

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:

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✗	Action needed
Complaints	✗	Action needed

Details about this location

Registered Provider	Bridgefoot Developments Limited
Registered Manager	Mrs. Wendy Davies
Overview of the service	Jason Hylton Court is registered to provide a care home service with nursing for up to 37 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

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'.

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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 28 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 talked with commissioners of services.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We spoke to nine people that were using the service, six people visiting their relatives and friends and one visiting professional.

People were generally positive about the support provided by the staff team. Some people using the service and their visitors felt that there were occasions when there was not enough staff available in the communal areas of the home. On the day of our visit we observed periods of time when staff were not available within communal areas, such as following the lunch time meal.

Most people we spoke to told us that they were happy with the quality and variety of the meals provided, although some people told us they thought meals could be better. One relative told us, "the food here is delicious, I can't fault it." Another visitor said they would not like to eat with their relatives when visiting as, "the food is not good." Satisfaction surveys had been sent out to people using the service, their family and friends in January 2013. The audit of these satisfaction surveys confirmed that in general people were happy with the meals available.

Although general care practices were satisfactory, the systems in place were not effective in ensuring that the service was monitored effectively. For example housekeeping practices were not sufficient to ensure the home was maintained to a good standard, information regarding a complaint and how this had been addressed was not recorded, to demonstrate that the correct actions had been taken.

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 02 August 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.

The care, treatment and support experienced by people met their needs and protected their rights.

Reasons for our judgement

Discussions with people using the service and their visitors indicated that they liked the staff team and confirmed that they were able to meet their needs.

Comments included, "all of the staff are very good, they are very caring." And "I can't fault them, they are always very kind to my relative, they genuinely seem to care."

People told us that they were able to express their views and were involved in decisions about their care and treatment. This was seen in the care records we looked at, which had been regularly reviewed and signed by the service user or their representative. Where people lacked capacity to consent information was recorded regarding this and instructed staff on how the person was to be supported in their best interests. This showed us that people's level of understanding in making day to day decisions and the support they needed to make those decisions, had been clearly recorded.

People's needs were assessed and areas of identified risk had an action plan, to demonstrate how these risks were to be managed, to ensure people were supported in a safe way.

People's health care needs were recorded and monitored on a regular basis. Records demonstrated that people accessed health care professionals as and when needed to ensure their health care needs were met.

One visiting professional told us that the registered manager and staff worked well with them in ensuring people's needs were met. They said, "the staff are always very helpful and ensure the correct information is available when I visit."

The majority of people were satisfied with the meals provided and told us that there was always more than one option available at meal times. Records within the care files seen, included people's likes and dislikes regarding food and drink. The provider may wish to note that two people using the service said that they had not been asked what their

preferred foods were. One visitor commented that the quality of food varied and said that some days were better than others. One person using the service said that they were unable to eat the porridge served as it was 'lumpy'. Satisfaction surveys had been sent out to people using the service, their family and friends in January 2013. The audit of these satisfaction surveys confirmed that in general people were happy with the meals available.

An activities coordinator was employed, who worked four days a week. Records for each person regarding the activities they had participated in were seen. The provider may wish to note that these records had not been updated since December 2012. People spoken with confirmed that they were able to participate in activities if they wished to. On the day of our visit three people had gone on a day trip to the nearby zoo with staff support.

Information was recorded regarding individuals cultural and faith needs and how these were to be met. An ecumenical service was provided at the home on a monthly basis for anyone who wished to participate. The registered manager confirmed that this service was well attended by people. Contacts were also in place with specific religious denominations such as the Catholic Church and the Church of England, as and when required

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 have their medication at times they need them and in a safe way.

Reasons for our judgement

We looked at the medication administration records for people, to check the way they were supported with their medication. This included the records held for controlled drugs. The records were checked against the medication held and demonstrated that people had received their medication as prescribed.

Photographic identification was provided on people's medication administration records, to ensure the correct medication was given to each person.

We checked the recording of the clinical fridge temperatures. This was to check that the clinical fridge in use was maintained at a suitable temperature for the medications stored in them. Records showed that the fridge temperatures were taken daily and recorded. These records showed that the fridge was within a safe temperature range.

Records were also taken daily and recorded regarding the temperature of the room that medication was stored in. The records showed that the room was within the safe temperature for storing medication.

Medication audits were not undertaken by staff at the home. The registered manager told us the three monthly audits were undertaken by a community pharmacist, however no record of these audits was provided on the day of our visit.

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

We looked at three staff recruitment files; this included the staff most recently employed. Information within staff records included application forms and interview records; these demonstrated that effective recruitment and selection processes were in place.

The three staff files had two written references and evidence that identification documents had been obtained prior to starting work. All three staff had completed health declaration questionnaires prior to commencing work.

Application forms had been completed before the staff members commenced work and included full employment histories.

A Disclosure and Barring Service (DBS) check and a DBS adult first check was in place prior to staff commencing work. This demonstrated that appropriate checks had been undertaken before staff began work, to ensure staff employed were suitable to work with people using the service.

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 did not have an 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 last audit for housekeeping was undertaken in December 2012, where it was identified that the standards were not being maintained. The registered manager told us that a meeting was held with housekeeping staff, to discuss the standards expected and an action plan was put in place.

It was clear from our observations and discussions with people, that the systems in place to monitor and manage housekeeping standards were not effective. For example carpeted areas in communal rooms and the ground floor corridor were stained and had not been vacuumed effectively. A bathroom, used by people living at the home, was also being used to store a mattress and other items that should have been removed to appropriate storage areas. The toilet and hand basin used by staff had not been cleaned effectively. Although we did not identify any concerns with the en suite facilities, one person's relative told us there had been an occasion where their relative's en suite had needed cleaning in the morning, but it was not cleaned until the afternoon.

The audit of satisfaction surveys from January 2013, confirmed that some people felt improvements were required within the laundry services. The actions to address these concerns were not recorded in the audit.

Written medication audits were not undertaken by staff at the home. We were told by the registered manager that audits were undertaken at the home by the community pharmacist on a three monthly basis; however no records of these audits were provided on the day of our visit. During our check on medication, it was identified that a bottle of eye drops that were out of date were held in the clinical fridge, these were dated March 2013. Although these eye drops were no longer in use and were disposed of at the time of our visit, this demonstrated that regular audits' regarding medication was required.

Discussions with people indicated that there were occasions when staff were not available, in the communal areas of the home. We observed a lack of staff presence in the

communal areas following the lunch time meal. This issue was also raised in the last satisfaction questionnaires that were completed in January 2013. The audit of these questionnaires confirmed that 'people would like to see more staff in the lounge areas'.

The registered manager used a dependency score assessment tool to determine the staffing levels required to meet people's needs. This was put in place following our visit in April 2013. There were 31 people using the service on the day of our visit. We looked at the staff rota's which showed us that the staffing levels had remained the same since our visit in July 2012.

Discussions with some people's visitors suggested that the lack of staff presence in communal areas was regarding the deployment of staff, rather than the numbers of staff on duty. One visitor told us, "I know where they (staff) all are, in the smoking area". Another visitor told us, "once, I had to go and fetch a carer from the smoking area."

People should have their complaints listened to and acted on properly

Our judgement

The provider was not meeting this standard.

An effective complaints system was not available, comments and complaints people made were not responded to appropriately.

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

Information regarding how to make a complaint was on display within the home. The registered manager confirmed that this information was also provided to people on admission, within the homes service user guide.

People told us they felt safe, and able to report any concerns they may have to staff or the person in charge. Relatives also told us that they felt able to report any concerns to staff. However some people told us that they were not aware of the homes complains procedure. This was reported back to the registered manager for her to address.

We were told by one person and their relative about a concern they had raised recently with the registered manager. They told us that although the registered manager had said their concern would be investigated, they had not received any further information regarding this. We discussed this with the registered manager who told us that this had been investigated and the outcome verbally given to this person. No records were in place to demonstrate the actions that had been taken or that this person had been informed of the outcome. The registered manager stated that no records were in place regarding the concern raised.

We were unable to look at how complaints were investigated as the registered manager advised us that the complaints log had been mislaid. This did not demonstrate that people's complaints were fully investigated and resolved, where possible, to their satisfaction.

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 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 an effective system to regularly assess and monitor the quality of service that people receive. Regulation 10 (1) (a) (b)
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints
Diagnostic and screening procedures	How the regulation was not being met: An effective complaints system was not available, comments and complaints people made were not responded to appropriately. Regulation 19 (1) (2)

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 02 August 2013.

CQC should be informed when compliance actions are complete.

This section is primarily information for the provider

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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