

Persona Care and Support Limited

# Spurr House Short Stay Service

## Inspection report

243 Pole Lane  
Bury  
Lancashire  
BL9 8QL

Tel: 01612536767

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on 30 October 2017. The inspection was undertaken by one adult social care inspector.

Spurr House Short Stay Service provides accommodation and personal care for up to 36 older people, some of whom are living with dementia. Care is provided for people who require respite, short term or emergency support. At the time of our inspection there were 26 people staying at the home. The home is a large detached property in its own grounds. All accommodation is on the ground floor and the home is split into four self-contained units, each with their own lounge area.

At our last inspection in June 2017 we rated the service Requires Improvement in the Safe and Well-led domains. This was because we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of Care Quality Commission (Registration) Regulations 2009. We found medicines were not managed effectively and the service had failed to provide all the required notifications to the Care Quality Commission (CQC.) The service was rated Good in Effective, Caring and Responsive domains. Because of the breaches of regulations we found, the service was given an overall rating of Requires Improvement.

Following our inspection in June 2017 we received an action plan from the provider which informed us of what action they intended to take to make the necessary improvements to the service.

During this inspection we checked to see what action had been taken to address the breaches in the regulations and to see if the required improvements had been made. We found that the required improvements had been made.

Medicines were managed safely and people received their medicines as prescribed. Staff had received appropriate training in the safe handling of medicines and had regular assessments of their competency. We found that protocols were in place to guide staff on the administration of "as required medicines" e.g. paracetamol. Daily checks on the storage temperature of all stocks of medicines were carried out and recordings of these checks were complete. We found that since our last inspection the provider had introduced extra checks and auditing of medicines administration. This ensured that any errors were identified in a timely manner. There was a robust system of daily, weekly and monthly monitoring and auditing of medicines administration in place to help improve the quality of the service provided.

The service are required to notify CQC of events such as accidents, serious incidents and safeguarding's. Records we reviewed showed that the service had notified CQC of all events they are required to.

## 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.

Medicines were managed effectively. Staff had been trained in medicines administration and had their competence checked.

### Is the service well-led?

Good ●

The service was well-led.□

All the required notifications had been made to CQC.

There was a robust system in place to audit and monitor the administration of medicines.

# Spurr House Short Stay Service

## **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.

This was an unannounced focussed inspection which took place on the 30 October 2017. The inspection was undertaken by one adult social care inspector.

During our inspection we spoke with the deputy manager, two care workers and the head of operations.

We carried out observations in public areas of the service. We looked at a range of records relating to how the service was managed including medication records, staff training records, quality assurance audits and monitoring.

# Is the service safe?

## Our findings

At our last inspection we found that medicines were not managed effectively. That was because medicines storage temperatures were not always recorded and instructions to staff on when and how to give 'as required' medicine were not always sufficiently detailed. A requirement notice was issued.

During this inspection we looked to see if people received their medicines safely and if the required improvements had been made. We found the breach in regulation had been met.

We saw medicines management policies and procedures were in place to guide staff on the storage and administration of medicines. These gave guidance to staff on ordering and disposing of medicines, administering and managing errors and the action to take if someone refused to take their medicines. We found that staff responsible for administering medicines had received training for the task. There was also a system in place to assess the competence of staff to administer medicines safely.

We saw that all the medicine's rooms were clean and tidy. We noted that the temperature of both the medicine's rooms, medicines trolleys and the medicine's fridge had been checked and recorded daily to ensure that medicines were being stored correctly. We noted that since our last inspection a senior member of staff also signed the temperature check charts at the end of each day. We were told by the operations manager that this was to ensure the temperatures had been recorded appropriately.

We looked at 10 administration records (MAR's) during the inspection. We observed that each person had a MAR chart in place; this included a photograph of the person. All the MAR records we reviewed were completed to indicate if the person had received their medicines. They provided staff with important information about the person health condition, allergies and general practitioner contact details. We saw that all MAR were checked by a senior member of staff at the end of each shift to ensure they indicated that people had received their medicines as prescribed.

The operations manager showed us a new system that had been introduced for recording and dealing with medicines errors. We saw that this included details of what the error was, what action had been taken and discussions and re training for staff involved.

We found that medicines, including controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for their misuse), were stored securely and only suitably qualified staff had access to them. We also noted that all entries in the records for controlled drugs were supported by two staff signatures as is required. We found that all stocks of medicine and controlled drugs medicines we reviewed were accurate. Since our last inspection a new lock had been placed on one of the rooms used to store medicines. This provided additional security.

We found that detailed protocols were in place to guide staff on administration of 'as required' (PRN) medicines, such as pain relief and creams. These explained what the medicine was, the required dose, when the medicine was needed, if the person was able to tell staff they needed it and if not what signs staff

needed to look for. We saw that where creams and lotions were required a 'body map' was in place to indicate where they should be applied. Staff applying the creams and lotions signed a chart in the persons bedroom to indicate it had been applied. This ensured that any 'as required' medicines were being administered safely and appropriately.

## Is the service well-led?

### Our findings

Providers are required to notify CQC of important events including accident, incidents and safeguarding concerns. At our last inspection we found that the service had not made all the required notifications to CQC. This meant CQC were not able to ensure appropriate action to keep people safe had been taken. A requirement notice was issued and we wrote to the provider asking how they would ensure notifications were made in future.

During this inspection we looked to see if the required improvements had been made. We found the requirement action had been addressed.

Before our inspection we looked at records we held of all notifications the service had made to CQC since our last inspection. During our inspection we compared these with records kept by the service. These included all safeguarding and accident and incident logs. Our review of these and other records showed that the service had notified CQC of all events they are required to.

The operations manager told us that since our last inspection the monitoring of notifications had been improved and included a report sent to the board of directors of the company. We saw this detailed any events that would require notification to CQC and confirmed that the required notifications had been made.

We looked at what quality assurance and governance systems the service had for the management of medicines. The operations manager showed us that the provider had improved the daily, weekly and monthly medicines management and audit systems. Records showed that senior staff completed a check of each persons MAR every day and a full audit of three peoples medicines each week, this included risk assessments, MAR and stock checks. Checks on the completion of 'cream' charts were undertaken at each staff handover at the start of each shift. The supplying pharmacist was also visiting the service twice per week to check records and stocks and ensure that the systems in place were being followed.