

Jewish Care

Clore Manor

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 20 June 2017 at which one breach of legal requirements was found. The registered provider did not manage medicines safely.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook a focused inspection on 3 October 2017 to check that they had followed their plan and met legal requirements.

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

Clore Manor is registered to provide residential care to a maximum of 72 older people including people with dementia. The home is split into 3 units. It is run by Jewish Care.

The home has a registered manager. 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 and associated Regulations about how the service is run.

At our focused inspection on 3 October 2017 we judged that the provider had made improvements in medicine management and had now met legal requirements

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

We found that action had been taken to improve safety of medicines administration. People received their medicines as prescribed, including controlled drugs and those who received their medicines covertly.

Clore Manor

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 was 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 a focused inspection of Clore Manor on 3 October 2017. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 20 June 2017 had been made.

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 legal requirements in relation to the question safe.

The inspection was undertaken by one Care Quality Commission pharmacist inspector.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements.

At the visit to the home we spoke with the registered manager, two care managers, three team leaders, and one visiting health care professional. We checked medicines storage, medicines administration record (MAR) charts, and medicines supplies for 21 people.

Is the service safe?

Our findings

At our last inspection we found that medicines were not always managed safely for people and some records had not been completed correctly we found errors with medicines administration and recording for some people using the service.

All prescribed medicines were available at the service and this assured us that medicines were available at the point of need and that the provider had made suitable arrangements about the provision of medicines for their residents. Medicines were stored securely in locked medicines cupboards or trolleys within the treatment area and were immobilised when not in use.

Current fridge temperatures were taken each day (including minimum and maximum temperatures). During the inspection (and observing past records), the fridge temperature was found to be in the appropriate range of 2-8°C. Room temperatures were also recorded on a daily basis. This assured us that medicines requiring refrigeration were stored at appropriate temperatures.

People received their medicines as prescribed, including controlled drugs. We looked at 21 MAR charts and found one gap in the recording of medicines administered. However, we reconciled the amount of tablets and found that the person concerned had not actually taken their medicine, so this was just a recording error. This provided an overall level of assurance that residents were receiving their medicines safely, consistently and as prescribed. We found that there were separate charts for people who had patch medicines prescribed to them such as pain relief patches, warfarin administration records and also topical medicines. These were filled out appropriately by staff. For entries that were handwritten on the MAR chart, we saw evidence of two signatures to authorise this in line with national guidance. Running stock balances were kept for all medicines which had a variable dose, for example one or two paracetamol, and there was a record of the exact amount given.

Medicines to be disposed were placed in appropriate pharmaceutical waste bins and there were suitable arrangements in place for their collection by a contractor. Controlled drugs were appropriately stored in accordance with legal requirements, with weekly audits of quantities done by two members of staff.

We observed that people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them. People's behaviours were not controlled by excessive or inappropriate use of medicines. For example, we saw 15 PRN forms for pain-relief/anxiety medicines. There were appropriate protocols in place which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine does not have its intended benefit.

We looked at five MARs for people who were administered their medicines covertly. We found that they had a best interests meeting and the appropriate authorisation to enable them to have their medicines administered covertly. This assured us that people in this location were administered medicines covertly in an appropriate manner in accordance with legislation and recommended guidance.

Medicines were administered by team leaders that had been trained in medicines administration. We talked to a member of staff about giving medicines to a person and were assured that staff had a caring attitude towards the administration of medicines for people. For example, if a person refused their medicines initially, staff would try to administer their medicines a short time afterwards.

The provider followed current and relevant professional guidance about the management and review of medicines. For example, we saw evidence of several recent audits carried out by the provider including safe storage of medicines, fridge temperatures and stock quantities on a daily, weekly and monthly basis. A recent improvement made by the provider included ensuring that all administration of warfarin (an anticoagulant) were backed up by the latest INR result printed from an electronic record, to ensure they were administered correctly. This had been highlighted from previous medicines errors and showed the provider had learned from medicines related incidents to improve practice.