

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

Hertfordshire Enablement (East)

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

Management of medicines

✓ Met this standard

Details about this location

Registered Provider	Nestor Primecare Services Limited
Registered Manager	Mrs. Kelly Louise Saidykhan
Overview of the service	This agency provides an enablement service to people in their own homes for up to four weeks. Referrals are only accepted from Hertfordshire County Council.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Hertfordshire Enablement (East) had taken action to meet the following essential standards:

- Management of medicines

This was an announced 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 5 December 2013, talked with people who use the service and talked with staff.

What people told us and what we found

Our inspection in July 2013 found that people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. The manager provided us with information to show how they would achieve compliance with this standard.

During our inspection on 5 December 2013 we found that improvements had been made. We saw that appropriate arrangements were in place in relation to obtaining, recording, storage and administration of medicines. We spoke with two people who told us they were satisfied with the way staff assisted them with their medicines. One person said they gave the staff "full marks". They said they felt the staff, "Know what they are doing" with the medicines.

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

Management of medicines

✓ Met this standard

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

Our inspection in July 2013 found that people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. The manager provided us with information to show how they would achieve compliance with this standard.

During our inspection on 5 December 2013 we found that improvements had been made. We saw that appropriate arrangements were in place in relation to obtaining, recording, storage and administration of medicines. We spoke with two people who told us they were satisfied with the way staff assisted them with their medicines. One person said they gave the staff "full marks". They said they felt the staff, "Know what they are doing" with the medicines.

The manager told us, and records showed, that all staff had received training in the administration of medicines in the last year.

Appropriate records were in place in relation to the recording of medicines. We looked at the records held in the agency office for five people whose medicines were administered by staff. Each file contained a record of consent signed by the person or their representative for the staff to administer the person's medicines. There was a clear record of the medicines prescribed to each person. This included the dose, frequency, and route of administration. It also recorded who was responsible for administering each medicine.

Each person's file contained a care plan and risk assessment relating to medicines. The risk assessment included issues such as where the medicines were stored, the sort of containers the medicines were dispensed in and who was responsible for ordering the person's medicines. The care plan provided guidance to staff in relation to administering the person's medicines.

We visited two people and looked at their records relating to medicines. We saw that

audits had been conducted within seven days of staff starting to administer each person's medicines. We saw that one minor issue had been identified and the action clearly recorded.

We saw that the staff were proactive in assessing people's needs in relation to their medicines. For example, one person had been assessed by their care manager as able to manage their own medicines. However, following the person's discharge from hospital, the agency staff quickly recognised this was not the case. They confirmed what medicines the person was prescribed and put a system in place to ensure the person received these.

Appropriate arrangements were in place to ensure people were able to take their prescribed medicines. Agency staff identified that the medicines received for another person did not match the information provided by the prescriber. The agency staff took action to address this and ensure the person received the correct medicine.

Records showed that staff had administered medicines in line with the prescriber's instruction. Medicine administration records (MAR) charts had mostly been signed when medicines were administered and stock balanced with these. The provider may find it useful to note that one person's MAR had not been signed on three occasions since the last manager audit. On two occasions the person's daily care record showed that their medicines had been taken. The person confirmed this to be the case. Where the person had not taken a medicine, a clear record was made of this and the reason recorded.

The provider may find it useful to note that we identified one occasion when one person had not received their medicines. Records showed that the morning care worker had visited the person later than expected and administered their morning medicines. They had instructed the care worker carrying out the next visit not to administer the medicines because there was insufficient time between visits. Following our visit the manager told us they had planned meetings with all staff involved to address this issue so that staff were aware that calls could be rescheduled to accommodate unforeseen situations.

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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