Ideal Carehomes (Number One) Limited

Brinnington Hall

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on 25 September 2019.

Our last inspection took place on 10 and 23 May, 8 June, 10 and 11 July 2018 and was promoted by a statutory notification we received of an incident relating to medicines management. During our inspection we had ongoing concerns about medicines management particularly relating to the reconciliation of medicines when new people were admitted into the home or when discharged from hospital.

We found that Brinnington Hall was in breach of the Health and Social Care Act 2008 (Regulated Activities); Regulations 12 Safe Care and Treatment.

Following this inspection, we asked the registered provider to clarify their position in relation to future admissions to ensure that people's medicines could be received and booked in safely at Brinnington Hall. The registered provider made the decision to suspend admissions into the home until improvements were made. The home then started to admit one person a week between office hours on Monday to Thursday only to ensure sufficient time was available to book in medicines accurately.

We received an action plan from them and held a meeting with the registered manager, regional director and head of compliance to reassure ourselves that action was being taken.

At this inspection we looked at the safety of medicines management arrangements at the home and the action taken by the registered manager to address our previous concerns and prevent this type of incident happening again. We found improvements had been made.

Brinnington Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 61 people were receiving personal care only during our inspection.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a registered manager in place and they were present during the inspection. The registered manager was supported by the regional director throughout this inspection.

We checked the admissions records relating to the reconciliation of medicines since our last inspection. We found that improvements had been made in the systems to ensure that people had the right medicines in place at the point of admission, returning to the home from hospital and when medicines records were transferred from one month's cycle to the next. This had been achieved by improving the homes admission procedures for people moving in to the home, increasing the numbers of the management team on both

days and nights and putting systems in place to make regular spot checks of medicines.

We were satisfied that the actions on the plan we received from the registered provider had been met or were in progress.

We saw that the supplying pharmacist had carried out a pharmacist advice visit. The report into this visit shows no major concerns. Following our inspection visit we contacted the local authority quality assurance office and the clinical commissioning group to check if they had any concerns about the safety of medicines management at the home. No concerns were raised with us.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were safely managed. Medicines records were accurate and people's medicines were administered as prescribed.

Is the service well-led?

Good

The service was well led.

The registered provider had systems in place to identify shortfalls in the safe management of medicines.

Brinnington Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was a focused inspection to check that improvements to help ensure medicines management systems were safe and people received their medication as prescribed.

An adult care services inspector, a pharmacist inspector and a medicines manager undertook this inspection.

This inspection was carried out to check the providers action plan had been completed and looked at the medicines of new people who had been admitted to the home. We were informed that seven people had been admitted since our last inspection and one person had been discharged from hospital.

During this inspection we spoke with the registered manager, the regional director, the new care manager, a new deputy manager and a new senior carer.

We reviewed the records of six new admissions into the home, one person who had returned to the home from hospital as well as the records of 14 people to check that the transfer of medicines records from one monthly medicines cycle to the other were correct. We also checked that the registered providers action plan and all other areas identified on our previous inspection report had been satisfactorily addressed.

Following our inspection visit we contacted the local authority quality assurance officer and the clinical commission group to check if they had any concerns about the safety of medicines management at the home. No concerns were raised with us.

Good

Is the service safe?

Our findings

At our last inspection we rated the safe section of the report as requires improvement. This was because of our ongoing concerns about the safety of medicines management systems at the home. At this inspection we found that improvements had been made.

At our previous visits in 2018 we found that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment because medicines management was unsafe, putting people at risk of harm. This was because the checks being made when medicines were received into the home were ineffective. One person was given medicine that was not currently prescribed for them and another person was not given a medicine that was prescribed for them. A third person was given the wrong dose of medicine.

At this inspection we found that medicines were managed safely. We looked at seven people's records and saw that systems were in place to make sure people moving into the home or returning from hospital received the right medicines when they needed them.

Two new members of staff told us that their ability to administer medicines safely had been assessed before they were allowed to give people their medicines. We checked the records for a further eight people and saw that medicines were properly recorded and regular checks were made to make sure medicines were given and recorded safely. Entries on medication administration records (MARS) that were handwritten were signed by two members of staff to indicate the information had been checked.

Three people in the home had swallowing difficulties and were prescribed a thickening agent for their drinks. Records showed that thickening agents were used in the right way, so people were protected from the risk of choking.

If a person was prescribed one or more medicines to be given "when required" written guidance was kept with their MAR to help staff administer them safely. Review dates for this written guidance were set and we saw reviews were completed for the majority of records we checked. A GP visited the home twice a week to check people's health and their medicines.

The home used an electronic system to record the application of emollient creams. We looked at the records for four people and found that one person's record was incomplete. The regional director told us that this was due to a software problem and would be immediately rectified. A cream for one person was out of stock in the home but had already been ordered before our visit. Creams were stored safely.

Good

Is the service well-led?

Our findings

At our last inspection we rated the safe section of the report as requires improvement. This was because of our ongoing concerns about the safety of medicines management systems at the home, which the registered provider's quality monitoring systems had failed to identify. At this inspection we found that improvements had been made and we rerated the well led section as good.

At our last inspection the home was found to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities), good governance, because the registered providers governance systems did not identify all the shortfalls in safe medicines management.

Following our last inspection, we asked the registered provider to clarify their position in relation to future admissions. The registered provider made the decision to suspend admissions into the home until improvements were made. Once confident that admissions could be managed safely the home started to admit one person a week between office hours on Monday to Thursday only so that adequate time could be made available to book in medicines safely.

We also received an action plan from them and held a meeting with the registered manager, regional director and head of compliance to reassure ourselves that action was being taken.

At this inspection we spoke with both the registered manager and the regional director. They told us that since our last inspection a new management team was now in place. The management team was larger, which had improved the management oversight at the home both during the day and at night. The registered manager said, "It's a brand-new team and there is no complacency and more positivity, energy and care about getting medicines right."

We spoke to the new care manager for the service. They spoke positively about working for the service and the support they were receiving from the registered manager and the registered providers managers. They told us that the new management team was very positive about the future. Between them they had a lot of experience in medicines management and working with health providers.

The care manager informed us that Brinnington Hall continued to develop good relationships with staff at the local doctor's surgery at which all the people who lived at the home were registered. A meeting had been arranged with the local patient forum to discuss accessing the patient online service for people's medical information. Remote access to patient information online would reduce the workload involved in patient transfer and give the home immediate access to information that they require to protect people's health and wellbeing, including their medication details.

We saw that regular spot checks were being undertaken at the home and an audit of the medicines management system had been undertaken. We were informed that this month's audit was in the process of being undertaken.

We talked to the regional director. They showed us the electronic systems giving them remote access to oversee the service to ensure people's needs were being met. Any shortfalls identified by the electronic system were logged and addressed at the monthly quality meeting with the registered manager, including medicines. We saw a copy of the last two quality meetings which showed what action needed to be taken in relation to people's individual care records and risk assessments. We also saw a root case analysis had been undertaken in relation to the one medicines error that had occurred since our last inspection. This showed that the error had been made by an agency staff member. A decision was reached not to use agency staff again. The management team is now large enough to cover any shortfalls in staff needed to administer medicines.

We saw that the supply pharmacist had carried out a pharmacist advice visit. The report into this visit shows no major concerns. Following our inspection visit we contacted the local authority quality assurance officer and the clinical commission group to check if they had any concerns about the safety of medicines management at the home. No concerns were raised with us.