

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

The Foundation of Lady Katherine Leveson

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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

Records

✗ Enforcement action
taken

Details about this location

Registered Provider	The Foundation of Lady Katherine Leveson
Registered Manager	Mrs. Dorothy Collis
Overview of the service	This location is registered to provide accommodation for a maximum of 30 people who require personal care. It is also registered to provide personal care to people living in the supporting housing scheme on the same site
Type of services	Care home service without nursing Domiciliary care service
Regulated activities	Accommodation for persons who require nursing or personal care Personal care

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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

We carried out this inspection to check whether The Foundation of Lady Katherine Leveson had taken action to meet the following essential standards:

- Management of medicines
- Records

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 1 November 2012 and talked with staff.

What people told us and what we found

We carried out this visit to review improvements in relation to medication management and record keeping. We found that sufficient improvements had been made in relation to medicine management for the service to be compliant.

We found that further improvements were needed in relation to record keeping. We did not speak with people about their care records but we found that some care records were not up-to-date, sufficiently detailed or accurate. This meant there was a risk that people may not always receive appropriate care.

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

What we have told the provider to do

We have taken enforcement action against The Foundation of Lady Katherine Leveson to protect the health, safety and welfare of people using this service.

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

✓ 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 from the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

During our last visit we found that improvements were needed in medicine management. During this visit we looked to see what improvements had been made.

The registered manager told us that all the senior staff had received further training in medicine administration and the completion of medicine records. She had also arranged for an additional member of staff to administer medicines. This meant that each day two staff were available to do this as opposed to one. We saw that medicines were being stored appropriately and a faulty medicine fridge had been removed. Records seen confirmed medicines were being stored at appropriate temperature levels.

We were told about two independent audits that had taken place on the home's medication. We looked at a report completed in August 2012 resulting from one of these audits. The audit report included a check of medicine policies and procedures, the ordering and receiving of medicines and medicine storage and record keeping. We saw that the home were found to be compliant across most areas. There were some issues identified for action.

The provider may wish to note that there was no report of actions taken by the home following this audit to demonstrate compliance. The manager did however advise that the actions had been carried out.

During our visit we looked at how medicines had been managed for four people. We found that the amount of medicine received, given and remaining was correct for almost all of the medicines checked. We saw that the medicine administration records (MAR's) were being completed appropriately with the correct codes. We saw that the staff were using the reverse side of the forms to record any additional information.

The registered manager told us that they had separate medicine charts in people's rooms for care staff to record the application of prescribed creams. We were told that care staff in addition to senior care staff were now signing these to confirm cream applications. We saw completed records in those rooms we checked. These confirmed the dates when

creams had been applied.

The provider may wish to note that two people had not received their pain relief medication for between four and six days. We saw that this was because it had run out. There should be suitable systems in place to ensure there is a sufficient amount of medicine to last the medicine cycle. The manager advised that this had been re-ordered from the GP but had not been received as quickly as they would have hoped. We saw that this arrived during late afternoon on the day of our visit. The manager agreed to follow up medicine availability with the GP to reduce the risk of medicines running out again.

Records

✘ Enforcement action taken

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People's care records were not always up-to-date or sufficiently detailed to ensure they were protected from inappropriate care or unsafe treatment.

We have judged that this has a moderate impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

During our last visit on 31 July 2012 we found records were not always accurate or up-to-date. During this visit we followed up on the actions the registered provider and registered manager had told us they would be taking to improve. The registered manager told us she had updated the care plans for everyone in the home. We selected two care files at random to review. A "Daily Routine" record had been developed for each person showing how they liked to spend their day.

We looked at a care file for a person at risk of developing pressure sores. We saw they had lost weight in July, August and September 2012. The "weight monitoring" chart stated they were "underweight". We could not see what actions had been taken to address their weight loss. The nutritional care plan/risk assessment stated that the person was at high risk of malnutrition. The actions suggested were to "set goals, improve and increase overall nutritional intake, refer to dietician." We could not see evidence that this had happened. We spoke with staff who told us they were not aware of any goals that had been recorded. They were unable to find evidence of these goals in the care plan documentation. Staff told us that there had been no dietician involved in this person's care.

Food and fluid charts were in place for staff to document what the person had consumed. These had not been completed consistently. We asked staff what they were doing to increase this person's nutritional intake. They told us they were providing milky drinks and giving the person their favourite foods including jelly. We could not see evidence of a specific plan to increase this person's nutritional intake. We did see that there had been a slight increase in the person's weight in October 2012.

We saw signed records to show care plans had been reviewed but we could not see evidence of what had been reviewed. For example, we looked at a care plan/risk assessment for the management of pressure sores. This was referred to as "Waterlow" and was dated August 2012. Records indicated that this person needed specialist

equipment such as a low pressure mattress and cushion. We could not see that this had been actioned. If the care plan had been reviewed, this information should have been updated. Staff told us this equipment had arrived in October 2012. The care plan did not make it clear to staff how the equipment was to be used. There were also no staff instructions in the care plan to show how the person's pressure areas should be managed. For example staff told us that they were repositioning the person at night. They told us this information was not in the records. We could not be sure that all staff were aware of this. We also could not be sure that this was how the person's pressure area care should be managed. We did not see records to confirm this was always being done.

The second care plan that we viewed indicated that the person had swallowing problems. The care plan was dated April 2012. There was an action within the care plan to contact the GP to change tablet medication to liquid. We could not see that this had happened. The Medication Administration Record (MAR) for October/November 2012 showed that two tablets were being given. A Speech and Language Therapist (SALT) assessment reported that staff had stated the person had no problems with swallowing tablets. This conflicted with the care plan.

We saw that the person had received a "swallow assessment" by a SALT in January 2012. This stated they needed fluids to be of a syrup consistency and could have soft foods such as 'soft moist mash'. The nutrition care plan stated that a thickener was to be added to the person's drinks.

We could not see from food and fluid charts that the person was having the thickener added to their drinks. We also saw from the daily records that the person was eating sandwiches. Staff told us that the person was able to eat most foods. They also told us that they did not use the thickener very much because the person didn't like it in their drinks. They told us the person refused drinks when it was used. They were concerned that the person would become dehydrated. We could not see evidence that this information had been referred back to the SALT team. Staff told us that the person did cough and if they "gagged" they used the thickener. We did not see a risk assessment showing the risks of not using of the thickener had been assessed.

We saw a body map showing the person had a pressure sore in May 2012. This had not been updated to show if it had healed or not. We could not see that district nurse support had been sought in regards to this. We saw there was a record of a septic area on the person's foot also in May 2012. There was an instruction for the district nurse to be requested to dress this. We could not see from the care plan records that a district nurse visit had been requested. We also could not see that a visit had been undertaken in May 2012. Despite this, staff told us both wounds had now healed.

We saw from records that the person had an ongoing problem with their foot which meant they were at risk of developing sore areas. Staff told us that they positioned a pillow in their bed to help prevent the person developing sore areas. We did not see a care plan stating this should be done. Staff told us there was no 'instruction' to do this, it was "just common sense".

Medicine records showed that two people had run out of their pain relief medicine for between four and six days. We looked at the pain assessment for one of these people. This had not been reviewed to show that their pain relief was not available. This meant there were no stated actions on how to manage this. Daily records for both people did not mention whether they were pain free to demonstrate this was being monitored.

The registered manager agreed further improvements were needed in record management.

This section is primarily information for the provider

✘ Enforcement action we have taken to protect the health, safety and welfare of people using this service

Enforcement actions we have taken

The table below shows enforcement action we have taken because the provider was not meeting the essential standards of quality and safety (or parts of the standards) as shown below.

We have served a warning notice to be met by 18 December 2012	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010
	Records
	How the regulation was not being met: People's care records were not always up-to-date or sufficiently detailed to ensure they were protected from inappropriate care or unsafe treatment.

For more information about the enforcement action we can take, please see our *Enforcement policy* on our website.

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.

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