

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

## Farrant House Nursing Home

44 Farrant Road, Longsight, M12 4PF

Tel: 01612573323

Date of Inspection: 08 October 2013

Date of Publication:  
November 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

## Details about this location

Registered Provider	HC-One Limited
Registered Manager	Ms. Lindsey Clarke
Overview of the service	Farrant House provides nursing and residential care for up to 44 people and is situated in the Longsight area of Manchester.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	6
Management of medicines	7
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	8
<b>About CQC Inspections</b>	9
<b>How we define our judgements</b>	10
<b>Glossary of terms we use in this report</b>	12
<b>Contact us</b>	14

## 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 8 October 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff, reviewed information given to us by the provider, were accompanied by a pharmacist and talked with commissioners of services. We talked with other authorities.

---

### What people told us and what we found

---

In 2012, the registered manager had transferred to another home owned by the provider but did not de-register. Subsequent to the home's next appointed manager leaving in April 2013, the home was being managed by an interim manager, supported by a quality assurance manager. We noted that the last registered manager had recently submitted an application to remove their registration at this location. The provider did not intend to appoint a new manager, as they were in the process of closing the home.

At the time of the inspection, most people living in the home had moved out. The home was staffed by one nurse and one carer supported by the interim manager. A cook came to the home to make the meals. We saw suitable arrangements in place to transfer people to other homes. People looked clean and comfortable. They commented positively about their experience in the home saying "I am happy" and "everyone is very nice".

As most people had moved out, we only looked at two outcomes on this inspection. We found that staff cared for people according to their individual needs and care records reflected this person-centred care. We found that records relating to medication were not adequate, resulting in one person receiving double the dose of one medication.

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 12 November 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](http://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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

---

### Reasons for our judgement

At the time of the inspection, the provider was in the process of closing the home and most people living in the home had moved out. We saw suitable arrangements in place to transfer people to other homes, including best interest meetings being held to support people unable to make their own decisions. We looked at one person's care records. They indicated that staff from the new care home had recently conducted a pre-admission assessment in preparation for their transfer. This meant that the provider planned and delivered care in a way that was intended to ensure people's safety and welfare.

We saw in one person's professional visit notes that in September 2013, their doctor visited and requested the home take a blood sample to be sent for testing. The nurse on duty at the time of our visit stated that they had attempted to take blood samples but were unable to do so. The nurse told us that they had phoned the doctors' surgery to say they were unable to obtain a blood sample; however, there was no entry in the care records to reflect this. The provider may consider how they support staff to plan, deliver and record care and treatment in line with guidance provided by relevant professionals.

The care records we looked at were well organised, were person centred, and contained risk assessments and care plans that detailed how staff should care for and support the person. The provider had reviewed the care records at least monthly. We looked at the records of one person with a long-term health disorder that required daily monitoring and treatment. The records showed that staff had managed this appropriately. This meant that the provider assessed people's needs and planned and delivered care and treatment in line with individual care plans.

**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

---

We saw that medicines were kept safely and at the right temperatures. The provider had a medicine policy which described how medicines should be handled in an appropriate way. Medicines were disposed of appropriately and the provider kept an electronic disposal record.

We found that one medicine needed by a person living at the home had been out of stock since the previous afternoon, and another medicine was 'running low'. A new supply of medicines had been ordered. The home's manager showed us the recent medicines check (audit) they had done; they had found that medicines were not always ordered in good time.

We found that medicines were not recorded appropriately or administered safely. Staff recorded the administration of medicines on an electronic, hand held device. We asked for a printed version of a person's record, which showed that they had been given double the prescribed dose of one medicine for the last five days. The manager started to investigate this issue and identified that the medicine had been changed from a liquid to a tablet. The care records failed to clearly reflect the change from a liquid preparation to tablet form. This meant that the provider did not have appropriate arrangements in place to manage medicines. We alerted the safeguarding authority, and the person's doctor provided assurances that the person would not have been harmed by this dosage. The provider assured us they would take action to manage the risk of harm to people using the service.

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	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Management of medicines</b>
Diagnostic and screening procedures	<b>How the regulation was not being met:</b> The provider did not have appropriate arrangements in place to manage medicines. Regulation 13
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 12 November 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

---

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

---

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

---

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

---

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

---

### **(Registered) Provider**

---

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

---

### **Regulations**

---

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

---

### **Responsive inspection**

---

This is carried out at any time in relation to identified concerns.

---

### **Routine inspection**

---

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

---

### **Themed inspection**

---

This is targeted to look at specific standards, sectors or types of care.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---