Inspection Report

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

Gainsborough Care Home

53 Ulwell Road, Swanage, BH19 1LQ

Tel: 01305769418

Date of Inspection: 18 February 2014

Date of Publication: March 2014

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

Management of medicines	✖ Enforcement action taken

Details about this location

Registered Provider	Gainsborough Care Home Ltd
Registered Manager	Mrs. Deborah O'Keefe
Overview of the service	Gainsborough care home is located in Swanage, Dorset. Accommodation is provided over two floors accessible via a passenger lift.
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 18 February 2014, observed how people were being cared for and talked with staff. We reviewed information sent to us by other authorities.

What people told us and what we found

The home had not made appropriate arrangements to ensure people's medicines were administered safely.

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

What we have told the provider to do

We have referred our findings to Local Authority: Safeguarding. We will check to make sure that action is taken to meet the essential standards.

We have taken enforcement action against Gainsborough Care Home 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 ✖ Enforcement action taken

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 unsafe use and management of medicines as the provider had not made appropriate arrangements for recording, using, safekeeping, dispensing and safe administration of medicines.

We have judged that this has a major 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

We carried out an inspection of this standard as we had received concerning information that a person had not received their prescribed medicines for two days. We spoke with the registered manager who confirmed that the person had not received their medicine and no medical advice had been sought at the time to establish whether the person could come to harm in the absence of their prescribed medicines. The registered manager told us that they had spoken with the staff involved and reminded them of the importance of seeking medical advice. We spoke with people who used the service, however their feedback did not relate to this standard.

Medicines were stored securely. We saw that medicines were stored in lockable cabinets and trolleys. Medicine trolleys were kept in a locked room and secured to the wall when not in use. Keys to access medicines were held by designated staff and passed hand to hand between staff at the change of shift. The registered manager told us that only trained staff were able to administer medicines. We saw records which evidenced that staff competence to administer medicines had been checked by the provider.

Medicines which required refrigeration were not always stored in a refrigerator. The home had a designated pharmacy refrigerator. We found that the temperatures of this refrigerator were regularly checked and the refrigerator was operating within a safe temperature range. The refrigerator was stocked with three medicines which were administered by the community nursing service. We found one person's medicine, which required refrigeration was stored outside of the refrigerator. This meant that medicines were not stored according to the manufacturer's instructions.

Medicines were not administered safely. For example, we saw, on four separate occasions, one member of staff dispensing medicines and another member of staff administering the medicine. We spoke with the registered nurse on duty who confirmed that they had dispensed peoples' medicines and another member of staff had administered them. This increased the risk of error. The home did not have effective arrangements to ensure medicine rounds were not disturbed. We saw three staff talking around the medicines trolley during the medicines round on three separate occasions. This increased the risk of error as the staff attention was not focused.

Medicines were not always used or administered safely. For example, three people living at the home took a medicine which stopped their blood from clotting. The registered manager told us a GP would advise of changes in the dosage of this medicine by verbal instruction via the telephone. The registered manager told us the dosage would be changed and administered in line with the verbal instruction. This meant that there were not appropriate arrangements for the safe administration of medicines as dosages were changed without written confirmation. Another person took a medicine which was supplied as a capsule. Staff told us they emptied the contents of medicine capsule and administered it covertly. There was no evidence that a health care professional had been consulted with regards to changing the composition of this medicine. The person's medicine administration record did not detail any instruction to administer only the contents of the medicine capsule. This method of administration may have affected how the medicine worked.

People's medicines were not always administered. For example, we saw that three people had not been given all of their medicines as prescribed during the week prior to this inspection. We found that some medicines remained in the person's monitored dosage system indicating that they had not been administered. However, we looked at these people's medicine administration records which showed these medicines were signed as administered. This meant that there were not appropriate arrangements for the safe administration and recording of medicines.

The home did not have appropriate arrangements to ensure that people did not receive medicines in excess of which they were prescribed. For example, one person had a pain relieving medicine which was prescribed regularly. This person also had a care plan stating that the same medicine could also be given on a 'when required' basis. There was risk that this person could be given excessive medicine which could cause them harm.

The home did not have appropriate arrangements for recording medicines. The provider's medicines policy stated that all hand written entries onto people's medicine administration record should be signed by two competent members of staff. However, we found that four people's records contained hand written entries which were not signed by two staff.

Medicines were not always administered at the prescribed time. We looked at people's medicine administration records which stated that people's morning medicines should be given at 0800hrs. We saw that people's medicines were still being administered at 1120hrs. The registered manager told us that it was the registered nurse's first day in the home but agreed that this was poor practice. This meant that the provider had not made appropriate arrangements for dispensing and safe administration of medicines.

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 28 March 2014 This action has been taken in relation to:	
Regulated activities	Regulation or section of the Act
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines** **How the regulation was not being met:** People were not protected against the risks associated with the unsafe use and management of medicines, as the provider had not made appropriate arrangements for the recording, using, safekeeping, dispensing and safe administration of medicines. Regulation 13.

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 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

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