

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

Kestrel Grove Nursing Home

Hive Road, Bushey Heath, Bushey, WD23 1JQ

Tel: 02089504329

Date of Inspection: 06 March 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

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

Meeting nutritional needs ✓ Met this standard

Management of medicines ✓ Met this standard

Supporting workers ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	P M Tripp
Registered Manager	Miss Monika Gilice
Overview of the service	Kestrel Grove provides accommodation for people who require nursing and or personal care.
Type of services	Care home service with nursing Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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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 6 March 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 and talked with staff.

What people told us and what we found

People we spoke to were satisfied with the care they received and found the staff to be friendly and helpful. One person told us, "The staff are quite good, excellent really; they're always friendly and helpful" and that "the food is okay, on the whole it's quite good, there are lots of activities to do here and we have a happy hour with drinks". Another person told us, "The staff are excellent, the carers really do 'care', they respect your dignity, the food is good and you get a choice, but it's not always hot though. The staff go to a lot of bother". People were satisfied that there was plenty of activities if they wanted to get involved. People told us how their privacy and dignity was respected and that staff always closed the doors when they're helping with personal care. Although some people told us that not all staff knock and wait before entering their room.

We observed the home to be visibly clean on the day of our visit; all the people appeared to have had their personal care needs met.

Staff told us how they enjoyed working at the home and felt supported by management.

Overall the service was meeting standards although we did make some minor comments to the provider with regards to care plans, audits and the training record for one person.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People were supported to maintain their independence and involvement in activities around the home. For example we were shown an activity timetable. Activities were held each weekday and included occasional visits from external entertainers. On the day of our visit a band had been organised which was attended by many of the people who used the service.

We observed good interactions between staff and people who used the service and staff demonstrated a good knowledge and understanding of people's individual needs. Staff told us how they kept the doors and curtains closed when providing personal care to ensure people's privacy and dignity was maintained. Although the provider may find it useful to note that some people told us that not all staff knocked and waited before entering their room.

People's care plans contained a section which included their personal information and there was evidence that consideration had been given to ensure people's needs were met. A patient / relative survey had been conducted, feedback was largely positive and there was no requirement for any action to be taken. People living at the home had the opportunity to attend meetings to discuss the service they received. Discussions at meetings and action taken was recorded.

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 observed care being provided and saw that staff interacted well with people and provided assistance when they required it. We found that staff had a good understanding of people's care needs and talked confidently about each individual and knew them well. Referrals were made to other health professionals as required and we saw evidence of this.

People told us that they had a good standard of care and if they needed anything that staff would assist them. We saw that staff supported residents throughout the day, for example, by making tea or helping them with their personal care. Staff responded when people asked for assistance. Staff had access to equipment needed such as hoists; there were also assisted exercise bikes which people were encouraged to use to promote good circulation.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drinks. We were told that meat and fish were purchased from a local butcher and fishmonger and delivered each day and that fresh fruit and vegetables were also purchased daily. A menu was available for people to choose their meals from. People were asked what they wanted to eat for each meal. We observed the lunchtime meal for residents; people were a choice of drinks with their meal and offered more food or an alternative if they required it.

The provider may find it useful to note that some people told us that the food was not always hot. We observed one person in the dining room who complained that their food was not hot. A staff member immediately took the person's plate back to the kitchen and asked for a replacement meal.

A small number of people had additional nutritional supplements or replacement meals and details of these were recorded in their food and fluid charts. We saw that referrals had been made to a dietician or speech and language team as required. People who needed help were supported to be able to eat and drink sufficient amounts to meet their needs.

We observed that a varied menu was available and we were told that alternatives were offered if people did not want what was on the menu. The chef had a good understanding of people's dietary needs such as diabetes or celiac disease. People with religious preferences were catered for.

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

Medication was stored in a locked cupboard in each section of the home. Controlled drugs were stored in a separate locked cupboard. Only the nurses responsible for administering medication had access to the cupboards.

We found that administration of controlled drugs was recorded in line with requirements, and was appropriately stored and regularly checked.

People's medication sheets agreed with their prescribed medication. We were told by people using the service that it was always a nurse who administered their medication. Staff told us that when a person had medication with their food, the nurse would record this and give the medication to the carer who was supporting them with their meal.

Monthly medication audits were undertaken by one of the nurses and the provider monitored these annually.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Staff told us that they attended regular training sessions. We reviewed a sample of training records and found that a range of training was provided for staff including, infection control, dementia, end of life care, pressure ulcers and moving and handling for example. The provider may find it useful to note that the first aid training for one of the staff files we reviewed was overdue.

Supervisions were held on a regular basis and appraisals annually. Staff told us that they found this process helpful and that they could talk to their supervisor at any time if they needed to.

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to ensure people's medical records were accurate and fit for purpose.

Reasons for our judgement

People's health and care records were stored in the management office which was kept locked when not in use. However a summary care plan was accessible to all care staff which was located on each wing in an open tray. Therefore there was a risk that someone living at the home or a visitor could read another person's summary care plan and this may go unnoticed. The provider may find it useful to note that summary care plans should also be held securely and remain confidential.

The home was in the process of transferring records to an electronic system. Electronic records could be accessed by nursing staff and a password was required to access the system. We were told that the system was backed up continuously. We found that in general, people's personal records including medical records were accurate and fit for purpose. People's files were regularly reviewed and updated. However we found that one person who was at risk of developing a pressure sore and had poor skin integrity had minimal detail of how this was being managed. We found that there were some daily entries as to the care provided, but this was not consistently recorded each day. There were no ongoing accurate monitoring of this person's skin condition. For example, a body map or photos had not been completed or taken for approximately one month. It was not possible to confirm from the records available whether care had always been provided to this person as it had not always been recorded. The provider may find it useful to note that a lack of proper information may put people at risk of poor care. The provider may find it useful to note that we were shown evidence that care plans had been audited in November 2012, although the focus was on whether records were on the computer or not. A more detailed audit should be in place to ensure all relevant sections of care plans are in place and have been accurately completed. This will ensure that people who use the service are protected against the risks of unsafe or inappropriate care.

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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