

# Random inspection report

## Care homes for older people

Name:	Eastfield Farm Residential Home Limited
Address:	Eastfield Farm Residential Home Limited Halsham East Yorkshire HU12 0BP

The quality rating for this care home is:	three star excellent service
The rating was made on:	

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.

<b>Lead inspector:</b>	<b>Date:</b>							
Steve Baker	0	2	0	2	2	0	1	0

## Information about the care home

Name of care home:	Eastfield Farm Residential Home Limited
Address:	Eastfield Farm Residential Home Limited Halsham East Yorkshire HU12 0BP
Telephone number:	01964671134
Fax number:	F/P01964671134
Email address:	eastfield.res@neoeon.com
Provider web address:	

Name of registered provider(s):	Eastfield Farm Residential Home Limited
Type of registration:	care home
Number of places registered:	26

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	26
old age, not falling within any other category	0	26

Conditions of registration:								
The maximum number of service users who can be accommodated is: 26								
The registered person may provide the following category of service only: Care home only - Code PC, to service users of the following gender: Either, whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - Code OP and Dementia - Code DE(E)								
Date of last inspection								
Brief description of the care home								
Eastfield Farm Residential Home is a privately owned care home that is registered to provide care and accommodation for 25 older people, including those with dementia related conditions.								

### Brief description of the care home

The home is situated in a rural setting and local amenities are only accessible via public transport or car. Communal space comprises of three lounges and a dining room - some of these areas have views over open countryside.

Private accommodation consists of seventeen single rooms and four shared rooms - eleven of the single rooms and one of the shared rooms have en-suite facilities. There is a lift to the first floor so all areas of the home are accessible to the people who live there.

The garden is easily accessible for service users and in the summer benches, tables and parasols are placed outside. There is ample parking space at the front of the building.

## What we found:

The reason for carrying out this inspection visit was to follow up information received about medication practices in the home. A pharmacist inspector spent 5.5 hours in the home looking at the medication ordering, storage, handling and disposal arrangements, examining medication administration record charts (MARs) and speaking to staff. The outcome is as follows.

We found no direct evidence of incorrect administration of medicines but the lack of detailed medication receipt, administration and disposal records means it is not possible to be certain that people living in the home always receive their prescribed medicines exactly as directed. Medication management processes in the home do not follow best practice and we found a lack of awareness of current professional guidance documents.

We found that the office containing the medication store room was unlocked and that the keys to the store room had been left in the door. A notice on the store room door identified the contents of the room as medicines. The controlled drugs cupboard does not meet current safe custody requirements and it was not attached to the wall of the store room. The controlled drugs register was unsuitable for use and records of controlled drugs administration and handling in the home do not meet current guidelines. No thermometer was available for staff to check the temperature of the store room. No medication fridge was available and we found one container of medicines in the store room clearly labelled 'Store in a refrigerator'. All medicines must be stored securely at temperatures recommended by the manufacturer. No other items or personal staff belongings should be stored with medicines and access to the medication store room must be restricted at all times to authorised staff only. This will help staff to know medicines are safe to use when needed. We also found 16 containers of medicines belonging to people no longer living in the home or not able to be identified as the pharmacy label had been removed. Retaining unwanted medicines alongside medicines in current use is not safe as mistakes may be made. A further three containers had hand written labels attached. Staff told us that one of these had been provided by a family member but was not sure where the other two had come from. So that staff know they are safe to use, medicines must only be given to people from containers provided and labelled by a pharmacy or dispensing doctor's practice.

We were told that records of medicines received and disposed of are not routinely kept in the home and we found that no such quantities were written on the MARs each month. We were also told that the home had been advised to destroy unwanted medicines in the on-site incinerator. This practice is in breach of current environmental waste regulations and staff immediately agreed to return all unwanted medicines to the supplying pharmacy in future.

When we examined the 20 current MARs for accuracy and completeness we found no staff signature list making it difficult to know who had made individual records on the MARs. Each person's MARs were not separated from others by dividers and no photographs or additional identifying information was provided. This increases the risk of a mistake being made by giving a medicine to the wrong person. We found no additional information about when and how people living in the home prefer to receive their medicines or about how to give medicines prescribed 'when required'. Such information

helps staff to give medicines consistently and correctly and also helps to reduce the risk of refusals or omissions. Where administration gaps or omission codes were seen on the MARs, no additional information was found explaining why these doses hadn't been given. Eight MARs contained 16 new hand written entries which had not been signed, dated or witnessed and which lacked essential information. Seven MARs contained 10 hand written changes to directions which had not been signed, dated or witnessed and on questioning staff, the original record of the reason for these changes could not be produced. For example, dose changes of one person's medicine made after hospital blood tests were not confirmed in writing so staff accepted verbal information from a family member when updating the MAR. Another person's MAR contained hand written changes to three medicines made by staff following telephone conversations with a hospital consultant. A member of staff relied on a verbal report of these conversations when told to make the changes. Hand written entries and changes to MARs must be clear, detailed and complete and safe arrangements must be made to ensure staff know the reasons for the changes. A second person should always check these entries for accuracy so that all staff follow the changes on the MARs correctly.

On questioning, no records of checks of medication record keeping or audits of quantities of medicines remaining could be produced. The lack of records of quantities of medicines received and retained each month means that it is very difficult to prove that all medicines are being given correctly as directed.

Staff told us that they were last trained in safe medication practice 'several years ago' but that updates were planned later this year. The home's medication policy and procedure documents should be updated to reflect current best practice. Staff were also unaware of professional best practice guidance published by the Royal Pharmaceutical Society and the Care Quality Commission. Staff agreed to obtain these documents and to seek support from the local NHS medicines management team. Having well trained up to date staff helps to reduce the risk of medication errors.

### **What the care home does well:**

Staff agreed for the need to make immediate improvements and to seek support to ensure medication practices in the home are made safe.

### **What they could do better:**

Medicines must be given strictly according to the directions of the prescriber. Medication records must be accurate and detailed in describing exactly what medicines are received, given, and disposed of. All medicines, including controlled drugs, must be stored securely at temperatures and conditions recommended by the manufacturer. All staff must be trained in safe medication handling and shown to be competent to give and record the use of medicines. The home's medication policy and procedure documents should be updated to reflect current best practice. Information should be gathered about people's medication taking preferences. Guidance should be kept for those medicines prescribed to be given as and when needed.

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

## 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	All medicines must be stored securely at temperatures recommended by the manufacturer.  This will help staff to know that medicines are safe to use when needed.	31/03/2010
2	9	13	Controlled drugs must be stored securely and records of receipt, administration and return must be made in accordance with current regulations and guidelines. This will provide the necessary additional protection  against loss or diversion of these medicines.	31/03/2010
3	9	13	Arrangements must be made to ensure all medicines are administered as directed and that care plans include relevant instructions for staff in this respect.  This will help to make sure that staff administer all	31/03/2010

## 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
			prescribed medicines correctly as and when needed.	
4	9	13	Arrangements must be made to ensure that medication records are accurately completed and maintained in a timely manner including those for all medicines received, administered and leaving the home.  This will help to show that medicines are being used correctly as directed.	31/03/2010
5	9	18	Arrangements must be made to ensure that all staff authorised to handle and give medicines have received relevant update training and that their practice is then checked regularly.  This will make sure staff are suitably qualified and competent to give medicines safely.	30/04/2010

## 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	Hand written MAR entries and changes should be checked for completeness and accuracy.
2	9	Regular checks of medicines kept in the home, medication record keeping and staff practice should be made and recorded.
3	9	People's own choices about when and how they prefer to

## 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
		receive their medicines should be recorded and reviewed regularly.
4	9	The medication policy and procedure documents should be updated to reflect current best practice.
5	9	Identification photographs and personal information should be permanently fixed to MAR chart dividers.

## 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](http://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](http://www.tso.co.uk/bookshop)

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