Inspection Report

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

Holy Name Care Home

Hall Road, Hull, HU6 8AT

Tel: 01482803388

Date of Inspection: 16 July 2013

Date of Publication: August 2013

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard

Details about this location

Registered Provider	Molescroft Nursing Home (Holdings) Limited
Registered Manager	Mrs. Samantha Jayne Crick
Overview of the service	Holy Name Care Home is a purpose built home encompassing a church site, situated in a residential area of North Hull. The home has a number of open plan areas, two conservatories and gardens for people to use. The home was opened in 2012 to provide long term and respite stays for older people who need residential or nursing care. The home is registered for 64 older people, some of whom may have dementia. The home is situated on main public bus routes into Hull City Centre.
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'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 16 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We carried out this inspection in response to information we had received which indicated the provider may not be meeting some of the standards of quality and safety. This was in relation to a the standard of care being provided and the management of medicines.

We spoke with people who used the service who told us they received a good standard of care. One person told us,"If I use the call bell it does not take long before someone comes to see me." Another person told us, "I am quite independent and I can go to the toilet myself if I need to". A third person told us, "Staff are very good here, they see to things quickly."

Staff we spoke with were knowledgeable about the individual needs of people who used the service and gave consistent accounts of how they were supported. We saw several good examples of interactions between staff and people who used the service. We found people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We also looked at the management of medicines. We observed people being given their morning and lunchtime medicines. Staff carried out the task in the morning by visiting people in their bedrooms and then later we observed staff administering medicines in the dining area. On both occasions we saw staff carry out the task of administering medicines safely and spoke to people in a kind and respectful way. They patiently waited and stayed with the person to make sure that medicines were properly swallowed and correctly signed the medicine chart afterwards. We saw that medication was dispensed on an individual basis and people were seen to take their medication before staff left them.

We spoke to three people who used the service in the dining area who told us they were happy with the way their medication had been administered. One person who used the service told us, "I have medication twice a day and they bring the medication to me." Another person said, "I have my medication after eight o clock in the morning during breakfast." One other person said,"I have my medication with water."

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

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.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We reviewed this outcome in response to information we had received which indicated the provider may not be meeting some of the standards of quality and safety. This was in relation to the time taken by staff to answer the call bell and the standard of care being provided.

We looked at five care plans of people who used the service. Each care plan was person centred and set out in detail healthcare, personal and social care needs. For example, we saw that people's likes, dislikes were recorded along with their current medication assessments.

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

We looked at risk assessments regarding peoples' health and safety. For example, we saw moving and handling and nutrition needs had been assessed. One person who used the service was weighed every two weeks as part of their nutritional risk assessment. Another person who used the service had a continence care plan in place. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Records showed that people were referred to health care professionals when necessary. We saw multi-disciplinary team notes of one person's fluid and food intake which showed it had improved. We also saw notes of an end of life programme for one person. This ensured the persons care needs were being met in accordance with their wishes.

Staff we spoke with were knowledgeable about the individual needs of people who used the service and gave consistent accounts of how people were supported. We saw several good examples of interactions between staff and people who used the service.

In the dining area we spoke with three people who told us they were pleased with the care and welfare they had received. Comments included, "If I use the call bell it does not take long before someone comes to see me ", "I am quite independent and I can go to the toilet myself if I need to" and "Staff are very good here, they see to things quickly."

The manager told us that there were a number of staff on annual leave, but we saw there were sufficient staff to meet peoples' needs and manage the home safely. The service was also able to draw on support and staff from its other home nearby.

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

We reviewed this outcome in response to information we had received which indicated the provider may not be meeting some of the standards of quality and safety. The information indicated that some people who used the service may not have been given their medication as prescribed. We looked at the management of medicines, records and the storage of medicines.

We observed people receiving their morning and lunchtime medicines. Staff carried out the task in the morning by visiting people in their bedrooms and then later we observed staff administering medicines in the dining area. On both occasions we saw staff administered medicines safely and spoke to people in a kind and respectful way. They patiently waited and stayed with the person to make sure that medicines were properly swallowed and correctly signed the medicine chart afterwards. We saw that medication was dispensed on an individual basis and people were seen to take their medication before staff left them.

Medication was given using a monitored dosage system (MDS). This is where tablets and capsules had been sealed within blister packs. This system simplifies the medication administration process as they are already counted and packed into separate compartments ready for use and are usually colour coded for morning, afternoon, evening and night time doses.

Staff made appropriate entries in the person's medication administration record (MAR) before moving on to the next person. This meant that people were protected from the risks associated with unsafe use and management of medicines. We did not see any people refuse their medicine. There was provision on the medicine chart to record if a person refused to take their medication.

We looked at five care plans and saw medication files which contained a profile of people who used the service and a description of any medical condition, diagnoses and allergies. We saw details of the supplying pharmacy and prescribing doctors. These files also listed the name of the medicine, the dosage required and for what the treatment was for.

Medicines were kept safely. We found medicines were kept at temperatures, which met

manufacturers recommendations. Medication was stored in the fridge appropriately. We found supplements, eye drops, insulin and creams for dressing. The care worker told us, "If the temperature goes over the recommended level we ring the pharmacy for advice." Records showed temperature checks of the medication fridge were being carried out. We also saw weekly medication checks which recorded the number of tablets received and administered. Any medication which was out of date was returned to the pharmacy. Medicines were therefore disposed of appropriately.

The keys to all of the medication cabinets were kept securely by the member of staff on duty and these were handed over to the next member of staff on duty. This meant that keys were never taken off the premises and the medication cabinets were never unlocked or unattended when medicines had been administered. The member of staff we spoke with told us about the handover process which ensured the recording and administration of medicine was checked daily. Controlled drugs were contained in their own secure cabinet within the stock cupboard and was secured to the wall. We also saw the medicine trolleys were also locked and secured.

The manager told us there were nine members of staff that could administer medicines with two further bank staff if required. All training was done through the local pharmacy. The manager said, "We need to get the right staff to do this training who we feel have the competencies. Once staff have had their training they are taken on at least six drug rounds before they are able to administer medicines themselves."

We spoke with three people who used the service who told us they were happy with the way their medication was being administered. Comments included, "I have medication twice a day and they bring the medication to me", "I have my medication after eight o clock in the morning during breakfast" and "I have my medication with water."

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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