

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

Atherton Lodge

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We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Management of medicines

✘ Action needed

Details about this location

Registered Provider	Par Nursing Homes Limited
Overview of the service	Atherton Lodge is a privately owned two-storey detached property that has been converted and extended by a purpose built extension into a care home. There are currently 38 people who use the service. There are two units within the home. One unit supports people who require nursing and/or personal care. The other unit supports people who have dementia. The home is situated within a mile of Ellesmere Port town centre.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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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 in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 6 August 2014, talked with staff and were accompanied by a pharmacist. We talked with other authorities.

What people told us and what we found

The inspection team was made up of one Pharmacist Inspector. We talked with 2 members of the nursing staff and the manager. We set out to answer one of our five key questions:

Is the Service Safe?

We found people were not protected from the risks associated with medicines because the provider did not have effective processes in place to make sure medicines were managed safely. We looked at records about medication and medication for 14 people who were living in the home on the day of our visit and we found there were some concerns about medicines or the records relating to medicines for all of those people.

We found medicines which were no longer needed were not stored securely. We found that appropriate arrangements were not in place in relation to the recording of medicines. We found that medicines were not administered safely. We found that arrangements made to give people their medication as directed by the manufacturers, especially with regard to food were poor. We found there was no information available to guide nurses as to how to give medicines which were prescribed to be given when required. We also found that there was no information recorded to guide nurses or staff as to where to apply creams.

We found appropriate arrangements had been made in relation to obtaining medication.

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 08 October 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have referred our findings to Local Authority: Commissioning and Local Authority: Safeguarding. We will check to make sure that action is taken to meet the essential standards.

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 always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

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 this service because the Commission received some concerns about the way medicines were handled at Atherton Lodge.

A Pharmacist Inspector from the Care Quality Commission visited the home on 6 August 2014 and found that people were not protected against the risks associated with the unsafe use and management of medicines. We looked at records about medication and medication for 14 people who were living in the home on the day of our visit and we found there were some concerns about medicines or the records relating to medicines for all of those people.

Medicines were stored in a room which was dedicated to the storage of medicines. The room was not clean; the work surfaces were sticky and the tops of units used to store creams were very dirty and dusty. There were lockable cabinets and cupboards for medicines to be stored securely in, however medicines were not always put away. Medicines which were no longer needed were not stored securely. It is important that all medicines are stored securely to prevent misuse. We found medication which belonged to people who had passed away was stored with medication that was currently prescribed for people living in the home. Nurses chose to store controlled drugs in a cupboard which does not meet current legislation because they said that the one that did meet current standards was too small. There were two oxygen cylinders stored in the room but were not chained up to ensure they were stored safely. There was no signage on the door to indicate Oxygen was stored in the room. We found that the fridge temperature on the day of inspection was minus one degree. This means medicines were being stored at inappropriate temperatures. We found eye drops and injections stored in the fridge which did not need cold storage. It is important that medicines are stored at the correct

temperatures to make sure they work properly. We found a bottle of eye drops stored without a lid on it and we saw that a bottle of antibiotic syrup was dirty and crusty round the neck of the bottle. It is important that adequate steps are taken to ensure medicines administered to people are not at risk of contamination.

We found appropriate arrangements had been made in relation to obtaining medication. This meant that everyone had an adequate supply of medicines so that their medication could be administered as prescribed and doses were not missed.

We found that appropriate arrangements were not in place in relation to the recording of medicines. We saw the Medication Administration Records (MARS) were sometimes constructed by using removable labels which meant that the records were not permanent and could be tampered with. When nurses handwrote the medication records they did not sign them or get a second person to check the information they had written to ensure it was accurate. We saw that nurses sometimes left gaps on the record charts which made it impossible to tell if medication had been given or not. We saw that sometimes nurses double signed for medication because there were two entries for the same medicines on the records. Nurses could not explain to us why they had double signed the records. Nurses failed to keep an accurate record of the exact quantity of medicines in the home for people. We found that most instances it was impossible to tell if medicines had been given as prescribed or could be accounted for. We found that although most records about controlled drugs were properly kept we found that the home had stock of controlled drugs which were not recorded in the register as it is legally required. Nurses signed the records to indicate they had applied creams to people but they told us they did not apply the creams. Nurses told us that the care staff applied the creams when helping people with their personal care but did not make a record of so doing.

We found that medicines were not administered safely. We found that it was difficult to tell if people were given their medicines as prescribed because the records were poor. However when we could reconcile the information on the medicines records with the stock held in the home for people we found that medicines were not given to people as prescribed. We saw that one person missed two doses of a tablet which is taken weekly because nurses thought the medication was out of stock because the records indicated there was no stock. We saw that eye drops which were out of date were administered to people. We found that medication which had been discontinued had not been segregated or destroyed which meant it may be administered in error.

We found that arrangements made to give people their medication as directed by the manufacturers, especially with regard to food were poor. We saw that medicines which needed to be given half to an hour before food were given with medicines which should be given with or after meals. Medicines must be given at the correct times to make sure they work properly.

We found there was no information available to guide nurses as to how to give medicines which were prescribed to be given when required. We found there was no information recorded to guide staff which dose to give when a variable dose was prescribed. It is important that this information is recorded to ensure people were given their medicines safely and consistently at all times.

We found that there was no information recorded to guide nurses or staff as to where to apply creams. It is important that staff know where creams should be applied to ensure people are given the correct treatment. If medicines are not given as prescribed, people's

health maybe at risk of harm.

We saw that an audit about medication had been carried out but was limited in scope but did not find any of the concerns we found that this inspection.

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 activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
Treatment of disease, disorder or injury	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. 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 08 October 2014.

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 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.

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