

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

St Lawrences Lodge

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6AX

Tel: 01613362783

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Management of medicines

✕ Action needed

Records

✓ Met this standard

Details about this location

Registered Provider	Mrs J Elvin
Overview of the service	St Lawrences Lodge is registered to provide care and accommodation for up to 20 people. The home provides care for older people some of whom may have dementia or short term memory loss. The home is situated in a residential area, close to the centre of Denton, Manchester, with good public transport and motorway links.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether St Lawrences Lodge had taken action to meet the following essential standards:

- Management of medicines
- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We visited the service on the 4 December 2012 to follow up on the compliance actions we made following a visit to the service in June 2012.

In June 2012 we had concerns that people living at St Lawrences Lodge were not receiving their prescribed medications. We were also concerned about the way people's personal records were stored.

On the 4 December 2012 people told us they were happy with their care. They told us they got their medication. Relatives told us they were happy with the care provided and one person said they had, "... no concerns whatsoever". Another relative told us, "Care is good". One person said, "I'm very well looked after".

Even though people were content with the care we found people were not receiving their medication as prescribed. We found evidence that one person had not been given their breakfast time medication on the day of our visit, 4 December 2012.

We found hand written medication administration records were still not being completed correctly.

We found evidence of three separate occasions where the home had run out of people's medication.

We found peoples personal care plans and other records were now securely stored in a locked area of the building to which only staff had access to. We found that since our last inspection the registered provider had purchased lockable cupboards for the office and other records were securely stored.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 10 January 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Management of medicines

✕ Action needed

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. Medication was not managed in a safe way and this compromised people health, safety and well being.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We visited the service on the 8 June 2012. At the time of our visit we were concerned that people living at the service were not receiving their medication. We found that hand written medication administration records (MAR) were not completed properly by staff and staff were failing to record on the MAR why people had refused to take their medication. We were further concerned that medicines that required refrigeration were not stored correctly and the controlled drugs cabinet was being used to store people's monies.

Following our last inspection on the 8 June 2012 the manager took immediate action in response to our findings which included identifying staff responsible for failing to administer medicines in a safe way, arranging for all staff responsible for medication administration to update their medication training and the manager took advice from the supplying pharmacist.

We visited the service on the 4 December 2012 to follow up on the compliance action we made following our June 2012 visit. We talked with staff that had responsibility for administering medicines to people living at St Lawrences Lodge. We looked at medication records for people who use the service and looked at how medication was stored at the home. We spoke with people who lived at St Lawrences Lodge and two relatives who were visiting.

Staff we spoke with on the day of our inspection confirmed that they had updated their medication training in June 2012.

People told us they were happy with their care. They told us they got their medication. Relatives told us they were happy with the care provided and one person said they had, "... no concerns whatsoever". Another relative told us, "Care is good". One person said,

"I'm very well looked after".

We saw that the service used a monitored dosage system called Biodose that was provided by a local pharmacy. This meant that people's medication was provided in individual pots with their names on.

Other people who were new to the home or were either visiting on a short term basis had their medication stored in similar monitored dosage systems or their medication was held in its original box and stored in the medication trolley.

We observed that medication was securely stored and the trolley was securely fixed to the wall.

We looked at medication that needed refrigeration. We found improvements in this area. All medication that required to be stored in a refrigerator was correctly stored. We saw eye drops had the date on which they were opened recorded on both the outer box and the bottle. This meant there was less likelihood of out of date medications being used once they were opened. We saw that daily refrigerator temperatures were being recorded. This ensured that medication was kept at the correct temperature to work effectively.

We previously found that the controlled drugs cabinet was being used to store people's monies. On the 4 December 2012 we looked at how controlled drugs were stored and their administration recorded. We found that arrangements for storing, handling and administering controlled drugs were good and we had no concerns.

We looked at medication records for twelve people and found concerns with seven of these records.

We found evidence that one person had not been given their breakfast time medication on the day of our visit, 4 December 2012. We saw that this person's medication remained in the blister pack at 3:30pm. Staff on duty who were responsible for administering medication were unaware of this omission until we brought it to their attention. This meant that people were put at risk because they were not being given medication that had been prescribed for them by their GP.

We found hand written medication administration records were still not being completed correctly. We found two records did not have dates to show when the MAR record had been put in place. The quantity of medication brought into the home had not been recorded and only one member of staff had signed the records. We previously told the registered provider that hand written medication records should be signed by a second member of staff. This would confirm that the correct details of the medicines and how they should be administered had been recorded. This would have ensured that people received their medicines in a safe way. We were concerned to find that this was still a problem when we visited the service on the 4 December 2012.

We found evidence of three separate occasions where the home had run out of people's medication, including one person who was without their medication for seven day's and another person was without their medication for 4 days. We could find no evidence that staff had actively followed up requests for repeat prescriptions. We were concerned as this meant that people were being put at risk because they were not receiving the medication that had been prescribed for them.

Following our previous inspection in June 2012 we asked the manager to undertake regular audits of medicines stored in the home, to ensure medicines were handled safely,

to make sure people received their medicines and to ensure that people were not at risk due to unsafe management of medicines. We spoke to the registered provider for the service about our concerns. They told us the manager was currently on sick leave and audits were done prior to her going on leave but audits were not currently being undertaken and so the provider could not show that the audits required to promote the safety of people using the service were being completed.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

Records were kept securely and could be located promptly when needed.

Reasons for our judgement

We visited the service in June 2012. We were concerned about the way in which people's personal care records were stored. We found that the storage system for personal information was inadequate and compromised people's privacy and dignity. We found people's care files stored in an unlockable cabinet in the lounge area. This area was accessed by people who used the service and visitors. We informed the manager that people's personal records must be securely stored and remain confidential. We brought this to the attention of the manager who took action and removed people's records to a secure area. We saw that other records and personal information was not securely stored in the manager's office and filing cabinets could not be locked.

We previously looked at records held in respect of equipment used at St Lawrences Lodge and records that showed how the premises were being maintained. Up to date certificates were in place with the exception of a current electrical installation certificate. This meant that at the time of our visit it could not be confirmed that electrical installation at the home was safe.

Following our inspection the registered provider sent us a copy of an inspection report of the electrical installation at the service, which was undertaken on the 16 June 2012. This confirmed that electrical installation at the home was safe.

We visited the service on the 4 December 2012 to follow up on the compliance action we made following our June 2012 visit. We talked with staff that had responsibility for ensuring people's records were securely stored and we looked at how other records were stored in the building. We spoke with people who lived at St Lawrences Lodge and two relatives who were visiting. Their comments did not relate to this outcome.

We found people's personal care plans and other records were now securely stored in a locked area of the building to which only staff had access. We found that since our last inspection the registered provider had purchased lockable cupboards for the office and other records were securely stored. This meant that records were kept secure and could be located promptly when required.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010
	Management of medicines How the regulation was not being met: People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. Medication was not managed in a safe way and this compromised people health, safety and well being. (Regulation 13)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 10 January 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.


In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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