

Parkhaven Trust

James Page

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The James Page nursing home provides nursing care for up to 36 older people in a single storey building in Maghull. The James Page nursing home is part of Parkhaven Trust, a registered charity providing a range of services for older people and people with dementia.

This was an unannounced inspection which took place on 1 August 2017.

We carried out an unannounced comprehensive inspection of this service in April 2016. We found the home to be rated 'Good' overall but we found one breach of regulations regarding the way medicines were managed in the home.

We asked the provider to take action to address these concerns. After the comprehensive inspection, the provider wrote to us to tell us what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection to check that they had they now met legal requirements. This report only covers our findings in relation to the specific area / breach of regulation. This report only covers two of the questions we normally asked of services; 'Is the service safe?' and 'Is the service Well led. The other three questions; whether the service is 'effective', 'caring', and 'responsive' were not looked at on this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'James Page' on our website at www.cqc.org.uk.

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.

We found the service had made improvements to the way medicines were administered and managed. We found the breach had now been met.

At the last inspection in April 2016 we found concerns because some medicines given 'when required' lacked supporting protocols and external medicines [creams] were not being recorded appropriately.

These failings had been addressed and people were receiving there medicines safely.

We found good supporting governance [management] arrangements to support safe medication administration.

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 reviewed the management of medicines; we found improvements had been made. The service had met this requirement.

We changed the rating for this key question from 'requires improvement' to 'good'.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post who provided a lead for the home and was supported by senior management on a daily basis.

We found the management structure had clear lines of accountability and responsibility which helped promote good service development.

There were a series of on-going audits to check medicine safety.

The Care Quality Commission had been notified of reportable incidents in the home.

James Page

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.

This focused inspection took place on 1 August 2017 and was unannounced. The inspection team consisted of an adult social care inspector. We checked that improvements to meet legal requirements identified after our comprehensive inspection in April 2016 had been met.

We inspected the service against two of the five questions we ask about services; 'Is the service safe?' and 'Is the service well led?' This is because the service was not meeting legal requirements in relation to safety. We also needed to make sure the management systems in place to monitor medicines were robust enough to help ensure continued compliance.

We looked at records in respect of the management of medicines including medicine administration sheets, staff training and support, people's plan of care and quality assurance processes and systems, including service audits.

We spoke with the registered manager and two staff who were carrying out medicines administration. We also spoke with a visitor and three of the people living at James Page. We made some observations of care appertaining to medicine administration.

Is the service safe?

Our findings

We previously visited this home in April 2016 and found the registered provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found medicines were not being managed safely.

This was because there were omissions that meant tracking quantities of some medicines could be difficult; dates and signatures for two medicines having been received were not recorded on the Medication Administration Record (MAR). On one MAR a prescribed medicine was not recorded at all. In another example a medication had been carried over from the previous month but there was no quantity recorded so it was difficult to audit the quantity in stock.

People who were on PRN (give when needed) medication; for example for pain relief had a lack of supportive information for these medicines and when they should be administered and evaluated. The importance of a PRN care plan is that it supports consistent administration and on-going review. There was a lack of recording of the administration of external medicines (creams).

We asked the registered provider to take action to address these concerns. The registered provider submitted a provider action report which told us the improvements they had made to meet this breach.

On this inspection we checked to make sure requirements had been met and we found improvements overall to medication management. The breach had been met.

We spoke with three people and a visitor to the home. They all said that medicines were administered at the right time and they always received their medicines. One person told us, "There are no problems with medicines. I have a skin cream and the staff help me with this. They put it on this morning." People told us they could request tablets, such as painkillers, if they needed them.

A medication policy was in place. The policy covered all areas of medication administer including protocol for people who could 'self-administer' medicines. There was reference to consent and people's mental capacity and how this would be considered; for example with the administration of medicines covertly. Medicines can be administered covertly (without people's knowledge) if it is there their best interest and people lack capacity to consent. There were no people receiving medicines covertly but the registered manager was able to show an understanding of the protocol required. For example, appropriate liaison with health care professionals including the person's GP and family as well as a capacity assessment, specific to the decision, would be carried out to meet requirements under the Mental Capacity Act 2005.

We found that medicines that were given PRN were better managed. There were clear protocols in place – PRN care plans – to help ensure that staff understood when the medicines were to be given. This helps ensure consistent administration. The care plans identified why the medicines were needed and in what circumstances they were to be administered. Having a PRN care plan helps ensure on-going evaluation of the effectiveness of the medicine. There was one person we found who did not have a plan in place and this

was addressed by the registered manager. This was an improvement since the last inspection.

We checked six medicine administration records (MARs) and found staff had signed to say they had administered the medicines. Records were clear and we were able to track whether people had had their medicines. There was a photo identification of each person so that any errors of administration could be reduced. There were two staff on duty the day of the inspection who were administering medicines (in different parts of the home). The nurse and senior carer carrying out the medicines round had signed the MAR following the administration of each medicine. We spoke with both staff members and found them to be knowledgeable regarding the times for certain medicines to be given. Both staff were careful to ask people about any PRN pain relief and if they needed this. We saw people were being monitored with the use of a pain assessment chart if they had difficulty in communicating or expressing themselves.

Previously the recording of topical medicines [creams] did not meet best practice or the provider's policies. This was because care staff applying the creams were not signing records identifying this. The only record had been the MAR signed by the nurse or senior carer who had not applied / administer the cream. We found this had been addressed. We saw administration charts for creams were kept with the care staff daily records and were signed appropriately by care staff administering the cream.

We looked at how prescribed 'thickening' agents were being administered. These are agents used to 'thicken' fluids for people who may have difficulty with swallowing; they reduce the risk of choking. We found staff were knowledgeable regarding people who were prescribed thickeners. There were records in care files, on the drinks trolley in use and on the hand over communication sheet for all staff each day. These records listed people who required thickened fluids, including the consistency of thickener needed. We saw that fluid charts were maintained for these people but did not include the information regarding thickeners on the chart; we pointed this out to the registered manager who said this would be addressed and included on future audits.

We found medicines to be stored safely when not in use. Some medicines need to be stored under certain conditions, such as in a medicine fridge, which ensures their quality is maintained. If not stored at the correct temperature they may not work correctly. We saw the temperature of the drug fridge was recorded daily. Some medicines such as insulin and antibiotics were being stored in the fridge.

Controlled drugs (CDs) are prescription medicines that have controls in place under the Misuse of Drugs legislation. We saw there were arrangements made for the storage of controlled drugs. There was a controlled drug register in evidence and we tracked the stock of one CD and found the stock and records correct.

We asked about training updates for staff regarding medication administration. As well as nursing staff administering medicines in the home other designated staff completed a Practical Competencies in Administration of Medication course and were regularly assessed for competency and good practice. We saw details of the training completed which was detailed and comprehensive.

Care records we saw confirmed that people were reviewed regularly by visiting GP's and this included medication reviews.

Is the service well-led?

Our findings

We looked at governance arrangements with respect to the on-going management of medicines. We were given copies of the monthly medication audits carried out by the registered manager (or clinical lead) and the senior manager for the Trust. The registered manager carried out monthly audits looking at MAR's and supporting documents for six people on a random basis. We saw an audit dated 25 July 2017. We saw any issues identified had been followed up with staff.

The 'compliance with medications audit' was seen for May 2017. This was a thorough audit carried out by a senior manager and covered all areas of medication management and safety such as; ordering of medicines, storage, observation of practice and records including supporting care plans for people. The audit was very detailed and had identified some areas which had been followed up.

Staff spoken with told us these audits were thorough and had improved practice. The observation of practice was described as useful for maintaining good standards when administering medicines.

There was a registered manager who was supported by an operations lead. There was a clear management structure supporting the home with all levels of management and supervision having active input into the home including the Chief Executive Officer. We were told by the registered manager that the Trust had very clear systems in place to monitor standards. This had helped to ensure the home was being monitored in key areas including medication administration.

The managers were aware of incidents in the home that required The Care Quality Commission to be notified of. Notifications had been received to meet this requirement.

From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for the home was displayed for people to see and was also displayed on the registered provider's website.