

Superior Care (Midlands) Limited

Newbury Manor

Inspection report

Newbury Lane
Oldbury
West Midlands
B69 1HE

Tel: 01215321632

Date of inspection visit:
31 August 2016

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14 October 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

Our inspection was unannounced and took place on 31 August 2016.

The home is registered to provide accommodation, nursing and personal care to a maximum of 45 people. People who lived there had a range of conditions, the majority of which, related to old age.

The manager was registered with us. 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 carried out an unannounced comprehensive inspection of this service on 11 January 2016. A breach of legal requirements (relating to the management of medicines) was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. 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.

At this inspection a pharmacy inspector found that improvements had been made to ensure the safe management of medicines.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Medicine systems and management had improved and showed that people were being given their medicines safely and as they had been prescribed.

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

Requires Improvement ●

Newbury Manor

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.

We undertook an unannounced focused inspection of Newbury Manor on 31 August 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 11 January 2016 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 some legal requirements.

The inspection was undertaken by a pharmacy inspector. During our inspection we spoke with the registered manager, the deputy manager and one nurse. We looked at medicine records for 11 people and the systems in place to manage medicines.

Is the service safe?

Our findings

At our previous inspection on 11 January 2016 we identified a breach of regulation as we found issues of concern with how medicines were being managed. The provider sent us an action plan informing us of what action they would take to improve.

At this inspection a pharmacy inspector found that improvements had been made to ensure the safe management of medicines. On 28 and 29 June 2016 the local authority undertook a monitoring visit. A copy of the report was available which stated 'medication overall was good with clear processes in place and random daily medication audits being carried out'. One member of staff told us, "We have worked hard and check everything. It is working very well".

We looked at how medicines were handled which included looking at 11 people's Medicine Administration Record (MAR) charts. We found that the current arrangements for medicine management were safe. We found that suitable arrangements were in place for accurate medicine stock checks. All the medicine balances we checked were accurate. Any changes to medicines or information handwritten onto MAR charts were checked and signed for accuracy by two nursing staff.

People's medicines were available to give to treat their diagnosed health conditions. MAR charts were completed to document when people had been given their prescribed medicines or a code was used to record a reason why the medicine had not been given. We observed a nurse administering medicines from the medicine trolley. This was undertaken following safe practice to ensure the correct medicine was administered and recorded on the person's MAR chart.

People's medicines were labelled individually and kept secured in locked medicine trolleys. The keys for medicine storage were held by the nurse in charge. We observed that medicines were stored neatly which made it easy to locate people's medicines. Medicines with short expiry dates were dated when opened which ensured that staff could check that the medicine was safe to give.

Controlled drugs which require separate storage arrangements from other medicines were stored securely in a dedicated controlled drug cupboard. Controlled drugs are medicines that need extra security due to their potential for misuse. Controlled drug records were completed accurately with regular stock balance checks undertaken.

Medicines were stored within the recommended temperature ranges for safe medicine storage. Daily temperature records were available which recorded the temperatures for the two medicine refrigerators as well as the medicine room which was air conditioned.

Supporting information for staff to safely administer medicines was available. For example we saw records to document the site of administration of insulin. This is particularly important for ensuring different sites are used for insulin administration. We also looked at medicines prescribed to be given 'when required' or 'when needed' for agitation or anxiety. We found that although some supporting information was available it could be more person centred. On discussion about this with the nursing staff they agreed to make the

available information more specific and detailed to the person. This would help to enable nursing staff to make a decision as to when to give the medicine.

Any changes or additions made to people's medicines by a doctor were recorded and kept together with their MAR charts. We noted that when the doctor made the changes directly onto the MAR chart it was signed and dated by the doctor. This information was very helpful for nursing staff to quickly check that any recent changes had been undertaken.