Parkside Care Limited

# Cedar House Care Home

## Inspection report

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23 November 2015

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## Ratings

| Overall rating for this service | Inspected but not rated |
|---|---|

| Is the service safe? | **Inspected but not rated** |
|---|---|

# Summary of findings

## Overall summary

We carried out an announced comprehensive inspection of this service on 27 April 2015 and 1 May 2015. A breach of legal requirements was found because records did not support the safe management of medicines. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of the regulations relating to the safe management of medicines.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cedar House Care Home on our website at www.cqc.org.uk.

We found the registered provider had made sufficient progress with the assurances given in the action plan. Guidance was available for staff to refer to about the specific medicines system operated at the home. Regular medicines audits were now carried out, including a specific check of MARs. Audits had been successful in identifying some missing signatures. Trained and competent staff administered medicines.

We found one particular issue where people's MARs had not been signed due to staff being unable to locate the MARs. Due to the timing of the registered provider's medicines audits issue would not have been detected and investigated. We have made a recommendation about this.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inspected but not rated**

We found that some action had been taken to improve the safety of the service. The quality of medicines records had improved. Further improvements were required to the timing of medicines audits. .

We could not improve the rating for: is the service safe; from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

# Cedar House Care 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 Cedar House Care Home on 23 November 2015. This inspection was done to check that improvements to meet legal requirements the registered provider planned had been made following our comprehensive inspection on 27 April 2015 and 1 May 2015. 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 some legal requirements.

The inspection was undertaken by one inspector. During our inspection we looked at medicines records for all people living at the service. We also spoke with the registered manager.

Inspected but not rated

# Is the service safe?

## Our findings

During our last inspection in April and May 2015 we found medicines were not administered in line with the registered provider's 'Policy on Medication.' In particular, we found some medicine administration records (MARs) did not always match with the prescriber's directions, we found there were gaps on the MAR for 11 people and the registered provider did not have a regular system of checks in place to ensure gaps were identified quickly and action taken to investigate them.

We reviewed the action plan the provider sent to us following our last inspection. This gave assurances action would be taken to investigate the gaps in the MARs, improve the medicines policy and procedures, introduce a new audit system for medicines and introduce a new error log to record medicines errors. The registered provider told us these actions would be completed by 26 June 2015.

We found the registered provider had made sufficient progress with the assurances given in the action plan. Following the last inspection the registered provider had compiled a specific file entitled 'medication weekly audits file.' This included guidance for staff to refer to about the specific medicines system operated at the home. Regular weekly audits were now carried out. The audits included a specific check as to whether MARs included an appropriate signature and a stock check. The audits had been successful in identifying some missing signatures and ensuring they were investigated.

Records confirmed that since our last inspection staff competency had been assessed by an external pharmacist. At the time of our inspection medicines training was also up to date.

We viewed a selection of MARs and found the quality of the recording had improved. Although the MARs we checked were usually completed accurately, we found on one particular night MARs had not been signed to confirm people had received their medicines. The registered manager investigated this issue and advised this was due to a genuine error. They advised us the senior care worker on duty was unable to locate the MARs. The senior care worker had decided to administer the medicines as they had sufficient information available to them to do this safely. The following day the registered manager checked people had received the correct medicines and found no errors had been made. However, due to the timing of the registered provider's medicines audits we found these missing MARs were ready to be filed away without being checked. The registered manager confirmed these MARs would not have been checked again before being filed. This meant the systems in place to check on the quality of medicines records were still ineffective. We have made a recommendation about this.

We recommend the service considers current guidance on effective systems for monitoring the quality of medicines records and takes action to update their practice accordingly.