to prevent the deterioration of the person's skin. We found body maps were in place showing where the pressure ulcers and photographs to show the wounds were healing.

We looked at the care records of each person who was restricted to their bed due to health problems and found care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. For example, people had nutritional charts in place so staff could monitor people's food and drink intake.

We spoke with six members of staff and found they had a good understanding of people's needs. The provider may wish to note that where people displayed behaviours due to a specific mental health condition staff were not always aware of how the condition impacted on the person and how staff could support them with their difficulties. The deputy manager acknowledged our concerns and told us they would introduce more workshops to discuss mental health conditions and how staff could support people better with those needs.

We observed how people were cared for and found staff were respectful to people. For example people were assisted and spoken to appropriately during mealtimes, people were treated with respect and dignity whilst having their personal care needs attended to, and people were not ignored by staff when they needed help or assistance. However we did observe one member of staff engaging in an inappropriate conversation with one person. We brought this to the deputy manager's attention who told us they would talk to staff and remind them of having appropriate conversations with people.

Management of medicines ✓ Met this standard

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

Appropriate arrangements were in place in relation to obtaining medicine. We looked at the systems for the management of medicines at the service. The service used a monitored dosage system from a pharmacy and there were records to demonstrate that these were checked when the service received the medicines, and any discrepancies addressed promptly. Medicines were being stored securely at the service.

We looked at the care records of four people and found that where they had allergies to certain medicines this was recorded clearly on the person's records. We also found where people were prescribed "as and when required" medicine there was a clear protocol in place to ensure nursing staff were aware of the circumstances medicine should be administered.

Medicines were safely administered. We checked the medicines stock for four people and looked at their Medication Administration Records (MAR) and found that medicines were signed to reflect the prescriber's instructions. This meant people received their medicines appropriately.

The service carried out regular daily and weekly audits to ensure that medicines had been administered properly and also to ensure that any errors or discrepancies could be addressed promptly. This meant the risk of people receiving inappropriate care and treatment was reduced.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We looked at the employment records of one person who had recently started working at the service. We found the person had completed an application form and the provider had sought references from previous employers as well as carrying out checks to ensure the person was suitable for employment.

The person had not previously worked in care. We looked at the person's induction and found they had a detailed program of training and supervision. This meant people were cared for by people who had relevant experience and skill.

Records ✓ Met this standard

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

People's personal records including medical records were accurate and fit for purpose. We looked at the care records of eight people and found they contained all relevant information about the person. For example they had details of the person's next of kin, healthcare professionals, other people who were involved in their care and contained all the necessary care plans and risk assessments. We found the records were reviewed on a monthly basis or where there had been a change in the person's needs.

The provider may wish to note that records were not always kept securely. For example they were left in open cupboards in communal areas of the home corridors where people using the service or those entering the service had access.

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 18 HSCA 2008 (Regulated Activities) Regulations 2010** **Consent to care and treatment**
	How the regulation was not being met: The service did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of people using the service in relation to the care and treatment provided for them. Regulation 18

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 07 September 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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