

Ramos Healthcare Limited

Hampton Court EMI Rest Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service in October 2015. 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 a focused inspection on 20 January 2017 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 one question we normally asked of services; 'Is the service safe?' the other four questions; whether the service is 'effective', 'caring', 'responsive' and 'Well led' were not looked at on this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Hampton Court EMI Rest Home' on our website at www.cqc.org.uk.

Hampton Court EMI Care Home provides accommodation for up to 26 people who have dementia.

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 October 2015 we found concerns because; medicines policies were not sufficiently developed; some areas of medicine administration needed further development such as the use and recording of medicines to given when necessary [PRN], or covertly [without the person's knowledge but in their best interest]; review of medicines by the doctor; auditing of medication practice and an understanding of the application of the Mental Capacity Act 2005 when managing medications.

All of these areas had been addressed. We spoke with the registered manager how the recording of external applications [creams] could be further improved.

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'.

Hampton Court EMI Rest 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.

This focused inspection took place on 20 January 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 October 2015 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 this question.

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 deputy manager. We also spoke with a visitor and made some observations of care appertaining to medicine administration.

Is the service safe?

Our findings

We previously visited this home in October 2015 we found the 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:

The medication administration records (MAR) did not include a picture that was sufficiently large enough to identify the person; a mental capacity assessment had not been completed to confirm people lacked capacity to make decisions about their medication; advice had not been sought from a pharmacy and a plan was not in place for each person to guide staff in how to administer the medication covertly to people [without their knowledge] in their best interest; five people prescribed medicines only when they needed it (often referred to as PRN medicine) did not have a plan in place to guide staff about when this medication should be given; there was no evidence that the GP had reviewed the PRN medicines, which were being given regularly, to determine if they should be prescribed on a regular basis; a process was in place for auditing the medicines each month but it had not identified the issues we found. This was because the audit structure was limited in that it did not include prompts for checking arrangements, such as PRN plans and covert medicines.

We asked the provider to take action to address these concerns. The 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 briefly with a visitor and two people who engaged in activity in the conservatory area. They told us they received their medicines on time and could request tablets, such as painkillers, if they needed them.

A medication policy was in place; this was now inclusive of guidelines for covert administration of medicines. There were two people whose medication was being administered covertly; i.e. without their knowledge and in their best interest. We found this had been managed well with a robust care plan in place which clearly identified the risks involved and consideration of the consent issues involved. We found there had been appropriate liaison with health care professionals including the persons GP and family. A mental capacity assessment, specific to the decision, had been carried out to meet requirements under the Mental Capacity Act 2005.

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 although, at the time of our inspection, there were no medicines stored in the fridge.

Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs legislation. We saw there were arrangements were made for the storage of controlled drugs although, again,

there were none in use. There was a controlled drug register in evidence, for use if needed.

We found that medicines that were given PRN [as required when necessary] 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 during the inspection. This was an improvement since the last inspection.

We checked five 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 was a running stock balance recorded on the MAR and we checked one of these and found it correct, with the right balance of medication in stock. The senior carer [deputy manager] carrying out the medicines round had signed the MAR following the administration of each medicine. We spoke with the deputy manager who was knowledgeable regarding the times for certain medicines to be given; for example medicines to be given before or after food.

The recording of topical medicines [creams] did not meet best practice or the provider's policies. This was because we were told by the deputy manager that care staff applying the creams were not signing records identifying this. The only record was the MAR signed by the senior carer who had not applied / administered the cream. We discussed how accurate records of creams could be achieved and maintained. The registered manager addressed this during the inspection and produced a chart for use by care staff to record administration.

The staff member administering the medicines wore an apron saying they were administering medicines and not to disturb. This was best practice to reduce the risk of any errors occurring.

We asked about training updates for staff regarding medication administration. We were told by the deputy manager that regular updates were given. The registered manager showed us records indicating four of the current senior staff were signed up for further updates through the 'skills network'. We were also told by the deputy manager that the registered manager had carried out a 'competency' check by observing care staff carry out medication administration. The registered manager showed us two recent observations recorded.

The home had a medication policy which had been reviewed in October 2015 following our last inspection. We saw that previous omissions such as reference to covert administration was now included.

We were given copies of the homes daily, weekly and monthly medication audits. We found these were detailed and covered most issues. There was also a six monthly audit which had been undertaken by the registered manager on 10 January 2017. This was very detailed and had identified some areas which had then been followed up.