Roborough House Ltd

Roborough House

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 this service on 13 and 14 January 2016. Breaches of legal requirements were found and enforcement action was taken. This was because people were not protected from risks associated with their care and risk assessments were not reflective of people's current risks. People were also at risk of not receiving their medicines as prescribed. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation of the breaches.

We undertook this focussed inspection on 9 June 2016. This was 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 topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Roborough House on our website at www.cqc.org.uk.

Roborough House provides nursing care and accommodation for up to 51 people. On the day of the inspection 38 people were using the service. Roborough house provides nursing, rehabilitation and residential care for people with mental and physical health needs including acquired brain injury and degenerative conditions.

There had been no registered manager at Roborough House April 2015. 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.

The new manager at Roborough House had been in post since October 2015 and was currently going through the Care Quality Commission registration process to become the registered manager of the service.

Many aspects of medicine management had improved. A medicine policy had been developed and staff were aware of the policy and procedures in place. Further medicine training for staff had occurred, and competency checks were ongoing. Stock control had improved and there were audits in place which were identifying some issues and improving the management of medicines. People were given their medicines safely by staff and people's care plans had guidance in them which reflected their medicine needs. This helped staff meet people's individual needs.

However, people's medicines were not always managed safely. We found storage temperatures were not always within the recommended range which could affect the medicine; the directions available for staff to guide them with administering skin creams was not always in place or consistent across the service. This meant people might not have their skin creams as prescribed. Medicine records had been signed for by staff but we found in some cases, medicines had not always been given to people. This meant people may not have had their medicines prescribed by their doctor. Some people's medicine records had been changed altering the amount they were receiving but it was not always clear who had authorised these prescription

changes. The manager had identified this on one person's case and was investigating and taking action following inspection feedback.

People's risks were well known and managed. People's risk assessments had been updated and were being regularly reviewed. Risk assessment summaries were now in place and comprehensive.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.You can see what action we told the provider to take at the back of the report.

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 safety however; further improvement was required to ensure all aspects of medicine management were safe and people received their medicines as prescribed.

Medicine audits had been developed to monitor the quality of medicine management but we found some people had not received their prescribed medicines and in a few people's case, we found it was not clear who had agreed changes to people's medicine.

Most people received their medicine as prescribed. Stock control had improved and staff had received refresher medicine training. The recording of people's medicines had improved and people were given their medicine in a safe way.

People were protected from risks associated with their care.

Care Quality Commission

Roborough 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. 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 visited the home unannounced on 9 June 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 13 and 14 January had been made. The team 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 some legal requirements. The inspection team consisted of one inspector for adult social care and a pharmacist inspector.

Before our inspection we reviewed the information we held about the home. We reviewed notifications of incidents that the provider had sent us since our last inspection and the previous inspection report. A notification is information about important events, which the service is required to send us by law. We also contacted the local authority quality improvement team to obtain their views about the service. We reviewed the provider's action plan submitted to CQC following the last inspection.

During our inspection, we spoke with nine people who lived at Roborough House, four members of care staff, the manager and the regional manager. We spoke with people in private and looked at four care plans and associated care documentation. We looked at nine risk assessments and spoke to staff about these people's risks. We looked at records that related to medicines. We also looked at documentation relating to the management of the service. These included staffing rotas, training records and the new medicine policy and procedures.

Following the inspection we contacted the local authority pharmacist for feedback who had been working alongside the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 13 and 14 January 2016, people were not always protected from risks associated with their care, and documentation related to people's risks was not always reflective of their needs. The management of medicines was not always safe and it was not always clear whether people had received their medicines as prescribed and at the right time. At this inspection we found improvements had been made in many areas and people's risks were known and clearly recorded. Changes and improvements were being made to the way medicines were managed since our previous inspection in January 2016, however at the time of the inspection some people's medicines were still not being managed safely.

Storage temperatures were being monitored, however sometimes these were recorded as being above maximum recommended temperatures. This could affect how well the medicines worked. The manager was aware of this, as it had been picked up by medicines audits in the home, and they told us this was being addressed.

Recording systems were in place for the application of creams, but this varied across the three units in the home. Sometimes body maps were not used to record where creams should be applied, and there were not always directions to guide staff of how frequently to apply these skin creams. This meant that it was not possible to be sure that people had these preparations applied as prescribed.

There had been improvements to the way that medicines were recorded when they were given to people, and reasons recorded for omitted doses of regular medicines. However there were still issues with five people's records where it appeared that one or more doses of medicine remained in the pack, and had been signed for by staff, but not given to that person. The auditing process had not identified these issues. This meant it was not possible to be sure these people received their medicines at these times, in the way prescribed for them.

There were three occasions where people's medicine doses had been changed on their medicine charts. The manager had identified one of these and was investigating. These changes had not been signed or dated and there was no information available for the nurses about who had authorised this change. This meant that it was not possible to check whether the correct current prescribed dose was being given to people.

People's medicine was not always managed safely. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The medicines we checked were all in stock and available. Records of medicines that were received into the home and those sent for disposal were now being kept. This meant that a full audit trail was now available to show how medicines were handled in the home.

When people were prescribed medicines 'when required' there was now guidance available to staff to help them make sure these medicines would be given when appropriate. We saw that protocols for these

medicines had been updated.

Medicines were stored securely. We discussed the medicines policy and medicines training for staff, with the manager. The policy has been reviewed to make sure it followed current good practice guidance, reflected the practice in the home, and was continuing to be updated. We were told that training in safe medicines handling had been updated and reviewed. A system to check that staff could give medicines safely had been started and was still ongoing.

People were given their medicines using a safe method when we watched them being given at lunchtime. One person that we spoke with told us that they were happy with the way they were given their medicines and that they always got them at the right time.

People's independence was promoted and there was a positive risk taking culture. People who chose to engage in risk taking behaviours that placed their health at risk were supported by staff. The service sought advice and options were discussed in meetings involving professionals who knew people well, and where possible harm minimisation strategies used. This helped share the responsibility for managing these risks.

Risk summaries for people had been developed and were now located on each unit so readily accessible to staff who cared for people. Staff had signed to indicate they had read these. Staff we spoke with had a good knowledge of people's risks and what precautions were in place to keep people as safe as possible.

Risk assessments tools identified people's risk of skin damage, falls and malnutrition. These were now regularly reviewed as people's needs changed and discussed in staff handover. For example people with poor mobility and at risk of falls had their needs considered in relation to staffing levels, their equipment, footwear and environment. For those who were at risk due to their smoking habits, consideration had been given to fire retardant bedding and blankets in addition to staff helping light their cigarettes.

Some people were at risk of choking. Staff knew how to respond in the event someone choked on their food, and staff observed these people closely during mealtimes. Staff ensured those who required special meals such as pureed foods had these to help reduce the risk of chocking.

Protective equipment was in place for those people identified at risk of skin damage. For example pressure cushions, heel protectors and special mattresses were available. The service's occupational therapist was able to ensure people had the right equipment for their specific conditions.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

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 Safe Care and Treatment Regulation 12 (1) (2) (g) The policies and procedures in place for managing medicines safely were not always followed.