

## Southport Rest Home

# Southport Rest Home Limited

### Inspection report

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Date of inspection visit: 2 April 2015  
Date of publication: 26/05/2015

## Ratings

Is the service safe?

**Requires Improvement**



## Overall summary

We carried out an unannounced comprehensive inspection of this service on 9 & 10 December 2014 when a breach of legal requirements was found. This was because we had some concerns about the way medicines were managed and administered within the home. We asked the provider to take swift 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 a focused inspection on the 2 April 2015 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this topic within the safe domain. The domains effective, caring, responsive and well-led were not assessed at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Southport Rest Home Limited' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Southport Rest Home is owned and managed by Southport Rest Home Limited and is a registered charity. The home provides personal care and support for up to 25 older people. Nursing care is provided by the local district nursing care services when needed. It is located close to the amenities provided by the town and is adjacent to a local park.

The home's registered manager has worked in this role since January 2014. 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.

A pharmacist inspector carried out this focused inspection 2 April 2015. At this visit we found that whilst improvements had been made, there remained some areas where further improvements were still necessary.

# Summary of findings

We therefore recommend that the provider seeks further guidance, e.g. the current 'NICE Guidelines –Managing medicines in care homes', to ensure that medicines are safely recorded and accounted for.

# Summary of findings

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

We always ask the following five questions of services.

### **Is the service safe?**

We found that action had been taken to improve the safety of the service.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely. This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

**Requires Improvement**



# Southport Rest Home Limited

## 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. We undertook a focused inspection of Southport Rest Home Limited on 2 April 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 9 & 10 December 2014 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 that question.

The inspection was undertaken by a pharmacy 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 three people who lived there, the registered manager and a senior member of the care team. We looked at 10 medicine administration charts (MARs), medicine care plans, a medicine policy and observed part of a medicine round.

# Is the service safe?

## Our findings

At our previous visit in December 2014 we had some concerns about the way medicines were managed and administered within the home. We asked the provider to take swift action to address these concerns.

This inspection was conducted by a pharmacy inspector. We spoke with the registered manager and a senior care worker responsible for the safe management and administration of medicines in the home. We observed medicines being prepared and administered at different times of the day. We reviewed records relating to the management of medicines within the home, including Medication Administration Records (MARs) and other records for ten people living in the home.

Medicines were stored safely and were locked away securely to ensure that they were not misused. Most medicines could be accounted for easily as printed records were clear and accurate and we saw that there were adequate stocks of each person's medicines available. Care workers had not always recorded the quantities of medicines carried over from the previous month. This made it difficult and in some cases, impossible to tell how much medication should have been present and therefore whether or not these medicines had been given correctly. In some cases medicines were present that were not recorded on people's MARs and we were unable to confirm whether or not these medicines were still currently prescribed. It is important to be able to account for medicines in order to be sure that they have been given correctly. Having good stock control helps to reduce the amount of medicines stored and potentially wasted.

We saw care workers supporting people to take their medicines safely, whilst respecting and meeting each person's individual needs and preferences. For example, one person liked to take their medicines at specific times of day that did not coincide with the normal 'medicines rounds'. This preference was respected and the person was given their medicines at the time of their choice. We spoke with one person who looked after their own medicines and they told us they were happy with the arrangements and felt able to discuss their medicines with staff and ask for any support they needed.

Many people were prescribed creams or medicines, such as painkillers, that were to be taken only 'when required'. Most people living in the home were able to ask for these medicines when they needed them. There was clear guidance for care workers to follow detailing how these medicines should be used to enable them to support people to take their medicines safely whilst have due regard to people's individual needs and preferences.

We looked at the medicines and records for one person who had recently returned to the home following a brief stay in hospital. The medicines that had been sent from hospital had been transferred into a 'pill box', however this was not labelled and it was not possible to identify the tablets effectively. This meant that care workers could not safely use the medicines in this device as they could not be sure what they were giving. We saw that some of the person's old medicines were still on the trolley and there was a risk that the person could easily have been given more medicine than intended.

One person had recently been prescribed treatment, including a course of antibiotics for an infection. The MAR had been hand written, but had not been checked and signed by a second member of staff. The details for the new medicines were incomplete and the timing of the doses of antibiotics meant that the treatment may not have been as successful as possible. It is important that hand written records are clear and accurate and that any special instructions or warnings on the label are followed.

Medicines were only handled and administered by trained care workers.

We looked at how the service audited (checked) the management of medicines within the home, to make sure they were being handled properly. The manager used an audit tool to carry out regular checks and we saw evidence that action had been planned and carried to further improve medicines management within the home.

At this inspection we found that whilst improvements had been made, there remained some areas where further improvements were still necessary. We therefore recommend that the provider seeks further guidance, e.g. the current 'NICE Guidelines –Managing medicines in care homes', to ensure that medicines are safely recorded and accounted for.