

# Parkhaven Trust

# Kyffin Taylor

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This was an unannounced inspection. The service was last inspected in March 2016 and at that time was found in breach of two regulations: Regulation 12, and 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to the safe management of medications and the governance arrangements in the home [how the home was being managed]. We served a warning notice regarding medication.

This inspection was 'focussed' in that we only looked at the three breaches of regulations to see if the home had improved and the breaches were now met. This report only covers our findings in relation to these specific areas / breaches of regulations. They cover only three of the domains we normally inspect; whether the service is 'Safe' 'Responsive' and 'Well led'. The domains 'Effective' 'Caring' were not assessed at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Kyffin Taylor' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

On this inspection, we found improvements had been made and the home had taken action to address the issues identified with regards to medications. There was also action taken to ensure more person centred information was included in peoples care plans. Quality assurance systems were in place to monitor and improve standards in the home had also been improved. The two breaches of regulation were now met.

There was a registered manager 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.

We spent time looking at the medication processes in the home to check if the areas identified in our last report had been improved, and if the warning notice had been met. We saw there were systems in place to monitor and check medications, which were more robust, including additional training for staff.

The provider was able to evidence a series of quality assurance processes and audits carried out internally by staff, the registered manager and the area manager. We found these had been developed to meet the needs of the service.

While improvements had been made we have not revised the overall quality rating for the home. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review the quality rating at the next comprehensive inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The provider had taken action and addressed all of the issues identified during the last inspection. We checked this during this inspection and saw that medication was administered safely and people were receiving medications in accordance with their plan of care by staff training to do so.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'safe' at the next comprehensive inspection.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

People's care plans contained more person centred information and records were accurate and complete.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'responsive' at the next comprehensive inspection.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

The systems for auditing and checking medications had changed and were now more robust incorporating staff checks, checks by the area manager and the registered manager.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'well-led' at the next comprehensive inspection.

**Requires Improvement** ●

# Kyffin Taylor

## **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 checked 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.

This was an unannounced inspection which took place on 5 December 2016. The inspection was undertaken by two adult social care inspectors.

We spoke with the area manager, registered manager and a staff member at the home.

We looked at the medication records for four people, care records for seven people and other documentation relating to the auditing of the home.

# Is the service safe?

## Our findings

We looked at how medication was managed. We saw that people's care plans had been updated and now included a section for staff to document the person's needs with regards to their medicines. We also saw that people had given their signed consent for staff to administer their medicines. We found that medicines were stored safely and adequate stocks were maintained to allow continuity of treatment for people. We found that medication was only handled and administered by senior carers. We looked at a sample of the medicines records for people who were living at the home.

We found that medication administration records (MARs) were all completed accurately with no missing signatures, and detailed information about each person. We saw that MAR sheets were being checked by the senior carer. The registered manager told us this was to check all medication had been given and any errors that were found could be corrected and investigated. We saw that regular stock checks were being carried out on medicines by the registered manager, which took place every week and a quarterly audit had been completed by the operations manager.

MAR sheets had been adapted so they included the amount of medicines carried over from the previous month. The registered manager told us this was to ensure the medication stock levels were monitored and accurate.

The CCG audited medication practices twice annually. We saw a record of this in which no concerns were raised.

We saw that one person was being prescribed medications covertly (disguised in food or drink) and we saw the home had followed the principles of the Mental Capacity Act before making the decision.

We observed medications were given at the correct times and as directed. For example, if people were required to have their medications before food, we saw this was actioned and there was a reminder for staff to follow in the front of the medication file as an extra precaution.

We saw that the wearing of a red 'tabard' had been introduced for staff who were administering medications to minimise the risk of them being disturbed by other staff members while they were completing this task. We asked the staff member on duty if they felt this helped and they told us it did.

We spoke to one staff member who confirmed that they had undergone additional training in medication, which they had found useful. The registered manager had also attended an in depth training course around medication administration. The staff member also confirmed that medication competency was discussed as part of the supervision process.

We checked the storage areas for medications; we saw that it was clean, tidy and well ventilated. We checked the temperature of the fridge, we saw this was being recorded daily and saw that sometimes the temperature was higher than usual. This was a new fridge and we saw that the registered manager was

seeking advice from the manufacturer regarding this. We also saw that a window in the medication room was not as secure as it could be, the registered manager agreed to contact the maintenance person straight away and rectify this.

Based on these examples, we found the provider was no longer in breach of regulation and had met the warning notice.

## Is the service responsive?

### Our findings

During our last inspection, we found the information in people's care plans was not person centred enough and there were some gaps in the recording of people's information and records were not always completed accurately. We found the provider in breach of this regulation.

During this inspection, we looked at a sample of care plans and saw that information had been reviewed and more person centred information had been included. For example, we saw that one person had a plan in place to monitor their behaviour, including what strategies and interventions the staff must offer to support this person. We saw the triggers of the behaviour had been clearly documented in their plan, and also at what stage the staff should offer additional medication to this person.

We also saw that where people required support with their positioning due to a risk of skin breakdown, this was recorded in turn charts. We saw the charts had been completed in full, and there were no gaps. Fluid balance charts had also been completed for people who required them, and there were no gaps or missing information in these. People were being weighed weekly and any changes in weight were documented, along with the course of action taken. If for example, the person had lost weight, appropriate referrals were made to dieticians.

These examples mean that records relating to people's care were being regularly updated and the provider was no longer in breach of this regulation.

## Is the service well-led?

### Our findings

At our previous visit in March 2016 we had some concerns about the checking and auditing systems in the home as they had failed to effectively monitor key aspects of the running of the home such as identifying medication concerns and the information in people's care plans not being person centred enough.

On this inspection, we checked to make sure improvements had been carried out. We found improvements had been made and medications were now managed well and there were auditing systems which had been in place since April 2016, which had been effective. For example, we saw that any discrepancies were picked up on by the registered manager and an action was put into place to correct this. There were also additional audits being completed by the area manager, who would view a sample of MAR charts and go through a detailed check of compliance. Care plans we saw were reviewed monthly and any changes to people's need were incorporated into their plan of care.

The provider was no longer in breach of this regulation.