

Eothen Homes Limited

Eothen Residential Homes - Sutton

Inspection report

31 Worcester Road
Sutton
Surrey
SM2 6PT

Tel: 02086422830
Website: www.eothenhomes.org.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 6 September 2016 at which a breach of legal requirement was found. We found that safe medicines management processes were not followed. We also identified improvements were required around the management of the home including the submission of statutory notifications as required by their CQC registration and the robustness of their quality assurance processes. The service was rated 'requires improvement' overall and in two questions: 'Is the service safe?' and 'Is the service well-led?'. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements. They said they would make the necessary improvements by 9 December 2016.

We undertook an unannounced focused inspection on the 20 December 2016 to check they were meeting legal requirements relating to safe medicines management. This report only covers our findings in relation to this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Eothen Residential Homes - Sutton' on our website at www.cqc.org.uk.

Eothen Residential Homes - Sutton provides accommodation and personal care to up to 37 older people. At the time of the inspection 36 people were using the service, some of whom were living with dementia.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had made improvements and was now meeting the regulation relating to safe care and treatment with regards to medicines management. People received their medicines as prescribed, including their antibiotics. Accurate records were generally kept of medicines administered and the registered manager had improved the stock checking process. However, we found that processes to check medicines stocks were not robust enough in regards to 'when required' medicines. There were no protocols to administer medicines prescribed 'when required' to ensure these were administered in a consistent way and the recording about the administration of topical medicines were not being carried out in a consistent way. After the inspection the registered manager informed us they had extended their stock control measures to include all medicines at the service and were addressing the other issues.

The provider had made improvements in regards to the management of the service. The registered manager had worked with the provider's service manager, the local pharmacist and the pharmacist from the Clinical Commissioning Group to improve medicines management and had introduced procedures to review practice and ensure continuous improvement. Statutory notifications about key events that occurred at the service were submitted in a timely manner as required by their CQC registration.

During this inspection we found that significant improvements had been made to the control measures in

place to review the quality of service provision. These were made promptly after our inspection and were consistently being used to monitor service delivery and reduce the risk to people's safety. We found that people now received care from a service that was well-led. We have changed our rating for the key question 'is the service well-led' from 'requires improvement' to 'good'. However, whilst the provider now met the regulation relating to safe medicines management, some of the systems still required embedding especially in regards to 'when required' medicines and therefore there is not sufficient evidence to show consistent practice. We have not changed the rating for the key question 'is the service safe?' and it remains rated as 'requires improvement'.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service still remained unsafe. Improvements had been made and people now received their medicines as prescribed. In the majority accurate records were kept in regards to medicines administered. Processes had been strengthened in regards to checking stocks of medicines. However further improvement was required in regards to the recording of topical medicines and management of 'when required' medicines.

Requires Improvement ●

Is the service well-led?

The service was now well-led. Improvements had been made to processes to monitor and review the quality of service delivery and the registered manager had ensured that statutory notifications were submitted in a timely manner.

Good ●

Eothen Residential Homes - Sutton

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a focused inspection of Eothen Residential Homes - Sutton on 20 December 2016. This inspection was completed to check that improvements to meet legal requirements planned by the registered provider after our comprehensive inspection on 6 September 2016 had been made. We inspected the service against two of the five questions we ask about services: is the service safe? Is the service well-led?

The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the home. This included the registered provider's action plan, which set out the action they would take to meet legal requirements and the statutory notifications received. These are notifications about key events that occur at the service which the provider is required to send us as part of their CQC registration requirements.

During the inspection we spoke with the registered manager, reviewed management records including medicines audits and looked at the medicines records and stocks for nine people.

Is the service safe?

Our findings

At our last inspection of the service on 6 September 2016 when answering the key question 'is the service safe?' we gave the service a rating of 'requires improvement'. We found the provider in breach of the regulation relating to safe care and treatment. This was because the provider did not ensure safe medicines management processes were consistently followed. People did not always receive their medicines as prescribed, particularly in regards to antibiotics. Accurate records were not maintained in regards to medicines administered, particularly in regards to the administration of topical creams and accurate stock checks were not maintained to account for all medicines.

At this inspection we found sufficient action had been taken to meet the previous breach. People received their medicines as prescribed, including their antibiotics and accurate records were maintained of the medicines prescribed. We saw medicines administered were recorded on a medicine administration record (MAR). The MARs we viewed were completed correctly and accurately, using the correct codes if a person refused their medicines. In addition, separate records were maintained of controlled drugs administered in line with good practice.

The registered manager, in liaison with the local pharmacist, had introduced new forms to provide greater clarity to staff about the application of topical medicines. This instructed staff as to what part of the body the medicines should be applied and how often. These forms were in use and the majority of the time staff recorded when they had applied the topical medicines. We saw some gaps on these forms and some staff continued to tick when the medicine was applied rather than signing. This was not in line with good practice guidance and the registered manager had raised this at a staff meeting on 12 December 2016. The registered manager told us they would continue to monitor this.

The registered manager after our inspection on 6 September 2016 reviewed the stock levels of all medicines and made arrangements with the pharmacy to reduce the amount of medicines on site. In addition the registered manager had introduced arrangements to regularly review the level of stock kept at the service so they knew when new medicines needed ordering and to account for all medicines at the service. We saw monthly stock checks were undertaken. In addition, the amount of tablets that came in individual boxes were counted each time they were administered. For these medicines and the medicines supplied in dosset boxes we saw that stock levels on the day of our inspection were as expected. (Dosset boxes are individualised boxes containing medicines organised into compartments by day and time, so as to simplify the taking of medicines.) However, we saw that there continued to be concerns regarding the checking of stocks of medicines prescribed to be taken 'when required'. This was particularly in regards to paracetamol. After the inspection the registered manager informed us they had extended their process to ensure stocks of all medicines were counted after each administration, including 'when required' medicines.

We found there were no protocols in place to instruct staff as to when to give people their 'when required' medicines so these were given in a consistent way to people. At the time of our inspection the 'when required' medicines were for pain relief or if a person became constipated. Whilst people were able to verbally request their pain relief medicines and bowel charts were kept for people at risk of becoming

constipated to monitor their elimination patterns, there were risks that the medicines would not be consistently administered if clear instructions were not available to staff. After the inspection the registered manager told us they would liaise with their pharmacist to develop protocols for 'when required' medicines.

At our inspection on 6 September 2016 we rated the key question 'is the service safe' as 'requires improvement'. We have not changed the rating for this question. Whilst there has been significant improvement and sufficient action to meet the regulation previously breached, some processes needed to be embedded to ensure consistency in practice.

Is the service well-led?

Our findings

At our last inspection of the service on 6 September 2016 when answering the key question 'is the service well-led?' we did not find the provider in breach of the regulations. However we rated the service as 'requires improvement'. This was because we found that statutory notifications about key events that occurred at the service were not always submitted in a timely manner and processes to monitor the quality of service provision were not significantly robust to identify the concerns we found in regards to medicines management.

Since our last inspection we found that statutory notifications were being submitted as required by the provider's CQC registration. This included notification of deaths, serious injuries and the outcome of Deprivation of Liberty Safeguards (DoLS) applications. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the DoLS.

We also found that improvements had been made in regards to monitoring the quality of service provision. Since our inspection on 6 September 2016 the service manager visited the service every four to six weeks to review service delivery and to identify any areas requiring improvement. Where improvements were identified we saw that the registered manager had made the necessary arrangements to address them.

The registered manager had also taken significant action to review the quality of medicines management. They were working with the pharmacist from the Clinical Commissioning Group (CCG) as part of the Vanguard initiative to review medicines management processes. The Vanguard initiative in care homes was designed to test a new care model which included enhancing the input of healthcare professionals in the home and providing smoother transition when people required attendance at hospital. This included reviewing the suitability of the medicines prescribed and identifying when people may no longer be required to take certain medicines. They had also liaised with the service's GP to review prescribing practices and ensure greater clarity in the 'directions for use' issued with medicines so people received their medicines safely and in a manner that suited their individual needs. The registered manager had also asked the pharmacist from the CCG to observe the staff's medicines administration practices so any further improvement at this stage could be identified and the process could be streamlined.

The registered manager worked with their local pharmacist. This included asking them to do a full medicines management audit. The registered manager had arranged refresher medicines administration training for all staff and had arranged with the local pharmacist for more intensive training for staff who needed additional support or who had been identified as making medicines errors.

The registered manager asked their service manager to do a full medicines audit. This was undertaken in October 2016 and the registered manager had addressed most of the action points identified.

There were sufficient processes in place to ensure ongoing monitoring of the quality of service delivery and the registered manager had shown that prompt action was taken when improvements were identified as

being required. Therefore we have changed the rating for the key question 'is the service well-led' from 'requires improvement' to 'good'.