Jasmine Healthcare Limited

Avenue House Nursing and Care Home

Inspection report

173-175 Avenue Road
Rushden
Northamptonshire
NN10 0SN

Tel: 01933358455
Website: www.avenuehouse.co.uk

Date of inspection visit:
11 April 2017

Date of publication:
09 May 2017

Ratings

Overall rating for this service	Good
Is the service safe?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 11 April 2017. It was unannounced.

Avenue House Nursing and Care Home provides a service for up to 45 older people, who may have a range of care needs, including dementia. There were 35 people living at the service on the day of the inspection.

We carried out an unannounced focused inspection of this service on 4 January 2017 and found that systems were in place to ensure people's daily medicines were managed in a safe way; however these had not always been followed adequately. New systems had been introduced to ensure medication was managed safely, including a change of pharmacy to supply medication to the service. However, the new systems for ordering medication had not yet been fully implemented, resulting in four people running out of prescribed medication prior to this inspection. This was a continued breach of the legal requirement to ensure people's medicines are managed so they receive them safely.

We carried out this inspection to check the progress with the improvements detailed in the action plan. This report only covers our findings in relation to these areas. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Avenue House Nursing and Care Home' on our website at www.cqc.org.uk.

During this inspection we returned to see if the service had made the improvements we asked for and we found that the provider was now meeting this regulation.

The service did not have a registered manager. Since our last inspection, a new manager had been appointed who informed us they were going to apply to register with the CQC soon. They have since left the service and the provider is in the process of recruiting to the position of registered manager. In the interim, the service is being managed by a support manager. 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.

Improvements had been made to the systems in place for recording, administering and storing medication. The provider had introduced improved systems for auditing medication and ensuring a robust overview of stock control and ordering new medication. The processes in place were more robust and more regular audit checks were taking place of all aspects of the medication systems, including recording and disposal. Issues were now identified and addressed in a more timely manner.

Although we found that improvements had been made during this inspection, more time and further work was needed to fully implement and embed required improvements. We have therefore not changed the rating for 'safe' on this occasion, because to do this would require consistent good practice over a sustained period of time. We plan to check these areas again during our next planned 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?

Requires Improvement

The service was not always safe.

The systems and processes in place in respect of medication management had been strengthened.

We have not changed the rating for this area, although some improvements have been made. To improve the rating to Good would require consistent good practice over time. We will check this during our next planned comprehensive inspection.

Avenue House Nursing and Care 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 Avenue House Nursing Home on 11 April 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our 4 January 2017inspection had been made. We inspected the service against one of the five questions we ask about services: is the service Safe? This is because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector.

Before this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received. We also reviewed the report from our previous inspection.

During the inspection we spoke with four people living at the service to gain their views about the care and support that they received. We also spoke with the support manager, the deputy manager and a registered nurse. Throughout the inspection we also carried out observations, including the morning medication round.

We reviewed 10 medication administration records, staff training records for medication competency and other quality assurance procedures, such as checks and audits, to see what systems were in place to manage and improve the administration, recording and storage of medication within the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 4 January 2017, we found that people's medicines were not always managed in a safe way. Four people had run out of a particular medication three days before the inspection. Initial findings indicated that part of the problem was with the ordering system that was being introduced by the new pharmacy. It was also clear from this however, that the actions taken by the service since the last inspection, to ensure medication was managed in a safe way, had not been sufficient.

We found one gap where medication had not been signed for one person the previous evening. We identified some inconsistencies on the Medication Administration Records (MAR) regarding the recording of as required (PRN) medication. There was no evidence that this medication had not been given as prescribed, but some MARs contained clear information about the reason for PRN medication being given, whilst on other occasions, this had not been recorded. This meant that records did not provide full information about the use of such medication. These were continued breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the provider had followed their action plan, to meet shortfalls in relation to the regulatory requirements as described above.

People received their medication on time and told us that their medication was well organised and given in the way in which they wanted. One person said, "I know I will get my tablets." Another person told us, "I can ask for painkillers if I want them." We observed that when medication was administered by staff, this was done in a relaxed manner, with people's decisions being respected and an explanation of the medication given to people, so that they understood what they were taking.

Staff told us that medication administration and the improved systems in place were important and that they had worked hard to make sure that all medication was administered correctly. One staff member said, "We are thorough about medication, we want it to be done right." Another staff member told us, "We have made improvements."

The support manager told us that following visits by the Clinical Commissioning Group (CCG) and the local pharmacy team, they were working to an action plan to address various issues. We found that action had been taken in a timely manner to rectify these areas and make improvements for the benefit of people who used the service. The supply manager also told us, "We have worked hard; we want things to be right." They told us how staff had been retrained in medication competency. Records confirmed that staff had received the required training to ensure they delivered safe care in respect of medication administration.

We found that the action taken included improving communication with the new pharmacy via a named link person, daily auditing of medication and the development of a clear process about ordering medication before it ran out. A senior member of staff had taken the lead for overseeing the management of all medication related processes at the service.

We looked at 10 Medication Administration Records (MAR) and noted that there were no gaps or omissions. The correct codes had been used and when medication had not been administered, the reasons were recorded on the reverse of the charts. It was clearly detailed how many tablets people had been given and the reason for this, so that all staff were aware and people were kept safe. There was evidence that medication stock levels were checked regularly, including controlled drugs.

Staff demonstrated a good awareness of safe processes in terms of medication storage, administration and about the purpose of the medication prescribed for people. Records showed that clear information had been provided for staff regarding people's medication in terms of administration, recording, returns, consent and the purpose of each medication. We saw that medication was stored securely with appropriate facilities for controlled drugs and temperature sensitive medication.

People received their medicines when they should and were kept protected by the safe administration of medicines.