

The Council of St Monica Trust

The Garden House

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Overall summary

We carried out a comprehensive inspection of The Garden House on 4 November 2014. One breach of the legal requirements was identified at that time. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements.

We undertook a focused inspection on 23 July 2015 to check the provider had followed their plan and to confirm they now met the legal requirements. 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 'The Garden House' on our website at www.cqc.org.uk

The Garden House provides personal and nursing care for a maximum of 102 people. The home has four separate units. The Oak, Maple and Cedars units provide general nursing and personal care for people. The Sundials unit specialises in providing care to people living with dementia.

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.

At our focused inspection on 23 July 2015 we found that the provider had taken action in order to meet the legal requirements.

Action had been taken to improve the way people's medicines were recorded. We also found the registered manager had implemented additional auditing systems to monitor the accuracy of the medicines records completed by staff.

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?

We found that action had been taken to improve the way people's medicines were recorded to meet the legal requirements.

Records of the administration of medicines were accurately maintained. Systems to monitor the accuracy of medicines records completed by staff had been introduced and were effective.

We could not improve the rating for this key question from requires improvement; to do so would require a record of consistent good practice over time. We will review our rating for safe at the next planned comprehensive inspection.

Requires improvement



The Garden House

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. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook a focused inspection of The Garden House on 23 July 2015. We checked that the improvements planned by the provider after our comprehensive inspection on 4 November 2014 had been made.

This involved inspecting the service against one of the five questions we ask about services: is the service safe? This is because the breach found at the last inspection was in relation to this question.

The inspection was unannounced and undertaken by one inspector. Before carrying out the inspection, we reviewed the information we held about the service. This included the report we received from the provider which set out the action they would take to meet the legal requirements.

During our inspection we spoke with two members of staff and the registered manager. We looked at records relating to medicines management within the service. These included people's medicines records and the auditing systems relating to medicines.

Is the service safe?

Our findings

At the inspection of The Garden House in November 2014, we found that people's medicines were not always being recorded in a safe way. We found that staff had not always recorded when people's medicines had been administered. When people received a variable dosage of pain relieving medicines this was not always accurately recorded.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which now corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 23 July 2015 we found the provider had taken the action they had planned to in order to meet this regulation.

Improvements had been made in the management of people's medicines and the monitoring of staff accuracy when completing medicines. Following our inspection in November 2014, the registered manager and senior staff had undertaken a full review of the medicines procedures

within the service. The findings of our last inspection and the results from the medicines review were communicated to staff. This communication was both in writing and in formal meetings.

The registered manager and senior staff had introduced additional medicines audits, which included unannounced spot checks. The checks ensured staff had accurately completed people's Medicine Administration Records (MAR) and that variable dosage of pain relieving medicine was correctly recorded. The audit also ensured that medicines were stored correctly and the correct information was recorded on open liquid medicines. The audit results demonstrated this had resulted in improvement in staff recording, and where errors were identified the staff member undertook reflective practice to rectify identified errors.

We reviewed a sample of people's MAR on the Cedars, Oaks and Maples units. The MAR we reviewed were completed accurately and no recording omissions were identified. Where people received a variable dose of a pain relieving medicine this was clearly recorded. Records held for medicines refrigerators were accurately maintained.