Inspection Report

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

Weavers Court

Off Mount Street, Diss, IP22 4QH

Tel: 01379650669

Date of Inspection: 03 January 2013

Date of Publication: January 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	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Norse Care (Services) Limited
Registered Manager	Mrs. Christine Glover
Overview of the service	Weavers Court is a Housing With Care service that accommodates older people living on the premises in their own flats, some of whom receive care under the registered activity Personal care.
Type of service	Extra Care housing services
Regulated activity	Personal care

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 3 January 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

During the inspection we spoke with four people. They told us that they felt well cared for and liked living at Weavers Court. One person told us ""Staff are wonderful, I have nothing to worry about." Another said "I would recommend this place to anyone." People told us that they had access to appropriate healthcare professionals quickly if they became ill.

Policies and processes were in place in relation to medication management however, discrepancies were found in relation to the medication records. This meant that we could not be assured that medicines had been administered as prescribed and intended by the prescriber.

We found that the staff were well trained and knowledgeable and that there were enough of them to meet people's care needs. People who used the service knew how to complain if they wanted to and we saw that they were able to give their feedback regularly.

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 February 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

During the inspection we spoke with four people who used the service. They told us that they were happy with the care they received. One person told us "Staff are wonderful, I have nothing to worry about." Another person said "Staff are very caring, if I want anything they will do it for me. I would recommend this place to anyone."

People also told us that they were treated with dignity and respect and that their independence was encouraged. One person told us "Staff are kind and respectful." Another person said "If I want to do it (personal care) they let me do it."

We looked at five care plans. Each care plan had been signed by the person concerned or a family member. This demonstrated that they were involved in the planning of their care. The care plans contained details of the person's life history and assessment of their care needs. Risk assessments were also in place and had been tailored to the individual. For example, we saw that a risk assessment had been completed for the use of oxygen and another for bedrails when they were identified as needs.

Each risk assessment had a future review date on it and we were advised that they were reviewed at least annually. However, the provider may like to note that it was not clear in each care plan when these reviews had taken place. We also found that a pressure assessment had not been completed for a person who was immobile. It is important that people who are immobile have a risk assessment performed to minimise the risk of pressure sores developing.

Since the inspection, the provider has confirmed that a pressure risk assessment is now in place.

People we spoke with told us that they saw a doctor or other professionals when needed. One person said "If I feel ill I always see the doctor quickly." A relative of a person using the service told us "When we advised that mum was unwell, the staff got help quickly." We were told that the local doctors' practice held a weekly surgery at the service. We observed that a doctor had been called quickly to see someone who was feeling unwell.

There were adequate arrangements in place to deal with foreseeable emergencies. Care plans contained risk assessments on fire evacuation and we saw that the staff had been trained in emergency first aid.

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 inappropriate 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 spoke with two people about their medication. They told us "I have never run out of medication, they always get it for me." Another said "They (the staff) will sort out my medication for me if I am going out for the day."

We saw that people who managed their own medication had an appropriate risk assessment in their care plan. People's current medication was listed within their Medication Administration Record (MAR). The provider may like to note however, for people who required assistance with taking their medication, we did not see that they had been consulted about how they preferred to take their medication. This meant that people's choice may not have been respected.

Since the inspection, the provider has confirmed that all people using the service have a medication risk assessment in place containing details of how people wish to have their medication administered.

Staff we spoke with told us that they all administered medication but that certain medications such as warfarin could only be given by more senior staff. We saw that they had all been trained in medication management by the local pharmacist. Monthly checks were made by the management team to ensure that staff remained competent.

We saw that there was a policy that described the process for the ordering, supply, receipt, storage, recording, administration and disposal of medication. This also commented on controlled drugs and covert administration. Staff told us that they had read the policy and we saw evidence that they had signed to say that this had happened. However, prior to the inspection we were made aware of an incident where medication had not been given as prescribed. We saw that new processes had been put in place to improve the management of medication, but it was too early to assess whether these were effective.

We observed a medication round. We saw that people were approached in a kind manner and their consent was gained before the medication was administered. However, the provider may like to note that people were not given information about what they were

taking. This meant that people may not have understood why they were taking the medication.

Since the inspection, the provider has confirmed that the prescribing of medication is discussed between the individual and their General Practitioner (GP) and that staff are aware of this information. To assist them with this, they have access to a central file that identifies medicines, why they would be prescribed and any associated side effects.

We saw that audits in respect of medication were performed on a monthly basis. There was also a daily checklist in place that enabled staff to monitor that people had received their medication at the appropriate time. However, we found discrepancies in four out of six medication records when we compared them with quantities of medication that remained in stock. The manager was unable to account for this discrepancy. We also found there were some omissions in one record for the administration of medicines. When we asked the staff member why this was they said this was an error and retrospectively completed the record. This was poor practice and meant that we could not be assured that medicines had been administered as prescribed and intended by the prescriber. We were advised by the manager that an audit by an external pharmacist had been arranged to take place in January 2013.

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

We spoke with four people about staff and the levels of staffing. One person said "They have never missed me, they are very well trained." Another said "If they can't come straight away, they will call and let me know." When asked if they ever had to wait to be attended to one person said "They come quickly when I ring the bell." However, another person said "I sometimes have to wait around 10 minutes for them to come."

We spoke with four staff about current staffing levels. They told us that they were currently able to meet people's care needs. However, they said that they had noticed a recent increase in workload which did not allow them to spend as much time talking to people as they would have liked. We spoke to the manager about this who told us that a part-time person who assisted in the mornings and evenings had resigned. We saw that this vacancy was being advertised on the provider's website and the manager told us that they could cover any shortfall in staffing with relief staff. They also told us that they had identified a need to increase the number of staff members on the night-shift. A request had been made to the provider in respect of this. This showed that the service monitored people's care needs and responded appropriately.

We checked four staff training records and saw that the staff received regular training. There was evidence that mandatory training was up to date and all four staff had achieved a national vocational qualification (NVQ). We also saw evidence that the majority of staff had worked for the service for a number of years and that turnover of staff was low.

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

We saw evidence that the views of the people who used the service and their relatives were sought. This involved the provider sending all tenants and their relatives a questionnaire to enable them to comment on their care. The results for 2012 were being analysed at the time of this inspection. Tenants meetings were held every 6 to 8 weeks and we saw minutes from these meetings. One relative told us "I regularly get invited to meetings and asked for comments on care."

Incidents were reported and then stored within people's individual care plans. There was evidence that learning from incidents / investigations took place. For example, the manager told us that they had recently changed their process for ordering and monitoring the supply of medication in response to a recent incident.

We asked the manager if reported incidents were analysed for any patterns. We were told that this used to occur but had recently been stopped and that the staff now used their own judgement. The provider may like to note that it is good practice to conduct an analysis of reported incidents on a regular basis, to assist in the identification of risks to the care and welfare of people using the service.

Monthly work based supervision took place where staff were monitored and observed giving personal care and medication. Findings were reported back to staff in monthly appraisals.

We saw evidence that monthly medication audits took place which detailed actions taken where short falls had been identified. The manager told us that they conducted monthly audits of the care plans. They were however unable to provide evidence of this. The provider may like to note that it is important that all audits and relevant findings are documented so that the appropriate actions taken can be evidenced.

Monthly team meetings were held. We saw from the minutes that any issues regarding care were discussed. Staff also told us they gave feedback to the rest of the team on any training they had received. This showed that the staff were able to discuss care needs of the people using the service and that they could share their learning.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.Comments and complaints people made were responded to appropriately.

Reasons for our judgement

During the inspection we spoke to two people who used the service about complaints. One told us "I would speak to the staff or the manager if I wanted to complain." Another told us "I can talk to the staff if I am worried about anything."

People were made aware of the complaints system. We saw evidence that booklets about how to complain were available within the service and in people's individual care plans. A complaints policy was in place that detailed the procedure to be followed if a complaint was made. The manager told us that no complaints had been made within the last 12 months. Staff told us that the complaints procedure was discussed with people and their relatives during formal reviews of their care.

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 activity	Regulation
Personal care	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: People were not protected against the risks associated with the unsafe use and management of medication because records did not confirm that medicines were being safely administered as intended by prescribers.

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 February 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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