

Random inspection report

Care homes for older people

Name:	Ann Slade Care Home, The
Address:	5 Mornington Road Southport Merseyside PR9 0TS

The quality rating for this care home is:	one star adequate service
The rating was made on:	29/07/2009

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:							
Stephanie West	2	2	1	0	2	0	0	9

Information about the care home

Name of care home:	Ann Slade Care Home, The
Address:	5 Morningson Road Southport Merseyside PR9 0TS
Telephone number:	01704535875
Fax number:	01704512917
Email address:	
Provider web address:	

Name of registered provider(s):	Brooklyn Home Limited
Type of registration:	care home
Number of places registered:	24

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	24

Conditions of registration:									
Service users to include up to 24 OP									
To admit one male service user under the age of 65 years									
Date of last inspection	2	9	0	7	2	0	0	9	
Brief description of the care home									
<p>Ann Slade is a residential care home that specialises in the care of older people. The home is registered for 24 service users and is owned and managed by Mr Korwin-Granford who has many years experience in the care of older persons. Ann Slade is located within a suburb of Southport and is close to all local amenities. The home presents an older type property, which has been converted into a care home with the accommodation being provided over three floors all served by a passenger lift. The communal space within the home consists of one dining room 2 lounge areas and a small smokers lounge. All communal space is provided on the ground floor. The home has 22 single and one double bedroom all having en suite facility. The home provides</p>									

Brief description of the care home

limited car parking to the front of the premises. The home provides ramped access to all entrance and exit areas and has aids and adaptations in place to meet all assessed need. The weekly rates are £383

What we found:

This visit was made to look at the homes medication arrangements to look at how weaknesses identified at our previous visit were being addressed. The visit lasted approximately three and a half hours and involved discussion of medicines handling with the manager and senior staff, examination of medicines records and storage arrangements. This visit focused on medicines handling, other areas were not examined on this occasion. At the end of the visit feedback was given to the manager.

Since our previous visit a new manager had come to the home. The manager had contacted the supplying pharmacist for advice about medicines and had arranged for further medication training. Residents' photographs had been included with their medicines to assist in their positive identification before medication administration. A controlled drugs register had been ordered for recording the safe handling of controlled drugs. A basic audit of medicines stocks and records was completed, but consideration should be given to carrying out a 'broader audit' as this had not been effective in identifying concerns found during this visit. Overall, we found that action was being taken to improve medicines handling at the home but some weaknesses remain to be addressed, to help ensure peoples' health and well-being is best protected.

We looked at medicines administration. Several people had chosen to manage some of their own medicines, helping to support their choices and independence. But, it was of concern that written assessments were not completed and there was no written information about how self-administration was supported. It is important that assessments are completed to help ensure people receive any support they may need to safely manage their medication. Other medicines were administered by staff who had completed medication training. We were told that breakfast medicines were administered by night staff before they went off duty at eight o' clock in the morning. But, staff were not aware of any specific arrangements made to ensure any special label instructions such as 'before food' or 'after food' were followed. It is recommended that the times medicines are administered is monitored to help ensure medicines are administered at the best and right times.

We looked at medicines records and stocks and found that records showing the receipt of medicines into the home and those for the disposal of unwanted medicines were generally clearly completed. But, it was not always possible to account for (track) the safe handling of medicines at the home because boxes and bottles were not dated on first opening, nor was the quantity of any medicines carried forward to the next month recorded. A monitored dosage system was in use but this was not always aligned to the paperwork, so again it was not always possible to carry out simple checks to confirm medicines had been given correctly. This makes it difficult for the home to audit (check) the handling of medication at the home and should be addressed. We were concerned to find that one person had no stock left of one of their tablets and that a new prescription had not yet been ordered. We saw a second example where another person had 'run out' of a prescribed laxative. It is important to ensure sufficient stocks of medication are maintained to enable continuity of treatment. Most medication administration records were pre-printed by the pharmacy but where handwritten entries were made by home staff these were not always checked and countersigned to reduce the risk of mistakes. We found that there was not always clear information about the use of prescribed

creams. This should be considered to help ensure staff applying the creams know what, and where they are for.

We found that all medicines including Controlled Drugs were safely locked away but, to meet with current law, the controlled drugs cupboard needs to be properly fixed to the wall.

The homes written medication policy was available for reference but did not always provide clear guidance for staff about the handling of medicines in the home. It could be usefully reviewed and updated to reflect both practice in the home and current good practice guidance.

What the care home does well:

People wishing to self-administer medication are supported to do so.

What they could do better:

Medicines record keeping need to improve to better support and evidence the safe handling of medication. Adequate stocks need to be maintained without overstocking, to ensure continuity of treatment. Consideration should be given to monitoring the times that medicines are administered to help ensure they are offered at the best and right times. To meet with current law, the controlled drugs cupboard needs to be properly fixed to the wall.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes



No



Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
1	3	14	<p>The registered person must ensure that all residents are fully assessed prior to admission.</p> <p>This ensures that residents needs are identified and the service can be sure they will meet their individual needs.</p>	01/09/2009
2	7	15	<p>The registered provider must ensure that residents have a care plan in place that addresses all of their needs including falls, mental health and sleep problems.</p> <p>This will ensure that all of the residents needs will be addressed through staff support and management.</p>	01/09/2009
3	16	22	<p>The registered provider must ensure that all complaints are logged correctly and that they are stored securely.</p> <p>This will ensure confidentiality is maintained.</p>	01/09/2009
4	18	13	<p>The registered provider must ensure that all staff fully understand the adult protection procedure.</p> <p>This will ensure that all</p>	05/10/2009

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
			residents are protected.	

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	9	13	Medication records must be clearly and accurately completed and sufficient stocks of medication held to support and evidence the safe administration of medication.	27/11/2009
2	9	13	The controlled drugs cupboard must be properly fixed to the wall to meet with the requirements of current law.	27/11/2009
3	9	13	Where people chose to self-administer medication written assessments must be completed and care plans kept up-to-date to help ensure they receive any support they may need to safely manage their own medicines.	27/11/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	9	The medication policy should be reviewed to provide clearer guidance for staff and consideration should be given to completing a 'broader' medication audit to help ensure any areas for improvement are identified and promptly addressed.

Reader Information

Document Purpose:	Inspection Report
Author:	Care Quality Commission
Audience:	General Public
Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at www.dh.gov.uk or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

Helpline:

Telephone: 03000 616161

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