Mariposa Care Limited

Ferndene Care Home

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 19 July 2017. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Policies and procedures were not followed to ensure medicines were administered safely.

We undertook this focused inspection 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 those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk. We carried out an unannounced focussed inspection of this service on 25 September 2017.

At our previous inspection on 19 July 2017 we found that the provider did not have effective and safe systems in place for the management and administration of medicines. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook a focussed inspection on 25 September 2017 to check that they had followed their plan and to confirm that they now met legal requirements. At our inspection on 25 September 2017 we found the provider had made the necessary improvements.

Ferndene Care Home provides care for older people who have mental and physical health needs. It provides accommodation for up to 48 people who require personal and nursing care. Care is provided on two floors which are divided into two units. At the time of our inspection there were 44 people living in the home permanently and one person on a short term basis.

At the time of our inspection 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 issues raised at our previous inspection had been addressed. Where people received their medicines without their knowledge (covertly) arrangements were in place to ensure this was in their best interests and managed safely.

The provider had complied with their medicines policy. Staff ensured they had assurance that people had taken their medicines before signing the medicine administration records (MARs). The provider had systems in place to ensure that people received their medicines as prescribed. Where risks had been identified risk assessments and plans of care to meet the risks had been completed.

Arrangements were in place to ensure people received their 'as required' medicines (PRN) appropriately.

Medicine records were completed fully.

However we also found some minor additional issues in relation to medicines management. Medicines were not consistently managed safely. The provider had started to carry out medicine audits on a regular basis however medicine audits did not identify some of the issues we found at this inspection.

The application of topical creams had not been recorded consistently. Fridge temperatures were regularly recorded as not within an acceptable range to ensure medicines were effective which meant medicines were not stored consistently at a recommended temperature.

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 that action had been taken to improve medicines management. However we also found some additional issues in relation to medicines.

Medicines were not managed consistently safely

Topical creams were not recorded consistently.

Fridge temperatures were not consistently maintained at an acceptable range to ensure medicines were effective.

PRN protocols were in place to ensure people received their medicines 'as required' medicines when needed.

Records had been completed according to the provider's policy and staff administered medicines to people safely. Where risks had been identified risk assessments and management plans had been put in place.

Processes were in place to ensure where people received their medicines without their knowledge (covertly) this was carried out in their best interests.

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

Ferndene Care Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection at Ferndene care Home on 25 October 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 19 July 2017 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.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

The inspection was undertaken by a compliance inspector and a pharmacy inspector. During our inspection we spoke with the registered manager, two nurses, member of care staff, and one person who lived at the home. We looked at seven care plans, medicine records and records of medicine audits.

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.

Requires Improvement

Is the service safe?

Our findings

We found that action had been taken to improve medicines management.

At our comprehensive inspection in July 2017 we identified that people were not adequately protected against the risks associated with the unsafe use and management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found records did not indicate the actual time people received their medicines and it was not clear how staff ensured there was sufficient gap between doses. Protocols for medicines which are given 'as required' (PRN) such as painkillers were not consistently in place.

We saw that although MARs had been fully completed this was not always according to the provider's policy and guidance as we observed medicines being signed for without assurance that people had taken them and handwritten medicine administration records(MAR) had not been countersigned, according to national guidance. After our inspection the provider wrote to us to say what they would do to meet the legal requirements.

We found at this inspection the provider had made the necessary improvements to address the issues raised at our previous inspection.

Medicines management practices were examined on each of the two floors of the home to establish how people's medicines were managed so that they receive them safely. We looked in detail at the medicine administration records (MAR) for all of the people living in the home.

Handwritten medication records produced in the home were found to be accurate and had been checked as required by a second member of staff, in line with best practice guidelines. There were few gaps on the administration records for regular medicines and any reasons for people not having their medicines were recorded.

Information to show the staff how and when to administer 'as required' (PRN) medicines so that they were given in a way that met people's individual needs (PRN protocols), were in place. This meant that information was available to staff to inform them when people required their PRN medicines. We saw staff had contacted people's GP for advice when issues had arisen when administering medication to residents. For example, when a resident had consistently refused regular pain killers this was reviewed by the GP and the prescription altered to 'as required' with appropriate guidelines kept in the MAR file.

Risk assessments had been completed where people required their medicine in a specific way. For example a person preferred to have their medicines left with them rather than being observed and arrangements had been put in place to facilitate this in a safe manner.

Where people received their medicines without their knowledge (covertly) a policy was in place to ensure this was carried out in people's best interests. We observed best interests meetings had taken place and

family members and the appropriate professionals were involved in this decision. The provider's medicines policy had been updated to reflect this.

However we found additional concerns in relation to medicine management. We examined records for two people who were prescribed topical medication to prevent bed sores from developing. One person's TMAR charts showed that the creams were administered on 14 October 2017 and 17 October 2017. The creams should have been applied daily. Another person did not have a TMAR sheet for one cream and a TMAR sheet for another cream (Cetraben) contained no signatures to indicate that the cream had been applied.

We noted that the home had a written procedure requiring that care staff were trained to administer topical medication and were regularly assessed for continuing competence. The procedure also required that care staff signed the TMAR charts after each application of topical medication. The provider was not following their policy for administration of creams.

We saw that the Boots pharmacist had carried out a medicines management audit dated 4 September 2017 and noted that TMAR forms were not completed for all residents. However the home had failed to address this issue at the time of our inspection. There was a risk that people were not receiving their topical creams and were at risk of developing skin sores.

Care records did not consistently reflect people's medicine needs. For example, two people's care records did not reflect a covert plan was in place. There was a risk people would not receive their medicines by the appropriate method.

We observed that the current temperature for the medicines refrigerator was recorded twice daily in a written log along with the minimum and maximum temperatures for that time period. We noted that the maximum temperature of the refrigerator was in excess of 8 degrees centigrade on sixteen days in the upstairs unit and ten days downstairs, in the last month. It is important that the minimum and maximum temperature range is recorded to provide assurance that medicines are stored within the required range in order to ensure their effectiveness. Medicines were being stored securely for the protection of people who used the service. Where medicines required specific storage arrangements according to legal requirements these were in place.

Staff had received update training in medicines to ensure they remained competent. They had also received observations from senior staff to ensure they were competent to administer medicines. We observed people being given their medicines by staff. We saw that safe procedures were followed. The MARs were referred to prior to the administration of the medicines and the records were signed after the medicines had been given.