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

Keresley Wood Care Centre

Tamworth Road, Kerseley, Coventry, CV7 8JG
Tel: 02476331133

Date of Inspection: 06 August 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: Met this standard
- Care and welfare of people who use services: Met this standard
- Management of medicines: Met this standard
- Requirements relating to workers: Met this standard
# Details about this location

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<tr>
<th>Registered Provider</th>
<th>Four Seasons (Bamford) Limited</th>
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<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Kerry Clay</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Keresley Wood Care Centre is a nursing home registered to provide nursing care to a maximum of 47 older people. It is situated in the Keresley area of Coventry.</td>
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<tr>
<td>Type of service</td>
<td>Care home service with nursing</td>
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| Regulated activities      | Accommodation for persons who require nursing or personal care  
                          Diagnostic and screening procedures  
                          Treatment of disease, disorder or injury |
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 6 August 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with commissioners of services.

What people told us and what we found

During our visit to Keresley Wood Care Centre we spoke at length with three people living at the home, one relative, and five staff. We spoke more briefly with four other people living at the home.

People we spoke with told us they liked living at Keresley Wood. They told us staff were kind, and treated them with respect and dignity. One person told us, "Everyone is friendly?they'll sit and listen". This was echoed by a relative who said, "It's great. The staff are so friendly?we've nothing but praise".

We looked at care and consent to treatment. We saw that good care was provided. People and their families were fully involved in the decisions made about the way care was provided.

We looked at how the service recruited its staff. We saw that recruitment practice ensured staff were appropriately qualified and were safe to work with people living at Keresley Wood.

Staff told us they enjoyed working at Keresley Wood. One staff member said, "Everyone is brilliant, the company have supported me to do the job well".

We looked at the administration of medicines at the home. We were satisfied that medicines were administered safely.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent
judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

<table>
<thead>
<tr>
<th>Consent to care and treatment</th>
<th>✓ Met this standard</th>
</tr>
</thead>
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<tr>
<td><strong>Before people are given any examination, care, treatment or support, they should be asked if they agree to it</strong></td>
<td></td>
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</table>

**Our judgement**

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

**Reasons for our judgement**

We looked at a sample of care files and saw that the views and expressed wishes of people had been listened to and acted upon. For example, we saw in one care record that a person did not want to be hoisted. They had chosen to be cared for in bed. We talked to this person who confirmed they would prefer to stay in bed than use the hoist. They were aware of the restrictions this placed on them.

Records showed that advanced decisions about resuscitation had been discussed with people living at Keresley Wood. Those who had requested not to be resuscitated signed the record to confirm this was their expressed wish.

We saw that people who used bed rails had given consent for their use. Consent had also been sought for the use of photography.

We noted each care plan had information about the person's mental capacity. We saw one mental capacity assessment was incorrectly completed. It had documented information which was not to do with the person's mental capacity.

Through discussion it was clear that the manager and their staff had a good understanding of people's mental capacity. They knew what the verbal and non-verbal cues signified, but the notes did not always reflect this. For example, the notes for one person said they did not have capacity to make decisions. The notes also said they could 'nod their head'. It was unclear whether this meant they had some capacity to make decisions. The manager said the head movement was not linked to any decision making ability, and agreed this should have been more clearly recorded. The provider might find it useful to ensure that staff are more specific in their recording about people's capacity to make decisions. This would include recording any type of communication (verbal or non-verbal) which would indicate people's capacity to understand.

We noted that where people did not have capacity to make decisions for themselves, the service had involved family members. This meant people who had knowledge about the person were able to make best interest decisions on their behalf.
We asked whether any person living at Keresley Wood had been placed on deprivation of liberty safeguards (DoLs). This is where a person who does not have capacity may need their freedom restricted in their best interest to keep them safe. We were informed there was no one living at the home at the time of our visit on these safeguards.
Care and welfare of people who use services

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

We spoke at length with three people living at Keresley Wood and a relative of a person living there. We also spoke more briefly with four other people. All the people we spoke with were pleased with the care and support they or their loved one had received. The relative told us that staff were "attentive and very caring". One person we spoke with told us they had the freedom to do what they wanted during the day and night. They told us they got up at 6.30 because that was the time they had always got up, and went to bed after the news on the TV at around 10.30pm. They said meals were "very good indeed".

We observed good rapport between staff and people living at Keresley Wood. We observed staff being kind to people, sharing jokes, and supporting them when they needed it. We observed people making their own decisions about what they wanted to do during the day.

During our visit we saw the activity co-ordinator spending time on a one to one basis with people. Ladies living in the home were enjoying having their nails painted by her. We spoke with the co-ordinator. She told us of the individual and group activities she supported at the home. These included reading to people, listening to music, word games, dominoes, beanbag games, skittles, armchair aerobics and reminiscence quizzes.

We looked at a sample of three care files to determine whether the service had carried out proper assessments of people's needs. We were satisfied that care records gave a good account of the needs of each person and actions staff needed to take to care for those needs. Records demonstrated that all potential needs were considered. For example, care records included information about moving and handling, pressure ulcer care, nutrition, weight, continence, skin, and personal care needs. These were reviewed on a monthly basis. We noted where necessary reviews were more frequent. For example, one person who was admitted to the home with a number of pressure ulcers was having these reviewed very regularly to ensure the ulcers were healing.
**Management of medicines**

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**

We checked people were receiving medication prescribed to them by looking at three medication administration record (MAR) sheets. The records showed people were receiving the correct medication and at the right time of the day.

During our checks we saw a medicine had fallen out of or been removed from the blister pack of one person and was lodged in the blister pack of another. The member of staff did not know how the medicine had got there. This meant the person may not have received the medication they should have. Once alerted, the staff member carefully put the medicine in a pot. We asked what would be done next. We were informed the manager would be told about this and the person's GP contacted for advice. We were told an investigation would take place to try to determine what had happened. We were satisfied that the appropriate action was going to be taken to ensure the health and wellbeing of the person.

We checked the amount of medication available against the records of medication taken to see if it tallied. We were satisfied that the stock left tallied with records.

We checked the records for controlled drugs and noted staff had recorded administration correctly in a record separate to other medicines. We noted that controlled drugs were also securely held in a separate controlled drugs cabinet and when no longer required were disposed of safely by using a drug denaturing kit (a kit which destroys the drug so it cannot be used).

We looked at medication ordering and disposal. We saw good systems in place to ensure medicines were ordered in a timely way and disposed of safely.

We looked at the daily temperature checks taken of the medicine room and of the medicines fridge. Checks showed that the temperatures were consistent and within the temperature range which would not have compromised the efficacy of the medicines.

We saw that care records informed staff of what medication people were using and the reasons why they were administered the medicines.
We spoke to the nursing staff who administered medicines. They told us they had to undertake e-learning in medicines management and there was a test at the end of the learning. They also told us their competency in administering medication was checked to ensure they were administering medicines safely. One nurse told us the medicines training was "not easy".
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 files to see whether appropriate checks had been undertaken to ensure that staff had the qualifications, skills and experience to undertake their work. We noted the organisation had effective recruitment procedures to ensure the prospective staff member was suitable to work in a care environment. We saw records showing staff employed at the home had gone through enhanced criminal records bureau (CRB) checks (now known as disclosure and barring checks), had provided two written references, and been through an interview process.

The provider might find it useful to note that one application form we saw had a gap in the person's employment. Records did not confirm that this had been followed-up. Schedule 3 of the Health and Social Care Act 2008 requires a 'full employment history, together with a satisfactory written explanation of any gaps in employment.'

We spoke with staff about recruitment practice. Staff confirmed they did not start working at the service until their criminal record checks had been returned. They told us they had received induction training and had been supervised to check they could undertake tasks safely. Staff told us they felt the training had equipped them to undertake their roles safely.

We looked at a sample of staff training records. We noted that all staff undertook mandatory training in areas such as food hygiene, health and safety, equality and diversity and moving and handling people. We saw there was other optional training for staff which was dependent on roles or interest. This included deprivation of liberty and mental capacity act training, advanced training in medicines management, dementia care, Parkinson’s disease, basic life support, and palliative (end of life) care. This meant that staff had undertaken a range of training to meet the needs of people living in the home.

We checked whether there were systems in place to ensure that nursing staff had up to date nursing registrations. A nurse is not able to practice nursing unless their PIN registration is renewed each year. We were satisfied the service ensured all nursing staff were registered with the Nursing Midwifery Council.
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:

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**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.