

Castel Froma

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Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Overall summary

Castel Froma provides nursing and rehabilitative support to a maximum of 57 people suffering from a neurological disability. Most people also have highly complex medical conditions requiring a lot of care and support or highly specialised nursing. Due to their medical conditions, many people take a large number of medicines. The home is divided into three units over two floors.

We carried out an unannounced comprehensive inspection of this service on 25 November 2015, at which a breach of the legal requirements was found. This was because medicines were not safely managed in the home.

As a result of the breach of the legal requirements and the impact this had on people who lived at Castel Froma, we rated the key question of 'Safe' as 'Requires improvement'. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 'Castel Froma' on our website at www.cqc.org.uk.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breach.

We undertook a focused inspection on the 2 October 2015 to check that they had followed their plan and to confirm they now met the legal requirements. We found that the provider had made some improvements but the legal requirements were still not being fully met.

Castel Froma is required to have a registered manager. 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 manager was in post and they had submitted their application for registration. Their application was being assessed at the time of our visit.

Summary of findings

During our visit we found appropriate arrangements were not always undertaken to manage the risks associated with the unsafe use and management of medicines.

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?

The service was mainly safe.

Some action had been taken to improve the safe storage and administration of medicines in the home. However, further improvements were required to ensure people received their medicines safely and as prescribed.

This meant the provider was still not meeting legal requirements and the rating remains as 'Requires improvement'.

Requires improvement



Castel Froma

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.

We undertook a focused inspection of Castel Froma on 2 October 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 25

November 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 two inspectors and 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 this visit to the home we spoke with one nurse. We also looked at 17 people's medication records and checked the storage and management of medicines.

Is the service safe?

Our findings

At our comprehensive inspection on 25 November 2014 we found the provider did not ensure that medicines were always managed safely in the home. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Medication.

At our focused inspection on 2 October 2015 we found the provider had made some improvements to meet shortfalls in relation to the requirements of Regulation 13. However, we found many of the issues identified on 25 November 2014 had still not been addressed. The new manager had been in post for eight weeks. In that time they had organised a multi-disciplinary meeting with nurses from the home, the GP and pharmacy to discuss the prescribing, dispensing and management of medicines. The manager told us these meetings would take place regularly and address the issues we identified on 2 October 2015 to ensure medicines were managed safely and consistently.

We looked at the management of medicines including the medicine administration records for 17 people. We were shown a copy of the Medicine Management Care Homes Team assessment dated 12 March 2015 which was undertaken by the Medicine Optimisation Lead for NHS Coventry and Warwickshire. The report identified similar issues to the CQC report dated 25 November 2014. People's medicines were not always being managed or handled safely.

Medicines were stored securely within the recommended temperature ranges for safe medicine storage. We found daily temperature records were available which confirmed that the medicine storage rooms and medicine refrigerators were within safe storage limits.

The date of receipt and the amount of medicines received into the home were often not recorded. It is important that accurate medicine records are maintained so that checks can be carried out to monitor stocks of medicines within the home.

We could not always be assured that people were being given their prescribed medicines as intended to treat their diagnosed healthcare conditions. We found gaps in eight

people's medicine administration records. This is when there is no staff signature to record the administration of a medicine or a reason documented to explain why the medicine had not been given.

Handwritten medicine administration charts were written and checked by two staff. This was in order to ensure accuracy of the information. However, we found one person's handwritten medicine administration chart had numerous errors and the amendments were also difficult to read. This increased the risk of a medicine error.

Supporting information for staff to safely administer medicines was not always available. In particular we looked at four people who were prescribed a medicine to be given 'when necessary' or 'as required' for agitation. There was no supporting information available to enable staff to make a decision as to when to give the medicine. We further noted that when people were given a medicine prescribed for agitation, there was not always a record to explain why the medicine had been given. A lack of accurate records could lead to inconsistency in the administration of these medicines.

When people were prescribed a medication skin patch to be applied on different parts of the body, there were no records to show where the patch had been applied. This is particularly important for people prescribed pain relief patches. This would ensure staff could check that the old patch was removed before applying a new patch.

Arrangements were not in place to ensure that medicines with a short expiry were dated when they were opened. We found that an insulin pen with a short expiry date had not been dated when opened. It was therefore not possible to determine whether it was within the manufacturers recommended shelf life. We also identified some eye drops that stated they should be disposed of 28 days after opening. They had been opened on 19 August 2015 and were still in the medicine trolley for use on the day of our visit, 45 days later. There was an increased risk of medicines being used longer than the expiry date and the preparation may no longer be effective.

This meant the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	People who use services were at risk of unsafe care because medicines were not always safely managed.
Treatment of disease, disorder or injury	