M & C Taylforth Properties Ltd

Rossendale Nursing Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of Rossendale on 18 and 19 January 2017. At which a breach of legal requirements was found. This was because the provider had failed to manage people's medicines with a consistently safe approach. The review and check of the health and medication of people diagnosed with medical conditions was poor. We saw controlled drugs were not stored as defined in the Misuse of Drugs Act 1971 (Regulations 2001). At our previous inspection on 15 June 2016, we made a recommendation about the safe storage of creams and ointments. We found this had not been addressed at the inspection on 18 and 19 January 2017. Prescribed fluid thickening powder was left unattended.

After the comprehensive inspection in January 2017, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on 13 September 2017 to check they had followed their plan and to confirm they now met legal requirements.

This report only covers our findings in relation to the latest inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Rossendale Nursing Home' on our website at www.cqc.org.uk.

Rossendale provides nursing care and support for a maximum of 27 older people who may be living with dementia. At the time of our inspection there were 19 people living at the home. Rossendale is situated in a residential area of Lytham St Annes close to local amenities and the promenade. There are four double rooms available for those who wish to share facilities, which include privacy screening. Communal areas consist of three lounges and a separate dining room.

During this inspection, we found the registered manager was improving processes and procedures in relation to medication administration. This included the implementation of an entirely new system of storage, documentation and oversight. We saw medicines, including controlled drugs, food thickening products and creams, were consistently stored securely.

Staff who administered medicines received medication training. The management team set up two files with information, guidance and policies to underpin staff skills and understanding. We observed the nurse administered medication carefully and followed each person's associated care plan. New forms and documents had been introduced, such as monitoring charts and risk assessment, which we found staff had fully completed.

The management team undertook regular audits of all medicines and related general procedures. We saw evidence to show action was taken where issues were identified, such as missing signatures on associated records. The registered manager told us, "Where a staff member is omitting signatures on charts, we will discuss this with them as part of their supervision." The management team worked with the local authority to improve medicines procedures. This showed the registered manager had good oversight systems and worked with other organisations in the improvement and safe administration of people's medicines.

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 action had been taken to improve people's safety

The registered manager had improved medication procedures and oversight of administration to maintain people's safety.

Medication storage and stock levels, including controlled drugs and medicated creams, were secure and correctly documented.

We observed staff administered medicines safely and had a variety of sources of information and training to underpin their skills.

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 during our next planned comprehensive inspection.

Rossendale Nursing 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.

The inspection team consisted of one adult social care inspector.

Prior to our unannounced inspection on 13 September 2017, we reviewed the information we held about Rossendale. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who lived at the home.

We spoke with a range of people about Rossendale. They included two staff members and the acting manager. We did this to gain an overview of processes followed in the administration of medicines.

We also spent time observing staff administering medication and checked relevant training documents. We further reviewed how related system monitoring was completed to check the safety of medication administration.

Requires Improvement

Is the service safe?

Our findings

At our comprehensive inspection of Rossendale on 18 and 19 January 2017, we found the provider failed to ensure a safe, consistent approach to medication administration. At our previous inspection on 15 June 2016, we made a recommendation about the safe storage of creams and ointments. This had not been followed up when we went back on 18 and 19 January 2017. We saw such products were left unsecure in communal washing facilities and people's bedrooms. We further noticed fluid thickening powder was left unattended. Fluid thickening powder is used to thicken drinks for people who have swallowing difficulties. This continued to place those who lived at the home at potential risk of harm.

One person's blood sugar monitoring form had not been completed since November 2016. A staff member told us this was because the individual no longer required their associated medication. This meant the provider had not ensured the review and check of this person's health. We saw controlled drugs were not stored in line and as required with the Misuse of Drugs Act 1971 (Regulations 2001). This was because the designated cupboard was not bolted to the wall and we additionally noted the controlled drug register was incorrect.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

At our focused inspection on 13 September 2017, we found the provider had followed the action plan they had written and were meeting the requirements of the regulation. The registered manager was improving processes and procedures in relation to medication administration.

The management team introduced a new medication policy and procedures folder. This held a set of in-depth, up-to-date processes all staff were required to follow. These covered, for example, the main policy, as well as further procedures related to covert administration, 'when required' medication and controlled drugs. The file included details about various medical conditions that could impact upon the safe administration of medicines. There was a step-by-step guide about how and when to report medication errors to the local safeguarding authority. The folder also held a staff signature list to confirm they had read and understood all the relevant information.

The manager had also set up an information file to enhance staff awareness of medicines management and different types of medication. This contained the National Institute for Clinical Excellence (NICE) guidelines entitled 'Managing Medicines in Care Homes.' The file included 'Patient Information Leaflets' stored in alphabetical order for staff ease of access. These leaflets detailed each individual medication, how it should be administered, what it was for and how it might interact with other medicines. Staff received suitable training to strengthen their awareness.

We reviewed the storage and recording of controlled drugs held at Rossendale. We found the management team had implemented an entirely new system of storage, documentation and oversight. Relevant medication was stored safely and as required. We carried out a stock check and found this was accurate.

The manager or nurse-in-charge completed a weekly audit of records and stock retained at the home. This evidenced the provider had acted upon our concerns and ensured safe procedures were in place.

Throughout our inspection, we noted staff stored creams, ointments and food thickening agents securely. When in use they were never left unattended and were stored correctly once staff had finished with them.

We observed medication was administered one person at a time and the staff member was patient and explained the purpose of each one. The nurse provided a drink and checked the person swallowed their tablets before signing the relevant chart. The medication trolley was locked securely whenever staff were not present. Consequently, the manager and staff demonstrated they protected people from unsafe management of their medicines.

Where medical conditions required additional monitoring the nurse sat with the person to explain what they were going to do. Where applicable, they again explained the medicine they were being given and its purpose. The staff member also completed the monitoring chart, which we found gave good oversight of the person's health and the effectiveness of their medication.

The three Medication Administration Records (MARs) we reviewed were up-to-date and followed required standards. For example, staff documented in each person's specific care plans their support needs and action to assist them. Consent for this was obtained from those who lived at Rossendale or their representatives. Where covert medication was administered, we saw correct procedures and records had been completed. Staff gave covert medicines as a last resort only.

The management team undertook regular audits of all medicines and related general procedures. One of the nurses gave an example of a new check of staff signatures after administering medication. We saw evidence where omissions were reviewed with individual staff. Consequently, signature errors had fallen from 24 per month in April 2017 to seven per month in August 2017. This meant the audits were effective and the service continued working towards minimising clerical errors.

The registered manager worked with the local authority to improve medicines procedures. This included related care planning, medical history and documentation in relation to transfer to hospital to inform ambulance crews about the person's medication. The registered manager added the authority's pharmacist had completed a spot check of how medicines were managed at Rossendale. We saw identified issues from this were addressed by the management team, such as return to pharmacy of overstocked medication. This showed the registered manager worked with other organisations in the improvement and safe administration of people's medicines.

We found action had been taken to improve the effectiveness of the home and to meet the regulations they had breached. However, we have rated this key area as requires improvement because the management team and staff need to demonstrate consistent good practice over time.