Victoria Nursing Group Limited

Wells Place Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

We carried out a comprehensive inspection of this service on 20 and 24 June 2016 and found a breach of legal requirements in relation to medicines management. As a response to this, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook this focussed inspection on the 2 and 9 March 2017 to check they had met the legal requirements. This report only covers our findings in relation to the requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Wells Place Care Home' on our website at www.cqc.org.uk

Wells Place Care Home is registered to provide accommodation and nursing care for up to 42 older people, some of whom are living with dementia. Accommodation is arranged over three floors, with access to the lower and upper floors via stairs or a passenger lift. 41 people were using the service at the time of this inspection.

The home had a registered manager who was present during the first day of our inspection. 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.

We found there were improvements in how medicines were managed. New audits and checks were in place although further work was required to embed and sustain consistent safe practice. We have not changed the rating for the safe question from requires improvement because to do so requires consistent good practice over time.

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

We found that action had been taken to improve the safety of the service. Previous shortfalls had been addressed around medicines management and the registered manager was taking action to sustain safe practice.

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

Wells Place Care Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Wells Place Care Home on 2 and 9 March 2017. This inspection was done to check that improvements to check that the management of medicines was safe and met legal requirements. 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 at the comprehensive inspection on 20 and 24 June 2016.

Before our inspection we reviewed the information we held about the home and the action plan given to us by the provider following our previous inspection.

The inspection was undertaken by one inspector.

We spoke with the registered manager and six members of staff, which included three nurses, one care worker and two ancillary staff. We reviewed how medicines were managed and the records relating to their receipt, storage, administration and disposal.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in June 2016 we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not follow safe practice for some aspects of medicines management.

At this inspection we found action had been taken to address previous shortfalls, but further work was needed to embed and sustain safe practice.

The registered manager told us further audits and checks had been introduced. She showed us a medicines audit report completed by the supplying pharmacist in January 2017. This noted improvements since their previous visit in July 2016 and there were no required actions. Weekly discussions were held involving GPs, the community pharmacist and nurses to review people's prescribed medicines where needed. Two members of nursing staff had been designated clinical lead roles for medicines management. Records confirmed nurses carried out a medicines audit each month to check that people received their medicines correctly and that staff administered medicines safely. We saw that required actions from these audits had been followed up.

Medicines, including controlled drugs, were stored safely in locked clinical rooms and in separate medicines trolleys, used for administration. Staff checked the room temperatures and designated fridges where medicines were kept on a daily basis.

Whilst further systems to audit and monitor the management of medicines had been put in place, we found these were not always effective. During our first visit, we found discontinued medicines or those that were no longer needed had not always been recorded in the pharmacy returns book. Although the clinical rooms were locked we found supplies of stock medicines, nutritional supplements and topical creams stored haphazardly in the ground floor room. Cupboards, drawers and shelves containing these items were not always labelled. The registered manager acknowledged that these items were not easily accessible to staff and medicines for return may not always be accounted for. The manager took immediate action and arranged for some of the nursing staff to complete a full medicines audit.

At our second visit, we found that all medicines had been checked and accounted for. In the ground floor clinical room, additional storage cupboards had been fitted and all stock medicines were clearly ordered. Shelves had been labelled with people's individual stock medicine items with records of the running balance maintained.

People's prescribed medicines were accurately recorded on medicine administration charts (MAR). MARs were up to date with no gaps showing and all medicines had been signed for. Some people's medicine charts were handwritten and in line with best practice, information had been checked and signed by a second member of staff to reduce the risk of error. Where people were taking medicines that required regular medical checks or observations, this was referred to in medicines records and care plans. For example, where people were prescribed blood thinning medicines and those prescribed for a heart

condition. Staff showed awareness and understanding of the medicines people required and could explain the necessary procedures for managing controlled drugs.

Information about people's prescribed skin creams was included on the MARs although we found the code definition had been used inconsistently for administration. In some cases for example, the code stated "applied by carers" and on others it stated "topical MAR chart." A nurse we spoke with explained this was a recording error and showed us separate topical administration charts which had recently been provided by the pharmacist. These included body maps to ensure that people's prescribed creams would be applied correctly. On the second day of our inspection, this additional documentation had been put in place. The nurse in charge told us that training for care staff was underway and there were plans for a senior care staff to carry out daily checks that topical administration records had been completed.

As required (PRN) medicines are only given when people require them and are not given routinely, for example, for pain relief or anxiety. A PRN protocol describes the circumstances when a person can take a certain medicine so that it can be administered safely and consistently. These were in place although one person's PRN instructions needed additional clarity about what constituted 'agitation' and 'physical aggression'. This was to determine when it was appropriate to administer the medicine and reduce the risk of inappropriate use. The information was included in their care plan but not referred to each time administration was being considered. We discussed this with the nurse in charge who agreed to amend the protocol.

People were supported to manage their own medicines where assessed as safe to do so. One person applied their own creams and risk assessments were in place to ensure these were managed safely.

Care plans for two people receiving covert medicines recorded the reasons why. (Covert is a term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example in food or in a drink.) Staff had involved the prescribing GP and the pharmacist and used the guidelines provided for the covert administration of their medicines. People had mental capacity assessments in their care records and when a person lacked capacity decisions about their care had been recorded in their best interests.

There was up to date policy and guidance about the management of medicines. Registered nurses were responsible for administration and had completed appropriate training. The nurses we spoke with were clear about their roles and responsibilities in relation to medicines. One newly appointed nurse told us they had recently attended a medicines awareness course to refresh their learning. The registered manager told us she planned to carry out more observational checks on staff competency around administration and we saw these were planned for later in the month. In addition two senior care staff were enrolled on a training course for the safe handling of medicines.