Premierbell Limited

Homer Lodge Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced focussed inspection of this service on 16 March 2017. Breaches of legal requirements were found.

At our previous inspection on 21 September 2016 we found that the provider did not have effective systems to assess and monitor the quality of service provided to people. We also found that there were not effective and safe systems in place for the management and administration of medicines. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook a focussed inspection on 16 March 2017 to check that they had followed their plan and to confirm that they now met legal requirements. At our inspection on 16 March 2017 we found the provider had not made the necessary improvements.

This report only covers our findings in relation to those requirements. You can see what action we have told the provider to take at the back of the full version of this report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Homer Lodge on our website at www.cqc.org.uk.

Homer Lodge provides care for older people who have mental and physical health needs. It provides accommodation for up to 47 people who require personal and nursing care. At the time of our inspection there were 31 people living in the home.

At the time of our inspection there was a registered manager in post. 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.

Medicines were not managed safely. Arrangements were not in place to ensure people received their 'as required' medicines (PRN) appropriately. Medicine records were not completed fully.

Systems were not consistently in place to assess and monitor the quality of the service provided for people. The provider told us what actions they would take to make improvements and we found at this inspection that the improvements had not been sufficient to meet legal requirements. The provider had started to carry out some audits on a regular basis however medicine audits did not identify some of the issues we found at this inspection. The provider had not complied with their medicines policy. The provider did not have systems in place to ensure that people received their medicines as prescribed.

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 consistently safe.

Medicines were not managed safely.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

A process for quality review was in place but this had not identified some of the issues we found at this inspection.

The provider had not followed their medicines policy.

Homer Lodge Care Centre

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 comprehensive inspection of Homer Lodge on 21 September 2016. We found the service was not meeting some legal requirements. We carried out a focussed inspection on 16 March 2017. This was completed to check that improvements to meet legal requirements planned by the provider after our inspection in September 2016 had been made. We inspected the service against two of the five questions we ask about services: is the service safe, is the service well led. This is because the service was not meeting some legal requirements in relation to those sections.

The inspection team consisted of two inspectors.

During our inspection we observed care and spoke with the registered manage and two nurses. We looked at three care plans, medicine records for all the people who lived at the home and records of audits.

Requires Improvement

Is the service safe?

Our findings

At our comprehensive inspection in September 2016 we identified that people were not adequately protected against the risks associated with the unsafe use and management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider wrote to us to say what they would do to meet the legal requirements. At this inspection we found that although some improvements had been made since our inspection in September 2016 the provider had not made all the necessary improvements. Arrangements were not in place to safeguard people against the risks associated with the management of medicines.

We looked in detail at the medicine administration records (MAR) for all of the people living in the home. We found that where people were prescribed medicines on a regular basis these were administered as prescribed and records completed accordingly. However where people required 'as required' (PRN) medicines we found records were incomplete and inconsistent.

Information to show the staff how and when to administer these medicines so that they are given in a way that meets people's individual needs (PRN protocols), was starting to be kept. However we found these arrangements were not consistently in place for everyone who was prescribed PRN medicines. This meant that information was not always available to staff to inform them when people required their PRN medicines. People were at risk of not receiving their medicines when they needed them.

PRN protocols were not in place for 17 people. We also found where PRN protocols were in place they were not always fully completed. For example one person had a PRN administration sheet but a protocol had not been completed which meant it was not clear when the person needed PRN medicines. Two other people had PRN protocols in place but they did not detail who had prescribed the medicine or what dose was required. National guidance states that "care home providers should ensure that medicines administration records, (paper-based or electronic) include details of any medicines the resident is taking, including the name of the medicine and its strength, form, dose, how often it is given and where it is given (route of administration)." People were at risk of not receiving the appropriate medicine.

Staff were recording the administration of PRN medicines for the17 people who did not have protocols in place on the MAR. Some people who had PRN protocols in place had their PRN medicines detailed on their MAR with a note to refer the member of staff administering the medicine to the PRN protocol and administration sheet. The PRN protocol included a PRN administration sheet for use instead of the MAR. Other people however did not have their PRN medicines listed on the MAR but on the PRN administration sheet only. This meant it was confusing for staff to know where to find what PRN medicines people were on to ensure they received the medicine that was prescribed for them and where to record when people had been given PRN medicines. It was not clear what system the provider had in place to ensure PRN medicines were given according to people's needs.

Care records did not reflect people's medicine needs. One person had been administering their own medicine. However the registered manager told us they were no longer able to do this. When we looked in the care records we found their care plan had not been updated to reflect this. The person was at risk of not receiving their medicines if staff were not aware of these changes. We saw in the MAR for 13 March 2017 a medicine had not been signed as given and it was unclear from the record whether or not the person had received their medicine.

Another person was recorded as self-administering an inhaler. We saw a care plan had been completed but there was no risk assessment in place to ensure that arrangements were in place to protect the person in the event of them failing to administer their medicine. In addition the care record stated this arrangement should be reviewed on a weekly basis but there was no evidence of this happening. Arrangements were not in place to safeguard people who were administering their own medicines.

A policy was in place to enable staff to administer homely remedies, these are medicines that would normally be available at home for short term management of minor conditions for example paracetamol. However it was not always clear from the documentation if people were receiving medicines as a regular as required (PRN) or homely medicine. This is important because if people are given medicines under the homely medicine policy they can only receive medicine on a limited dosage and frequency. For example a person was administered a medicine which was recorded on a PRN administration sheet. However the prescriber was recorded as the registered manager. If this was a PRN medicine it is not accepted practice for the registered manager to prescribe PRN medicines. However they could administer medicines under the homely medicine policy.

Where medicines were prescribed under the homely medicines policy we found one occasion when staff had not adhered to the policy and administered more doses than the policy allowed.

Front sheets were in place in the MAR. These included photographs of people to assist staff to administer medicines to the correct person. However we saw on two occasions the photographs were not named which meant staff would have difficulty identifying who the person was to give medicines to. People were at risk of not receiving the correct medicines.

Arrangements were not in place for the regular review of PRNs. For example two people were recorded on a regular basis as not requiring their night time dose, one person on 15 occasions consecutively and the other on 13 occasions. There was no record of this in the care plan or evidence of a review to see if they still required this dose. Another person was prescribed PRN paracetamol but had not required this during March 2017, a protocol was not in place and there was no record of a review taking place.

There was a continuous breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Handwritten medication records produced in the home were found to be accurate and had been checked as required by a second member of staff, in line with best practice guidelines. There were few gaps on the administration records for regular medicines and any reasons for people not having their medicines were recorded.

Staff had received update training in medicines to ensure they remained competent. We observed people being given their medicines by the care staff. We saw that safe procedures were followed. The administration records were referred to prior to the preparation and administration of the medicines, and the administration records were being signed after the medicines had been given.

Medicines were being stored securely and at the correct temperatures, for the protection of people who used the service. Controlled drugs were stored and recorded correctly.

Requires Improvement

Is the service well-led?

Our findings

At our inspection in September 2016 we found systems to assess and monitor the quality of the service to people were not effective. They did not identify or resolve the issues that were identified. There was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we carried out an inspection in September 2016 we found that some of the issues had been resolved however legal requirements had not been met. The provider sent us an action plan in which they told us that they would address the issues raised in the inspection carried out on 21 September 2016. At this inspection we found that some actions had been taken but not all legal requirements had been met.

The registered manager told us that they had further developed a programme of audits. We saw that audits had been carried out on areas such as medicines. The medicines audit we looked at had been carried out in February2017, however it did not audit those areas which had been previously identified as a cause for concern such as arrangements for PRN medicines. Additionally the audit did not identify the issues we found at this inspection. For example the registered manager was unaware that PRN protocols and administration sheets had been implemented inconsistently. The provider did not have a process in place to ensure that people received their prescribed medicines when required.

The provider had introduced new arrangements for PRNs however a policy and procedure had not been developed in order to inform staff of the process for managing these medicines. As a consequence we saw where a person was prescribed as required medicines (PRN) the provider had not on occasions followed their medicine's policy. The current policy stated that 'a record must be made on the MAR sheet. The new process did not involve recording PRN medicines on the MAR. People were at risk of having medicines administered inappropriately because the provider was not following their policies. In addition the policy had not been updated to reflect the current practice which meant staff were acting outside of the provider's policy.

There was a continuous breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans had been reviewed and the format revised in most of the care records. The registered manager told us that this was work in progress.

Staff meetings had taken place which had involved all staff members on a regular basis since our previous inspection. Meetings referred to ongoing issues and changes to ensure that staff were kept informed of progress and involved in issues. For example discussions had taken place about our previous inspection report and actions had been taken to improve record keeping and dignity issues.

The registered manager had put in place new arrangements to enhance the support people received. The arrangements involved staff working in teams supporting specific people so that they had a better understanding of their needs. Staff told us that they felt supported by the provider and felt that the new

management arrangements were working well.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicines were not managed safely to ensure people received the appropriate medicines.

The enforcement action we took:

Positive condition.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance There was a breach of Regulation 17(1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems to assess and monitor the quality of the service people were not effective to ensure that people received safe care.

The enforcement action we took:

Positive condition