Homely Care Limited

St Theresa's Rest Home

Inspection report

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28 January 2016

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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

St Theresa's Rest Home provides accommodation and personal care for up to 23 older people some of whom are living with dementia.

At the time of this focused inspection there was a 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 the previous inspection on 3 November 2015, we found that some aspects of medicine management were not safe and this was a breach of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider did not ensure that people who used services and others were protected against safe management of medicines. Due to the serious nature of the breaches we took enforcement action against the registered provider.

After the inspection on 3 November 2015, the provider wrote to us to say what they would do to meet the legal requirements for the breaches we found. The provider confirmed that they would complete daily and weekly medicine audits and as part of that process would also review Medication Administration Records (MAR) for each person using the service. The provider also stated that they would review staff medicine training and ensure that all staff who administered medicines undertook a medicine competency assessment.

We undertook this unannounced focused inspection on 28 January 2016 to check the breaches in legal requirements to Regulation 12, concerning medicines and Regulation 17, having effective systems in place to monitor the quality and safety of service provision had been addressed. During this inspection we found that the legal requirements for Regulation 12 and 17 had been met.

This report only covers our findings in relation to this requirement. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for St Theresa's Rest Home on our website at www.cqc.org.uk. We will undertake another unannounced inspection to check on all other outstanding legal breaches identified for this service.

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

During this focused inspection the service was found to be safe and was following current guidelines as stated in their medicines policy and procedures in relation to the safe management of medicines.

Although we found the service to be safe the rating will be as 'requires improvement' as the CQC need to be assured that the provider will continue and sustain these improvements.

Is the service well-led?

Requires Improvement

During this focused inspection the service was found to be well-led in the area of medicine management.

The provider had put in place a number of audit systems and process to ensure that medicines were managed safely. These systems were detailed and robust enough to enable the registered manager to identify problems within the area of medicine management.

The provider had put systems in place to ensure that each staff member who were involved in medicines administration had their competency assessed three times a year.

St Theresa's Rest 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.

We undertook an unannounced focused inspection of St Theresa's Rest Home on 28 January 2016. The inspection was carried out by a pharmacist inspector.

The inspection was carried out to check that action had been taken to comply with the requirement notice and warning notice issued in relation to the breaches of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We checked the provider's action plan which they sent to us to confirm that the provider had completed the actions that were stated.

Requires Improvement

Is the service safe?

Our findings

At our inspection on 10 February 2015, we identified issues, including the way medicines were being managed. At the inspection on 3 November 2015, we found a number of issues and that there were a number of serious failings in relation to safe medicine management. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People using the service were not safe and a requirement notice was issued against the registered provider.

The inspection on 3 November 2015 found that pain relief medicines were not being administered appropriately. There were no protocols or care plans available that explained what type of pain these medicines had been prescribed for and whether people were able to request pain relief or if staff were required to assess people for signs of pain.
During our focused inspection on 28 January 2016 we saw that there were systems in place for managing 'when required' medicines. The care workers had clear instructions on when to use these medicines for each person. This meant there was information that enabled staff to make decisions to ensure people were given their medicines when they needed them and in a way that was both safe and consistent.

Staff working at the care home had identified people who were being given a lot of 'when required' doses of paracetamol and recognised that these people may benefit from having the directions changed to each person receiving regular pain relief. The service bought this to the attention of the GP and highlighted the people who this was affecting. Due to the service's pro-active approach to this need the GP made the appropriate changes, The service told us that upon these changes being implemented one person's relative had commented on the positive effect this had on the person that had begun to receive pain relief on a regular basis. We saw evidence that faxes had been sent to a GP surgery to ask about medicines and request amendments to people's prescriptions. This assured us that staff at the home was referring medicines issues to the GPs appropriately.

At the previous inspection on 3 November 2015 we found that risks associated with medicines had not been identified and managed. The risks had been assessed for people who were prescribed four or more medicines or more than one sedating medicine. When people are prescribed this level of medicines, they are at greater risk of falls. During this focused inspection we saw that falls risk assessment had been completed for each person on admission to the home and a record made in the care plan for that person. Mental capacity assessments had also been completed for each person, on admission to the home.

During the previous inspection on 3 November 2015 we found there to be a lack of understanding about the safe use of medicines. We found people who had been prescribed specific medicines. These medicines were not readily available and accessible within the medicine trolley especially in case of an emergency. At this inspection on 28 January 2016, we checked the medicines storage, medicines administration records and medicines supplies. All prescribed medicines were available at the service and were stored securely in a locked medicines trolley. Medicines were administered by care workers who had been trained to do this. Medicines Administration Record (MAR) charts were used to record the administration of medicines and creams.

As part of the previous inspection on 3 November 2015 we saw medicines were not properly accounted for. We found a bottle of sedating medicine in an unlocked cupboard in the medicines room. We also found a stock of thirteen bottles of a sedating liquid prescribed to one person in the spare medicines cupboard. However, the record only listed six bottles. During this inspection on 28 January 2016, we saw that medicines that were no longer required for people were returned to the pharmacy. No medicines were destroyed at the home. Records were kept of medicines that were returned to the pharmacy. There was also a controlled drug (CD) cabinet attached to the wall of the clinical treatment room. There were no CDs being stored at the home at the time of the inspection.

We also saw that medicines were supplied on a monthly basis by a local pharmacy. Medicines were dispensed into a monthly monitored dosage system. There were mechanisms in place for ensuring that the correct medicines were received from the pharmacy. Any discrepancies were picked up, documented and investigated. A number of systems had also been implemented for counting stock, and ensuring that the MAR charts were always correctly signed each day.

At the previous inspection on 3 November 2015 we found that the provider and registered manager lacked understanding around legal processes for covert administration. During this inspection on 28 January 2016 there were two people who were being administered medicines covertly. We noted that this was in accordance with the care homes medicines policy. We found documentation was in place that had been signed by the next of kin, and by the patient's GP.

During the previous inspection on 3 November 2015, we found records were not available for the use of creams. In addition, records were not available on the MAR charts that these creams had been stopped or not required. As part of this inspection on 28 January 2016, we noted that individualised topical MAR charts had been implemented to assist the care workers in identifying where to apply creams and the MAR chart was also used to record administration. Where appropriate, medicines were also explained to the person or to their relatives if they wished to know about them.

We looked at 15 MAR charts. The MAR charts were computer generated by the pharmacy that supplied the medicines. All the MAR charts included a recent picture of the person to assist staff in identifying the correct person. We saw that allergy statuses were clearly documented for each person. The MAR charts and topical MAR charts were clearly completed, with no unexplained missed doses seen on the current MAR charts. Where a variable dose of a medicine had been prescribed (e.g. one or two tablets), staff were recording the actual number of dose units administered to the person on each occasion. This provided a level of assurance that people were receiving their medicines safely, consistently and as prescribed.

We also noted that the date of opening had not been annotated on certain liquid medicines in use. However, the medicines were used up each month, so there was no risk of a person receiving an already expired medicine.

We observed a care worker wearing gloves during medicine administration in line with the homes infection control policy. Fridge temperatures were recorded each day. The ambient room temperature where medicines were stored was recorded each day and was found to be within acceptable limits.

Based on the above information that was provided, it was positive to note that the provider had taken the necessary steps to comply with the requirement notice. At the last inspection the rating under the 'Safe' domain was 'Inadequate'. As part of this focused inspection the rating has been changed to 'Requires Improvement'. Although positive steps have been taken to ensure safe medicine management the CQC needs to be assured that the provider will continue with and sustain these improvements.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection on 3 November 2015, we found a number of serious failings particularly in the areas of medicines management, relating to the lack of effective monitoring which did not identify the issues we found. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People using the service were not safe and a warning notice was issued against the registered provider.

During the focused inspection carried out on 28 January 2016, we found that the provider had implement daily, weekly and monthly medicines audits, which were completed by the provider, the registered manager and trained staff members. In addition to this a six monthly audit was carried out by an independent pharmacist. The audits looked at supply, levels of support, storage, basic hygiene and housekeeping, administration, recording of medicines, disposal of medicines, CDs, non-prescribed medicines, advice and training, monitoring, policy and procedures and communication. Completion of the audits had highlighted areas for improvement and we saw evidence that systems had improved as a result of the audits that had been completed.

A system had also been implemented to ensure that all members of staff who were involved in medicines administration have their competency assessed three times a year.

Based on the above information that was provided, it was positive to note that the provider had taken the necessary steps to comply with the warning notice and complete the actions stated as per their action plan. However, the rating under the 'Well-led' domain will remain as 'Requires Improvement' as the CQC need to be assured that the provider will continue with and sustain these improvements.