

Private Medicare Limited

St Marys Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 10 September 2015. At this inspection we identified a breach of regulation. This was because medication had not been recorded safely. We issued a requirement notice to the registered provider in respect of Regulation 12: Safe care and treatment, with regard to medicine management, as the breach was assessed as having a low impact on service users.

We carried out a focused inspection on 20 January 2017 to check whether the registered provider had achieved compliance with the breach we identified. This report covers our findings in relation to the requirement for medicine management. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for St Marys Care Centre on our website at www.cqc.org.uk.

St Marys Care Centre is a purpose-built care home situated in a residential area in Anlaby. The service supports people with long-term nursing care needs and can accommodate a maximum of 60 people. Accommodation is provided in spacious, en-suite rooms with four different room designs. People using the service are provided with a wide variety of communal spaces including lounges, a cinema room, a hairdressing salon, a physiotherapy room, a library and music room.

The registered provider is required to have a registered manager in post and on the day of the inspection the manager who was employed at the home was registered with the Care Quality Commission (CQC). 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.

During this focused inspection we found the staff had completed medicine management training in the last year. This ensured they had the skills and knowledge to safely manage and administer medicines to people using the service. Improvements were seen to the recording of medicines on the medication administration sheets.

The service used a risk based approach to people self-administering their medicines. Those people who had capacity and were able to do this safely were supported by the staff to achieve this goal. The risk assessments gave staff clear and precise information on how to reduce the risk of harm to people and there were detailed care plans for medicine management that reflected and recorded each person's ability and support needs.

We saw these changes resulted in the registered provider meeting the breach of Regulation 12 in respect of medicine management.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Improvements were seen to the recording of medicines on the medication administration sheets and administration practices. People were kept safe as the registered manager audited the medicines regularly and took action, when needed, to make sure best practice guidance was followed by the staff.

Medicine policies and procedures were reviewed and updated and staff completed medicine management training; this was refreshed on a regular basis.

Risk assessments and care plans on medicine management and self-administered medicines gave staff detailed information about people's needs and the care required to offer them effective support.

St Marys Care Centre

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 was meeting the breach of Regulation 12: Safe care and treatment identified at the comprehensive inspection on 10 September 2015.

We undertook a focused inspection of St Marys Care Centre on 20 January 2017. We inspected the service against one of the five questions we ask about services: is the service safe? This was because the service was not meeting legal requirements in relation to that question when we carried out the comprehensive inspection in September 2015.

The inspection was undertaken by one Adult Social Care (ASC) inspector.

Before the inspection we reviewed the information we held about the service, but we did not request a provider information return (PIR) in preparation for this inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At this visit to the service we spoke with the registered manager and three members of staff. We also spoke with one person using the service. This inspection was to look at medicine management practices and record keeping.

We spent time looking at records, which included medication administration record (MAR) charts, two care files, records of staff training and supervision, records of disciplinary actions and medication audits and action plans.

Is the service safe?

Our findings

At our comprehensive inspection on 10 September 2015 we found there was a breach of Regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found unsafe practices around the administration and recording of medicines. We looked at a selection of medicine records on both the nursing and residential units. We saw evidence that staff were signing for medicines and not always administering them. We judged the service impact and risk to people using the service was low and issued the registered provider with a requirement to make improvements.

At the focused inspection carried out on 20 January 2017 we found that the registered provider had made improvements to medicine management and ensured staff followed best practice guidance.

People using the service were able to exercise autonomy around care planning and in their individual care and treatment in relation to managing risk. We saw that the registered manager discussed people's wishes and choices about self-administering their medicines, during the pre-admission process. One person who spoke with us was in the home on a short stay placement. They said, "It is really important to me that I am able to continue to manage and administer my own medicines whilst in St Marys, as when I go back to my own home I need to remember what to do. I was worried that if the staff did this for me then I would get out of my routine and lose my independence around taking medicines in my own home." Their care plan clearly set out their capabilities to self-medicate and what support they would need from staff to enable them to retain as much independence as possible to do this.

We saw that the decision for people to self-administer their own medicines was taken following a risk based approach to care and support. If people had capacity and were assessed as safe and competent to administer their medicines then they signed a risk assessment and consent form. We noted that people had a lockable drawer in their bedrooms to keep medicines safe and one person showed us where their medicines were kept. They demonstrated a good understanding of what medicines they were taking, including how and when to take them. The person said, "I keep the drawer locked and the key with me so that no-one else has access to these."

Improvements had been made to the medicine management practices within the service. We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them, administered by the staff and recorded correctly and disposed of appropriately. The qualified nurses and senior care staff informed us that they had received training on the handling of medicines. This was confirmed by our checks of the staff training plan and staff training files.

We looked at how medicines were managed within the service and checked a selection of medication administration records (MARs). We saw no evidence of missing signatures and our random checks of medicines held in stock showed that these were stored appropriately, and the amount of medicines held matched the records kept by the staff. This indicated that people received their medicines as prescribed.

Controlled drugs (CDs) were regularly audited and stocks recorded accurately. CDs are medicines that are

required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001. Medicines that required storage at a low temperature were kept in a medicine fridge and the temperature of this and the medicine room were checked daily and recorded to monitor that medicine was stored at the correct temperature.

The qualified nurses and senior staff were able to tell us about how they returned unused and unwanted medicines. There was a return medicines book in place and a container for storing return medicines safely, which was picked up by the waste medicines contractor within 72 hours of the staff calling them for a collection.

We saw that the medicines policy and procedure had been reviewed and updated in February 2016; it followed the National Institute of Health and Care Excellence (NICE) guidance on best practice with regard to administering medicines within a care service.

The qualified nurses and senior care staff carried out daily audits on medicines held in the service and any errors, such as a missing signature, were noted and put onto an action plan. We saw evidence that the registered manager wrote to the staff responsible for the errors and addressed the issues raised with them. We noted that staff attended refresher training sessions on medicines management and completed additional supervision. For repeated mistakes the registered manager followed the service's disciplinary procedures. The registered manager told us, "We have seen a rapid drop in mistakes being made since we introduced these measures and staff have become more aware of their own practice; which means the risk to people using the service has been reduced."

We saw these changes resulted in the registered provider meeting the breach of Regulation 12 in respect of medicine management.