Inspection Report

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

Avon Lodge Care Centre

Southey Avenue, Kingswood, Bristol, BS15 1QT

Tel: 01179474370

Date of Inspection: 30 September 2014

Date of Publication: October 2014

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

Management of medicines ✓ Met this standard

Details about this location

Registered Provider	Life Style Care plc
Registered Manager	Mrs Kathryn Anne Marshalsea
Overview of the service	Avon Lodge Care Centre provides accommodation for up to 62 older people who require nursing or specialist dementia care.
Type of services	Care home service with nursing Rehabilitation services
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Avon Lodge Care Centre had taken action to meet the following essential standards:

- Management of medicines

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 30 September 2014, observed how people were being cared for and talked with staff.

What people told us and what we found

When we visited Avon Lodge Care Centre in May/June 2014 we found that the arrangements in place for the ordering, administration of some 'time-specific' medicines and 'covert' medicines and records were not robust enough to ensure people received their medicines safely. The provider submitted an action plan on the 17 July 2014 and told us about the actions they were taking to ensure the management of medicines was safe. The purpose of the inspection was to check that the improvements had been made.

This inspection was carried out by one inspector. During the inspection we spoke with the registered manager and four nurses. We spoke briefly with a number of people to find out how they were but did not ask them about their medicines. We looked at the medicine administration records on all three floors and the medicines audits that had been completed. We observed medicines being dispensed on one floor and checked the storage arrangements on all three floors.

We used the information we collected during this inspection, to answer one of the five questions which now form the basis of our inspections. Is the service safe?

Is the service safe?
Each person needed to be supported with their medicines. The lead nurses on each unit were responsible for ordering medicines and this had eliminated the possibility of supplies running out. People's medicines were administered at the times they were due. Appropriate records were kept of medicines administered and these were regularly audited. Medicines were stored safely and there were suitable arrangements in place for the storage of controlled drugs. Any creams and ointments were applied as prescribed.

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

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 ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

People living in the home were supported to have their medicines at the times they needed them and in a safe way. We spoke to people living in the home but their feedback did not relate to this standard.

Each person who lived at Avon Lodge Care Centre was unable to look after their medicines therefore medicines were looked after and administered by the nursing staff. We looked at the systems in place to manage people's medicines.

There were good systems in place for the ordering and checking in of supplies. The nurse undertaking the task of re-ordering medicines was provided with a copy of the prescription completed by the GP. The provider may like to note that the receipt of the month's supply for one floor had not been signed in on the medication administration records (MAR charts) by the nurse who had completed the task. However we checked previous months records and this had been completed properly. The nurse on duty therefore completed an audit of the stock held to ensure that the correct medicines had been received.

All medicines were stored in the clinical rooms on each floor, in either the medicines trolley or locked metal cabinets. Medicines were kept safely. A medicines refrigerator was available on each floor and the temperature of the refrigerator was recorded twice a day. Each of the clinical rooms had an air conditioning unit in place and the room temperature was also recorded twice daily. Recorded temperatures were within the safe range for storing medicines.

Most of the medicines were supplied in blister packs but some were supplied in packets or bottles. The home kept minimal stocks of medicines and ensured that stocks did not build up. Where new stocks of medicines in packets or bottles were opened, the date of opening was recorded. This helped the nurses know when some types of medicines had passed their 'use-by' date.

The pharmacy provided printed MAR charts for staff to complete when people had taken

their medicines. The MAR charts recorded what medicines had been given and when. Nurses told us they always checked that MAR charts had been signed by the nurse who completed the previous medicine round. Nurses told us they completed the MAR charts after they had administered the medicines. Where people had the option of having either one or two tablets (variable doses) the nurses had signed to say how many tablets had been given. We watched whilst some medicines were being administered and this was done safely and competently.

Some creams and ointments were kept in people's bedrooms and applied by the care staff. Topical medicines sheets were kept in people's bedrooms and care staff recorded the application of these preparations. The records included body maps to show staff where particular preparations should be applied. This helped to ensure these medicines were used correctly. Nurses told us that they checked the creams had been applied and the records completed when they were filling in other daily records in the care files.

The storage and recording of when controlled drugs were administered was in line with best practice and current legislation. Nurses checked the stock levels of all controlled drugs twice a day at morning and evening shift handover.

Several people were prescribed medicines which could be given covertly. This meant that nurses could disguise the medicines so that people were unaware they were taking them. However one person who was being given their medicines was told that the spoonful of yoghurt they were being offered contained their tablets. Where people lacked capacity to make decisions about taking medicines, best interest decisions were agreed with the person's GP. We saw the records of these agreements for those people who were administered their medicines covertly.

Records were kept of all medicines returned to the pharmacist for disposal.

Since our last inspection nurses had attended a medication management workshop. This training included record keeping, time specific medicine management and pain management care planning.

Medicines audits had been completed by the regional manager in July, August and September 2014. Observations from those audits were recorded and remedial action plans prepared. Where improvements were required these had been followed up in subsequent checks.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

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