

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

Fulford Nursing Home

43 Heslington Lane, Fulford, York, YO10 4HN

Tel: 01904654269

Date of Inspection: 24 July 2014

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

Cleanliness and infection control



Met this standard

Details about this location

Registered Provider	Mr Raymond Hancock
Registered Manager	Mrs Donna Crockford
Overview of the service	Fulford Nursing Home provides nursing care for up to 28 people. It is situated on the outskirts of York at Fulford. There is a small car park for visitors to use. Local shops are available to people that use the service in the Fulford area and there is a bus service into York.
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

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Fulford Nursing Home had taken action to meet the following essential standards:

- Cleanliness and infection control

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 24 July 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Our inspector visited the service to check on the progress the provider had made in relation to regulation 12: infection control. The visit enabled the inspector to answer the question 'Is the service safe' with regard to infection control?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with the manager and staff supporting people and from looking at records.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

We found that the service had improved greatly with regard to compliance with the regulation on infection control. New equipment and infection control items, such as disposable hoist slings, disposable mop heads, commodes, bed mattresses etc. had been purchased.

Cleaning schedules had been produced in greater detail and records of all the cleaning that had been completed had also been maintained more thoroughly and accurately.

Equipment (lifting hoists, suction machine) and peoples' personal mobility items (wheelchairs, walking frames) had all been cleaned and included on the cleaning schedule.

New working regimes had been established and implemented and staff practices had improved greatly with regard to ensuring people that used the service were safe when it came to reducing the risks of harm from infection.

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

Cleanliness and infection control

✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

At our last inspection in May 2014 we had found the service to be non-compliant with the regulation on infection control, and we had made a compliance action for the provider to take action on. The provider had sent us an action plan which showed what action had already been taken since our inspection and what the service planned to do before the end of June 2014. The action plan was detailed and addressed all of the points we had made under the compliance action.

At this inspection in July 2014 we spoke with the manager and staff about infection control practices and we looked around the premises to assess the improvements that had been made with assuring infection control standards. We said 'hello' to some people that used the service, but their feedback was not in relation to this standard. They simply passed the time of day with us in relation to the hot weather we were having.

The manager and staff told us what had been done to achieve compliance with regulation 12 and when we looked around the premises we found that what they told us about had been carried out and had been maintained. They told us that the management team had been meeting each month to set up and implement a more effective auditing system to check on the premises and staff practices in relation to infection control. We saw cleaning audits that had been completed in June 2014 and were told that an infection control 'lead' had been appointed.

The manager and staff told us about a new way of working at the start of the day which meant care staff assisted people to rise, wash dress and take breakfast, then the staff stripped peoples' beds and removed any dirty laundry to the laundry room. The cleaning staff then proceeded to wash down mattresses with soap and water, cleaned the room (flooring and en-suite toilet etc.) and then made up the bed with clean linen. This was now done every day. We saw a room that had been made ready by care staff and compared it

to one that had been cleaned and the bed made up by cleaning staff. There was a visible and satisfactory difference in the finished result.

We saw that bedrooms no longer contained peoples' possessions stored on the floor, which enabled the cleaners to achieve a higher standard of daily cleaning. We saw continence equipment stored in peoples' rooms on shelves where possible or on the top of wardrobes. However, the manager told us they disliked this arrangement as it was undignified for people to always be reminded of the fact that they required these items. Discussion followed about more appropriate storage of these items and the provider and manager decided to assess the best and most appropriate place to store them. They told us they would demonstrate their reasons for choosing a more appropriate place and make sure this was recorded in each care file for people that used the service and required them.

We found that all medical devices and equipment in use (including the suction machine, wheelchairs and walking frames, bed safety rails and safety mats, new bed mattresses, commodes, slide sheets and hoist slings) had been thoroughly cleaned and these items were listed on the general cleaning schedule, so that they were regularly cleaned for people to use.

We looked at a sample of the general cleaning schedule and records held and saw that they had been regularly completed by the staff after each area or item of equipment had been cleaned. There were separate records held in bedrooms to show the amount of monitoring of cleaning that was being carried out. We saw that the suction machine had been cleaned every month by a staff member on night duty and that sling hoists had been issued to individual people or unoccupied bedrooms. The manager informed us that the provider had ordered some single use disposable hoist slings and these would be used by all people that needed support with their mobility. One would also be included in the service's 'welcome pack' for those new people to the service that required this support. The pack included information, wash bag with toiletries and dental items.

The service had purchased other items to ensure infection control practices were more effective. These included disposable (one use) cleaning mop heads, new colour coded buckets, new waste bins for bathrooms, some new mattresses and wipe clean duvets and pillows.

Staff told us they were satisfied with the new ways of working, welcomed the new equipment and that they could take pride in what they were now doing.

The handyman told us that certain areas of the premises had been repaired or upgraded. These included dry lining and fitting new flooring to a wheelchair store, blocking up of sink overflows and removing plugs, painting woodwork, fitting new flooring in the sluice room, installing a new macerator machine (for clinical waste disposal), providing new commode pan storage and blocking in of exposed pipework. (Where people that used the service objected to having no plug for the sink in their bedroom, they had signed a disclaimer to say they had requested one for use and that they wavered the risks associated with water collecting in the sink as opposed to constantly flowing down it. Most people were satisfied with individual wash bowls.) The handyman had a maintenance programme to follow which included the redecoration of some areas of the property as well as maintaining a high standard of cleanliness, redecoration and repair.

The staff told us they had received training in effective hand hygiene and the manager said

they had used a piece of equipment that enabled them to check the effectiveness of hand cleaning. The manager said this had been a beneficial exercise. Some staff had completed training in infection control.

People that used the service were safe from the risk of infection.

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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