

Millennium Care (U.K.) Limited Lakeside Nursing & Residential Home

Inspection report

Chorley Road
Worthington
Standish
Lancashire
WN1 2XN

Tel: 01257 422931

Website: www.millennium-care.co.uk

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service well-led?

Good



Overall summary

This inspection took place on 25 August 2015 and was unannounced. We carried out an unannounced comprehensive inspection of this service on 16 January 2015. Breaches of the legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. We found the provider had made improvements and was meeting the legal requirements. This report only covers our findings in relation to those

requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lakeside Nursing and Residential Home on our website at www.cqc.org.uk

Lakeside Nursing and Residential Home is a care home that provides accommodation for up to 50 older people. At the time of our visit there were 47 people living at the home. It is located close to Worthington Lakes and Standish town centre, and is set in extensive grounds. The home has three floors and there is a passenger lift to all levels. The majority of rooms are for single use and some rooms have an en-suite toilet. There are two large lounges, a dining room and a conservatory on the ground floor.

Summary of findings

There was a registered manager in post at the time of our visit. 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.

At our last inspection on 16 January 2015 we found medicines were not always being managed safely and this was a breach of the regulations. The provider had put in place new procedures to help ensure thickeners were used safely. This included an audit of thickeners and clear recording of the consistency that fluids should be thickened to. A new audit of medicines had been introduced that had been completed on a regular basis.

We observed part of the medicines round and saw medicines were administered safely. The provider had carried out assessments for anyone who wished to self-administer their own medicines to help ensure they were able to do so safely and to minimise any potential risk. We checked records of medicine administration and saw they had been completed accurately.

There were no 'when required' (PRN) protocols in place and no information on medicines recorded in people's care plans. 'When required' protocols would provide information on when 'when required' medicines should

be administered. Staff were aware when and why these medicines should be given and told us people living in the home were able to tell them when they were required. The registered manager told us 'when required' protocols and information on medicines in care plans would be introduced. We have made a recommendation in relation to the management of 'when required' medicines.

At our inspection on 16 January 2015 we found systems in place were not sufficiently robust to enable the quality and safety of the service to be effectively monitored. The provider had introduced new audits including audits of medicines and controlled drugs. We were told a new audit of care plans additional to the homes main audit was due to be introduced.

We saw audits had identified areas for improvement and that action had been taken to implement those improvements. For example, we saw the medicines audit had identified that staff had not recorded the dose given for variable dose medicines, and we saw a prompt had been put in the medicines file to remind staff to do this. The main audit carried out covered a wide range of areas and had been signed off by the operational manager. Systems were in place to enable the monitoring of training and supervision staff were receiving.

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?

We found action had been taken to improve safety and the service was meeting the requirements of the regulations.

We saw new checks had been introduced to help ensure thickeners were used safely. We observed the medicines round and saw safe procedures were followed when administering medicines.

There were no 'when required' (PRN) protocols in place to tell staff when to administer these medicines. However, staff we spoke with were aware of when these medicines were required.

Medicines, including controlled drugs were being stored safely. The service had obtained lockable storage so that creams could be kept safely in people's rooms.

We could not improve the rating for 'safe' from requires improvement because to do so requires consistent good practice over time. We will check this at our next planned comprehensive inspection.

Requires improvement



Is the service well-led?

We found action had been taken to improve how well-led the service was. The service was meeting the requirements of the regulations.

New audits had been introduced, including a new medicines audit. We saw the audit had been effective at identifying where improvements were required and that the registered manager had followed up actions to ensure they had been completed.

The main audit covered a range of areas including safeguarding, pressure care, care plans and falls. We saw this had been recently completed.

Systems were in place to monitor that staff training and supervision were up to date.

At our last inspection on 16 January 2015 the registered manager had been in post for around five months. We saw they were in the process of introducing new systems to monitor the quality and safety of the service. We have changed the rating for 'well-led' from requires improvement to good.

Good



Lakeside Nursing & Residential Home

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 an unannounced focused inspection of Lakeside Nursing and Residential Home on 25 August 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our inspection on 16 January 2015 had been made. We

inspected the service against two of the five questions we ask about services: is the service safe and is the service well-led? This is because the service was not meeting some legal requirements.

The inspection team consisted of one adult social care inspector. Before the inspection took place we looked at information we held about the service. This included any notifications of safeguarding or other significant events that the service is required to send us.

During the inspection we spoke with four staff including the registered manager, the deputy manager and two nurses. We looked at the storage of medicines and reviewed documents in relation to medicines including four medication administration records (MARs). We reviewed one care plan and looked at copies of audits carried out by the home. We observed part of the mid-day medicines round.

Is the service safe?

Our findings

At our last inspection on 16 January 2015 we found there to be a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the safe management of medicines. This corresponds to Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found medicines were not always managed safely. One person had been given thickener prescribed for another person and details of how it should be used were not accurately recorded in the person's care plan. We found some people self-administered medicines and there had been no assessment of their ability to do this or of any risk this may present. We also found that cream medicines were not always stored safely.

We found the provider had made improvements and was meeting the requirements of the regulations.

The service had introduced new procedures to help ensure thickeners were used safely. This included a new audit, which included checks to make sure the correct information and directions on the use of the thickener were in people's care plans. It also included a check to ensure a prescription had been obtained. We saw referrals had been made and advice sought from appropriate specialists such as a speech and language therapist (SALT) where required. This information was accurately recorded in the care plan we looked at. Additional measures to ensure the safe use of thickeners had been put in place such as prompt cards for the tea trolley. The registered manager was aware of a recent patient safety alert in relation to thickeners and we saw this information was available in the audit file.

Since our last inspection the service had obtained locking cabinets in order to keep any cream medicines safely. We saw assessments had been carried out for anyone who was self-administering medicines. Control measures had been identified to reduce any potential risk in relation to self-administration and the assessments had been recently reviewed.

We looked at medication administration records (MARs) and saw these had been completed accurately. Some people were prescribed medicines 'when required' (PRN) and it was recorded on the MAR sheet when doses could be given. However, there were no protocols or care plans in place that detailed in which circumstances 'when required' medicines should be given. The home's medicines policy stated there should be specific care plans in place for any when required medicines. Staff were aware of what the PRN medicines were for and told us the people they supported were able to say when asked if they required the medicine. The registered manager told us they would put protocols in place and that care plans would be updated to include information on medicines.

We recommend the home follows national guidance on the safe management of when required medicines.

We saw medicines were stored safely in a locked medicines trolley in the treatment room. Controlled drugs are medicines that are subject to additional legal controls to ensure their safe storage and administration. We saw controlled drugs were kept in suitable locked storage and that administration had been signed by two staff as required. We checked stocks of controlled drugs and saw they corresponded with that recorded in the controlled drugs register.

We observed the medicines round and saw safe procedures of administration were followed. This included checking the MAR sheet before administration, and checking the prescription label. Staff we spoke with told us if there were any medicines errors these would be reported to the registered manager and that advice from a pharmacist or GP would be sought.

We saw new audits of medicines had been put in place since our last inspection. This included a separate audit of controlled drugs. We saw where issues had been identified through the audit process that actions had been identified and followed up. The registered manager told us the audit had identified that variable doses were not being recorded by staff. We saw a prompt had been put in the medicines file to remind staff to do this.

Is the service well-led?

Our findings

At our last inspection on 16 January 2015 we found there to be a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as the provider did not have effective systems in place to monitor the quality of service delivery. This corresponds to a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection we found there was a single audit in place to cover all aspects of service provision at the home. The audit lacked detail and did not evidence that all identified actions had been followed up. We found that the issues in relation to medicines and a nutritional risk assessment, that had been incorrectly scored, had not been identified by the audit system. At this time the manager had been in post for approximately five months and was in the process of putting in place new systems and procedures.

We found the provider had made improvements and was now meeting requirements of the regulation.

New audits had been introduced since our last visit. There was a new medicines audit in place that covered areas including receipt and storage of medicines, observations of

practice, disposal of medicines, training and records of any refusal of medicines. Additional audits for controlled drugs and thickeners had also been introduced. We saw these audits had been regularly completed and where actions had been identified we saw these had been followed up.

We looked at the main 'house audit' undertaken by the registered manager. This covered areas including pressure care, care plans, end of life care, nutrition, compliments and complaints, falls and safeguarding. The audit had been undertaken regularly and had been reviewed and signed off by the operations manager. The registered manager told us they had devised a separate care plan audit, in addition to the house audit that would put in place.

We saw there was a training matrix and supervision matrix in place. This would enable the registered manager to monitor the support staff were receiving and identify areas where further training may be required. There was an environmental audit in place, which would allow the registered manager to monitor that the home environment was safe and well maintained.

We saw the service was displaying the rating received from their last inspection as is a legal requirement.