Mental Health Concern

# Pinetree Lodge

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 22 and 30 June 2015. A breach of regulations regarding the safety and effectiveness of the service was found at that time. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements.

We undertook this focused inspection to check that the provider had followed their plan and to confirm whether they now met legal requirements. This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pinetree Lodge on our website at www.cqc.org.uk.

Pinetree Lodge is a care home providing accommodation and nursing care for up to 34 adults. Care is provided to people living with dementia. Accommodation is provided on one floor.

The service had 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 action had been taken to ensure appropriate arrangements were in place in relation to the recording of medicines. There was a process for regularly monitoring these records to check that they were completed properly. Records for the application of creams and ointments by care staff were not fully completed and required further improvement.

Arrangement for training staff in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards, as well as providing dementia awareness, had been improved. Staff had commenced training on these topics and further sessions and access to internet based learning was planned.

We found the provider had met the assurances they had given in their action plan.

## 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**

The service was not consistently safe.

We found action had been taken to improve the safe and proper use of medicines. Some further improvements were needed.

Systems were in place for the management of medicines so that people received their medicines safely. The records for the application of some creams were incomplete. Guidance for some people prescribed 'when required' medicines were omitted or had not been kept updated.

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

### Is the service effective?

**Requires Improvement**

The service was effective. We found action had been taken to improve training for staff.

Work had commenced on signing staff up for on-line training in dementia awareness. The provider had now arranged for staff to attend local authority training on MCA & DoLS and this had started.

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

# Pinetree Lodge

**Detailed findings**

## Background to this inspection

We undertook an unannounced focused inspection of Pinetree Lodge on 3 May 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider had been made after our comprehensive inspection on 22 and 30 June 2015. We inspected the service against two of the five questions we ask about services: 'Is the service safe?' and 'Is the service effective?' This was because the service was not meeting legal requirements at the time of our initial inspection.

This inspection was undertaken by one adult social care inspector and one pharmacist inspector. During the inspection we spoke with six staff members, including the registered manager, the deputy manager, two nurses and two care workers. We examined arrangements for the storage and administration of medicines, and looked at ten people's medicine administration records, six care plans, training records for 15 staff and supervision records for five staff. We discussed our findings with the registered manager.

Requires Improvement

# Is the service safe?

## Our findings

At our last inspection in June 2015 a breach of legal requirements was found. The breach related to the safe and proper use of medicines.

At the time of our last inspection we found stock records for boxed medicines did not always reflect stocks held. Liquid medicines for two people were given at the wrong dose on a number of occasions and there was a lack of guidance for a person who medicines were dispersed in water. Records with regard to stocks received into the home and in relation to topical medicines (creams applied to the skin) were inaccurate. Storage rooms were consistently at a temperature above that recommended by the medicines manufacturers and eye drops for one person were used beyond their expiry date. Medicines audits had failed to identify these issues at that time.

We reviewed the action plan the provider sent to us in August 2015 following our comprehensive inspection. This gave assurances that action was being taken to ensure medicines were stored, administered, recorded and audited effectively.

During this inspection we looked at the arrangements for the management of medicines. Appropriate arrangements were in place for recording of oral medicines. Staff had signed medicines administration records correctly after people had been given their medicines. Records had been completed fully, indicating that people had received their medicines as prescribed. When people had not taken their medicines, for example if they refused or did not require them, then a clear reason was recorded. Staff carried out regular checks of medicines records to make sure they were completed properly.

Several people were prescribed creams and ointments. Many of these were applied by care staff when people first got up or went to bed. At our last inspection a system was in place to record the application of creams and ointments by staff when they had applied them, however it was not sufficiently detailed and the records were not fully completed. This meant there was a risk that staff did not have enough information about what creams were prescribed and how to apply them. At this visit the system had been improved to include a body map which described to staff where and how these preparations should be applied. These records help to ensure that people's prescribed creams and ointments were used appropriately. We saw examples of these records; however some were still not fully completed. Staff told us they were still working on improving these records and ensuring they were always completed.

Medicines were stored securely. Records were kept of room and fridge temperatures to ensure they were safely stored. Air conditioning units were now in place in the treatment rooms which had been above the recommended temperature for the safe storage of medicines at the previous visit. Eye drops which have a short shelf life once opened were now marked with the date of opening. This meant that staff could confirm they were safe to administer. Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs so as to readily detect any discrepancies

We looked at the guidance information kept about medicines to be administered 'when required'. Arrangements for recording this information was in place for most people however we found it was not kept up to date or was missing for some people. We recommend that the service consider the current guidance on managing medicines that need to be administered 'when required'' and take action to update their practice accordingly.

We looked at how medicines were monitored and checked to make sure they were being handled properly and that systems were safe. We found that the provider completed a monthly audit and a daily system of medicine checks was also in place. We found these checks helped to identify any issues quickly in order to learn and prevent the errors happening again.

Requires Improvement

# Is the service effective?

## Our findings

At our last inspection in June 2015 a breach of legal requirements was found. The breach related to the provision of training relating to people's needs.

At the time of our last inspection we found few staff had received training on working with people living with dementia, Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) 2005.

We reviewed the action plan the provider sent to us in August 2015 following our comprehensive inspection. This gave assurances that action was being taken to ensure staff received dementia awareness and MCA / DoLS training. The provider told us they had attempted to access MCA / DoLS training from the local council but that no places were available. They also told us dementia awareness was addressed in 'behaviours that challenge' training, supervision, staff meetings and dementia care mapping processes.

During this inspection the registered manager told us they were currently arranging for all staff to work through internet based learning on dementia. This was dependant on them obtaining log in details, which they were ensuring all staff had. Training had commenced, with further dates scheduled for all staff to attend MCA and DoLS awareness.

We looked at the training records for 15 staff to identify how much progress had been made in delivering training in dementia awareness and MCA/DoLS. We found training for staff on these topics had commenced, although several staff had still to attend or access this training. Two of the 15 staff had attended dementia awareness training, one in 2014 and one in 2015. Four staff had attended MCA/DoLS training; three in 2016. Regarding the other training referred to by the provider, six staff had attended dementia care mapping training, four during 2012/13. Dementia care mapping is an observational and evaluation tool used to assess and improve services for people living with dementia. Eleven staff had attended challenging behaviour awareness training. We looked at the course programme for this training. We saw this covered definitions of challenging behaviour, identifying people's needs, preventing and intervening in incidents, understanding the provider's values and culture and supporting self and others. We looked at a provider's updated induction programme and saw this included sessions on the care of people living with dementia and an awareness raising module for MCA and DoLS.

The provider had previously told us dementia awareness was addressed in staff meetings and supervisions. We examined staff supervision records to see if there was evidence that the topics of dementia awareness and MCA/DoLS were discussed in practice. For one staff member we saw they needed to arrange log in details so they could access their dementia awareness learning. For two other staff we saw an objective was set to develop their knowledge and understanding of the types of dementia. For the other two staff, there was no discussion evident about this topic. The staff we spoke with told us they had both attended MCA and DoLS awareness training. One described this as, "Very interesting", that it "makes you think about risk" and as offering "a good insight." Both staff said they had the opportunity to discuss people's needs relating to dementia at handover meetings and in general discussions with nursing and management staff.

We found that mental capacity and dementia awareness had become more clearly included in staffs' induction programme. Plans to deliver training on these topics were in place and sessions were underway to ensure staff gained an understanding of these topics which were reflective of the needs of people using the service.