Heritage Care Limited

The Croft

Inspection report

The Penningtons
Chestnut Lane
Amersham
Bucks
HP6 6EJ
Tel: 01494 732500
Website: www.heritagecare.co.uk

Date of inspection visit: 11 & 13 May 2015
Date of publication: 31/07/2015

Ratings

Is the service safe?	Requires improvement

Overall summary

This unannounced inspection took place over two days, the 11th and 13 May 2015. The inspection was carried out to assess if the service was offering safe care to people. This followed a notification received from the service on the 18 February 2015 about a serious medicines error.

This report only covers our findings in respect of whether the service was providing people with safe care. The most recent comprehensive inspection of the service took place in November 2013 when it was found the service had failed to meet required standards in respect of its support for staff. We carried out a further inspection in March 2014 when we found the service had taken the required action to address this. You can access reports on those inspection visits by selecting the 'all reports' link for The Croft on the Care Quality Commission (CQC) website at www.cqc.org.uk

The Croft provides residential care without nursing for up to 60 people. There were 53 people living at the home at the time of our inspection.

The service has a registered manager. A registered manager is a person who has registered with the CQC 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 a service is run.

We found there had been improvements made following a recent serious medicines error. However, there were still areas of the service's medicines procedures and recording practice which needed improvement in order to maintain people's safety consistently.

The risk assessment process to identify risks to people and how they were to be eliminated or managed was not always being carried out or recorded. This meant people were not consistently being protected from identifiable risks to their health and safety.

Staffing levels were being maintained at the level assessed as safe by the service. This was being accomplished by the significant use of temporary agency staff. The service tried to use agency staff who were familiar with the service and people who received care

Summary of findings

and support. However, the lack of permanent staff meant people could not always receive care from a consistent team of care staff who they were familiar with and who knew how they liked their care to be provided.

People were protected by the recruitment process and training of new staff, which included infection control training. This meant they had the necessary skills and support to provide effective and safe care.

People were protected from abuse, including financial abuse, because the provider had effective staff training, systems and procedures in place.

Summary of findings

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 not consistently safe.

People were not being consistently protected from the risks associated with the management of their medicines.

Risks to people were not being consistently assessed or recorded. Plans to eliminate or manage risks to people were not being consistently recorded.

Staff levels were being maintained at the levels assessed as safe through the use of temporary agency staff.

Requires improvement

The Croft

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 legal requirements and regulations associated with the Health and Social Care Act 2008, to assess if the service was offering safe care to people and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed all the current information we held about the service, including details of the medicines error notification sent to us by them. We also spoke with the local authority about support being provided to the service.

The inspection took place over two days, the 11th and 13th May 2015. On the first day one inspector looked at staffing records, four care records, three staff recruitment records and staff safeguarding training records. We looked at how the service managed people's money and spoke with the administrator responsible for this. We talked with the home's registered manager, a deputy manager and a senior manager from Heritage Care. We spoke with five care staff and three people who lived at the Croft. We also spoke with a visiting health care professional and one relative who was visiting the home.

On the second day, a pharmacist inspector for CQC looked at the systems in place for managing medicines; spoke to staff involved in the administration of medicines, looked at the training for staff around the administration of medicines, watched a medicine administration round and examined 13 people's medicines administration records (MAR charts).

Requires improvement

Is the service safe?

Our findings

The service was not consistently safe.

Whilst medicines, including controlled medicines, were stored safely and securely, there was no regular check of the balance of the controlled medicines. Controlled medicines are medicines that require additional controls because of their potential for abuse.

Medicines requiring cold storage were kept in designated refrigerators. The refrigerators' current temperature was being taken daily but the minimum and maximum were not being recorded. This is required to ensure the refrigerators maintain the required temperature for medicines and also to allow the correct action to be taken in the event of a power failure. The home put in place full monitoring of the refrigerators before the inspection was completed. The temperature of the storage room was monitored daily ensuring that medicines were stored at appropriate temperatures and suitable for use.

During our inspection we saw two cases where the allergies recorded on the Medication Administration Record (MAR) chart by the pharmacy did not match the information held by the home and one case where a medicine was unlabelled. There were two examples where medicines had not been administered as they were not available. The care home staff had made the request two weeks previously for further supplies and were following up with the supplying pharmacy during our inspection to ensure that the medicines were available later that day.

The home was working closely with a local pharmacy to provide medicines in a timely manner to people at the home. The manager of the home had met with the pharmacist and procedures were due to change to allow medicines to be delivered into the home with plenty of time to resolve any discrepancies and had put systems in place to ensure that there was sufficient staff available to handle medicines. The home had previously raised issues with the pharmacy with regards to timing of deliveries, accurate labelling of medicines and allergies being recorded correctly on MAR charts.

Administration was recorded clearly on the MAR charts and the team leaders checked after every medicine round that the records were completed accurately. There were no gaps in the signatures for the administration of medicines and where people had not received a medicine the appropriate code or reason had been recorded. However, there were three cases where signatures were on the MAR chart but the medicines remained in the packets. There was not always a balance of medicines in stock recorded on the MAR chart which made it difficult to check whether medicines were being administered as prescribed.

MAR charts did not always accurately reflect the time at which medicines were administered. If changes were made to the printed MAR charts by hand, then the hand written amendments were not always checked for accuracy and signed accordingly.

In cases where people were receiving warfarin, the MAR charts had been completed accurately but there was not always a record of the documentation supplied by the anticoagulant clinic readily available with the MAR chart. This documentation gives the up to date dosing information for staff to refer to, following the results of the most recent blood test.

One person was self-administering some of their own medicines; this allowed them to take them when they wanted to. When we looked at the records the documentation on the MAR chart did not accurately reflect the self-administration, a recognised code had not been used. This may lead to confusion if that person moved to another service provider.

Protocols for the administration of 'as required' (PRN) medicines were not available, although there were some risk assessments in place for some medicines for some people. These protocols provide guidance as to when it is appropriate to administer PRN medicines and ensure that people receive their medicines in a consistent manner.

Topical medicines such as creams and ointments for preservation of skin integrity were being applied and comprehensive documentation of where and when to apply were stored in a separate Topical Medicine Administration Record folder (TMAR). There were two TMAR charts missing for two separate people.

There was a medication management policy but we did not see a record of medicines incidents being maintained within the home, although there was evidence that errors had been reported to safeguarding. Before the inspection was complete, the manager had put into place an incident folder to record all future medicine incidents. Drug recalls and alerts were actioned appropriately by the home's manager.

Requires improvement

Is the service safe?

This was a breach of regulation 12 (1) (2) (f) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All staff involved in the administration of medicines had received appropriate training and had their competency to administer medicines assessed on a regular basis. Systems were in place for the safe administration of medicines.

Following a review of the procedures when people were admitted to the home, the manager of the home was working closely with the pharmacist from the Clinical Commissioning Group (CCG) to put into place a protocol to confirm full details of medicines 24 hours before admission to the home.

Whilst staff said there were adequate staffing levels maintained, they told us this was achieved by heavy reliance on temporary agency staff. There was a concern that at weekends in particular the number of staff who were trained to administer medicines were not always readily available. This put them under additional pressure if they had to cover several units.

One person told us the situation could be "ridiculous" and that medicines staff took significant additional responsibility with inadequate reward for doing so. They noted there were times when medicines were being administered where the staff concerned were interrupted. However, they agreed that only staff who had received the appropriate training were used to provide medicines for people.

The relative we spoke with told us they thought there was a "lack of permanent staff", although their relative's care was good and that care staff; "Really do well".

The manager confirmed agency use was higher than they would like but it enabled the service to run with the required number of staff. They confirmed they used regular agency staff wherever possible. This provided consistency of care to people as the agency staff knew them and the home's procedures.

We looked at staffing rotas and staffing records and found that the planned number of staff were being maintained, with the significant use of agency staff.

Potential risks to people's safety, for example from falls or damage to their skin as a result of pressure, were not always fully recorded in their care plans. Of the four care records we looked at three did not have a completed risk assessment in place. Only one had a falls risk assessment, a skin integrity risk assessment and a moving and handling risk assessment in place. This meant control measures to eliminate or manage risks, where that was possible, were not being consistently recorded.

This was a breach of regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from abuse. Staff told us they had received safeguarding adults training both during their induction and updated regularly thereafter. This was confirmed from training records. Staff were able to explain what might constitute abuse, how they might recognise it and what they would do if they saw or suspected it. There were safeguarding information and contact details readily available for staff and others to refer to.

There were effective staff recruitment processes in place to protect people from the employment of unsuitable people to provide their care and support.

Staff had received training in infection control and we saw they followed good infection control practice throughout our inspection. For example, by wearing appropriate protective clothing when providing care. This helped protect people from the risks associated with acquired infections. We were however told by a permanent member of staff that the use of agency staff who were not familiar with the home's infection control procedures, had meant that on occasions the use of red bags for soiled laundry had been; "A bit hit and miss".

We saw regular maintenance schedules were in place for equipment to ensure it remained safe to use. We saw a fire safety check conformity certificate had been issued in April 2015, a lift service report of April assessed the lift as 'all serviceable; "except for door car rollers", there was a satisfactory landlord's gas safety report of March 2015, there was a 'planned preventative maintenance' certificate for the fire alarm system in place and fire extinguishers had been tested in May 2015.

However, during our visit one of the service's two lifts was not fully working, the automatic fire closure device on the office door was not working because the battery had not been replaced (this was done when we drew this to the attention of senior staff) and the light in the ground floor toilet was not working. The registered manager said there had been some delays in responses to their requests for

Requires improvement

Is the service safe?

minor repairs or maintenance and cited an e mail of January 2015 sent about lighting repairs and a leak in the deputy manager's office which we were told had not yet been attended to.

There was a system in place for the reporting and recording of incidents and accidents and the provider had plans in place to maintain people's health, safety and welfare in the event of a major incident affecting the safe operation of the service, for example outbreaks of infection or the breakdown in key support functions like the laundry.

We looked at the system used to manage people's money where this was held by the service. The system in use involved service and provider level records, one being predominantly paper based and the other system based. These were subject to audit and checking by the local administrator and the provider's financial controller. There had been problems in keeping the service's paper records fully up to date, due to staff sickness and absence. We spoke with the Heritage Care financial controller responsible, who was working with the service administrator to make all records up to date and consistent. There was no evidence or suggestion that people's money was not secure or had in any way been used inappropriately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not consistently provided in a safe way for service users. There were not always sufficient quantities of medicines to ensure people's safety or meet their needs. People were not consistently protected by the proper and safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Risks to people's health and safety were not consistently assessed or recorded and plans for managing risks were not consistently completed.