

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

Holbeche House Care Home

Wolverhampton Road, Wall Heath, Kingswinford,
DY6 7DA

Tel: 01384288924

Date of Inspection: 25 June 2013

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2013

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

Management of medicines

✘ Action needed

Details about this location

Registered Provider	Four Seasons (Bamford) Limited
Registered Manager	Ms. Diane Williams
Overview of the service	Holbeche House care home can provide accommodation for up to 49 people who require nursing or personal 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

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Summary of this inspection

Why we carried out this inspection

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

- Management of medicines

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 25 June 2013 and talked with staff.

What people told us and what we found

This inspection was carried out by a Pharmacist Inspector to check whether improvements had been made to the management of medicines since our previous inspection on 20 May 2012.

We found that arrangements continued to put people at risk of not receiving their medicines in a safe manner as prescribed.

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 15 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

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 did not have appropriate arrangements in place to manage medicines.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Our inspection of 20 May 2012 found concerns about medicine recording, room temperature monitoring and Controlled Drug management. This posed a risk of people not being fully protected against the risks associated with medicines.

During this inspection, we found that medicines were kept safely. The security of medicines had improved since the last medicines management inspection. We found that only authorised staff were able to gain access to the two rooms where medicines were being stored. We found that the medicines that were stored in these rooms were being stored at the correct temperature, including the medicines that were stored in the medicine fridges. The safe storage of medicines meant that people would be protected against the risks associated with medicines.

Appropriate arrangements were not in place in relation to the recording of medicines. We looked at eight medicines administration records. This was so that we could check if these records could show us whether people were receiving their medicines as prescribed by their doctor. We found that the service used medicines that had been carried over from the previous 28 day cycle but had not accounted for these in the current records. We found that the amount administered for medicines that had been prescribed with a variable dose was not being recorded. There were some discrepancies between the quantities remaining, according to the records, and the physical quantities found. These discrepancies could indicate that some people were not receiving their medicines as prescribed.

Medicines were not administered safely. We raised a number of concerns with the manager about the administration of some medicines when examining the medicine administration records. We found that a medicine was being administered four times a day

when the prescription stated that it was to be administered on a 'when required' basis. We found that two people had not had their CD medicines for two nights because the medicine had run out. This meant that there was a risk of this affecting people's health and welfare.

We found that the service had a framework to record the additional information required to ensure that 'when required' medicines were managed safely. However, in some cases we found that this framework had not been put into place so there was no written guidance on how to manage the 'when required' medicines. We also found that where the framework was in place, the information recorded was not sufficient enough to ensure that these medicines would be managed safely and consistently by the staff who were administering them. The lack of information about how medicines should be managed may result in people at the service not getting their medicines when they need them.

We found that there was no written information about how to administer medicines through a Percutaneous Endoscopic Gastrostomy (PEG) tube. When medicines are being administered through this tube we would expect the service to have a written procedure in place. This procedure should describe how to prepare each medicine before it is flushed down the tube and how much fluid should be used to prevent the tube from becoming blocked after the administration of each medicine. We found that the staff crushed and dissolved all of the prescribed medicines into 50ml of water and flushed them down the tube all together. This would not be the most appropriate practice for this method of administration. This meant that such practices used by staff did not ensure that the administration of medicines in this way was carried out safely.

We found that whilst there was an audit system in place, this was not robust enough to detect many of the discrepancies seen during the inspection. This meant that the service did not have an effective quality assurance programme in place to ensure the safety of the people.

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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
Diagnostic and screening procedures	How the regulation was not being met: The provider failed to comply with Regulation 13 to protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording, handling, using and safe administration of medicines used for the purposes of the regulated activity.
Treatment of disease, disorder or injury	

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 15 August 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.

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