

Caldwell Care Limited

The Firs

Inspection report

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Locks Heath,
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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Overall summary

At our inspection in October 2014, we identified that the service was failing to ensure that medicines were stored appropriately, that an accurate record of the medicines administered was maintained and that medicines were disposed of safely. On the 12 May 2015 we conducted a focused inspection. This inspection found that the required improvements had not been made. In addition we found a number of new concerns in relation to how medicines were managed within the service. After our inspection of 12 May 2015, the provider was served a warning notice. This required the service to be compliant by 31 July 2015.

On the 25 August 2015 we undertook this unannounced focused inspection to check that the breaches of legal requirements, concerning the use and management of medicines, which had resulted in enforcement action, had been addressed. We checked to see that the provider had followed their plan and to confirm that they now met legal requirements.

The Firs Care home provides accommodation for up to 22 older people who are physically frail or may be living with dementia. The home provides long term care, respite care and day care. It does not provide nursing care. Most people needed assistance with managing daily routines such as personal care. A small number of people routinely needed support with eating or support with moving and positioning. The home is located in a residential area of Locks Heath. There is a small car park located at the front and there are accessible gardens. The accommodation is arranged over two floors and there is a lift available for accessing the first floor. There are 16 single rooms and three shared rooms. All of the rooms have ensuite facilities.

The Firs did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager has been appointed and is in the process of applying to CQC to become registered.

The service had improved the use and management of medicines. Medicines were safely stored, administered and recorded as prescribed including the exact quantity administered for variable dose oral medicines.

Supporting information for example allergy information was consistent and protocols were available to support staff with “if required” and “variable dose” medicines

Medicine audits were being effectively used to drive improvements and to ensure that people's medicines were being managed safely.

This report only covers our findings in relation to the focused inspection of 25 August 2015. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk.

We could not improve the overall rating for this service because to do so requires consistent good practice over time. We will consider whether it is appropriate to revise the overall rating awarded to this service during our next planned comprehensive inspection.

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?

Action had been taken to ensure the management of medicines was safe.

Medicines were stored securely and administered safely.

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

Requires improvement



The Firs

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 legal requirements and regulations associated with the Health and Social Care Act 2008. The inspection checked whether the provider had made the necessary improvements following our focused inspection in May 2015.

This inspection took place on 25 August 2015 and was unannounced.

The inspection team consisted of one pharmacist inspector.

The provider had not been asked to complete a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we referred to other information we held about the home to plan the inspection. This included the provider's action plan, which set out the action they intended to take to meet the breaches of the legal requirements identified at our inspections in October 2014 and May 2015.

We spoke with manager, head of care and one care worker. We reviewed the care records of two people and the Medicines Administration Record (MAR) for 13 people. Other records relating the management of the service such as audits were also viewed.

Is the service safe?

Our findings

At our inspection in May 2015, we identified that the service was failing to ensure that adequate information and records relating to use and management of medicines were maintained. On 25 August 2015, we conducted a focused inspection; This inspection found that the required improvements had been made which meant that the provider had met the requirements of the warning notice.

We reviewed the Medicines Administration Records (MAR) for 13 people and their allergy information was consistent between the MAR and the summary sheet. For example, one person was prescribed an EpiPen. An EpiPen is a pre-filled automatic injection device that administers a medicine in the event of a severe allergic reaction. This person's allergy was documented within their MAR; which also contained a protocol to guide staff on the circumstances in which they might need to use the EpiPen.

We found other examples where people were prescribed "as required" or "variable dose" medicines and within their MAR were protocols to support staff understand when and the specific dose of medicine should be administered.

We reviewed 13 current MAR and all regular medicines had been signed as administered or a reason noted for non-administration. During the inspection, we observed the administration of medicines by a care worker, they explained that they "dotted" the MAR when selecting the medicines to be administered and then initialled the MAR once the medicines had been administered. Another care worker showed us and explained the body maps they used to guide staff on which creams should be applied where and when as part as personal care for three people.

We were told that the "covert" or "disguised" administration of medicines was not occurring as the resident previously administered medicines covertly had been reviewed by their GP; who had, simplified and changed the medicines still required to liquid formulations that the resident would take.

The registered manager provided medicines audits undertaken by staff on a weekly basis over the previous two months. These audits demonstrated that actions were taken to resolve concerns identified by the previous audit.