



CLS CARE SERVICES GROUP

INSPECTION REPORT DOCUMENTATION

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*Making Social Care
Better for People*

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14 MAR 2008

Mr Nick Dykes
CLS Care Services Limited
Pepper House
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CW5 5DQ

4th March 2008

Ref: S70473/V360444/F51

**Commission For Social Care Inspection
Care Standards Act 2000/Children Act 1989**

Name of Home: Belong Macclesfield

Date of Visit: 21st February 2008 Time of Visit: 10:00 am

Dear Mr Dykes

I am writing following the above inspection. This visit was carried out to look at the handling of medication at the request of the Lead Inspector, following concerns identified at the previous inspection. The visit lasted 4.75 hours and involved inspecting residents' medicines and associated records and discussing the handling of medication with staff on duty including the Care Manager and Home Manager.

Summary

The philosophy of this newly registered home is to try to move towards an individual rather than institutional approach to the whole care process. Both the Home Manager and Care Manager were enthusiastic to manage medicines in a more individual way whilst working within the CLS medicine policies and procedures.

What they do well

The biggest strength was the willingness of staff and managers to adopt new ideas and be open to suggestions for the benefit of the residents.

What has improved since the last inspection

As this was the first visit by a pharmacist improvements could not be identified.

What they could do better

Storage arrangements for residents' medicines need to be reviewed to avoid having medicines stored outside the residents' rooms.

The system for the management of keys to residents' medicines could be improved

Some records of the medicines audit trail need to be improved.

In a home providing nursing care it is required by law to store controlled drugs in a cupboard that complies with the Misuse of Drugs Safe Storage Regulations.

Findings

Medicine is managed in the home according to CLS's company policies and procedures. Systems for medicine management are being put in place so that residents have their medicines in their rooms. The arrangements in place for the security of keys are not adequate and some medicines are stored in a communal drawer in a public space. It was agreed that keys to cupboards containing medicines would be stored centrally in a locked drawer unless the resident was taking their own medicines and that appropriate storage would be provided for residents to accommodate all their medicines. This will make sure that medicines are not lost or misplaced and can be audited when required.

The standard of record keeping varied a lot, some good and some not so good. The audit trail of some medicines tallied exactly whilst others did not or were not clear enough to follow. It is difficult from some records to be sure that the medicines had been given correctly. The records for one resident showed they had been given one more tablet than prescribed on one day. The quantity of tablets taken from the pack would support this.

There was no controlled drug cupboard available. Two residents had medicines in their rooms requiring such storage by law. A controlled drug record book was in use, stored in one of the resident's wardrobe. This is not acceptable as it would not be easily accessible to staff giving the other resident their medicine.

Requirement number 5 in the following table have been made as a result of this inspection. Remaining requirements were issued at a previous inspection. Action must be taken to meet requirements as they are made under the Care Standards Act 2000. Recommendations are seen as good practice and should be given serious consideration.

Requirements				
No	Standard	Regulation	Required Action	Timescale for action
1	OP8	13(4)(c)	Risk assessments for the use of bedrails must be in place so that people are cared for safely in bed.	25/02/08
2	OP9	13(2)	Suitable arrangements must be put into place for the secure storage of medicines and medicine keys must only be available to staff who are competent to administer medicines. This is to ensure the safety of people that live in the home. (Timescale 25/02/08 not met)	31/03/08

3	OP9	13(2)	<p>Controlled drugs must always be stored according to the requirements of the Misuse of Drugs Act 1971 for the safety of people that live in the home.</p> <p>(Timescale 25/02/08 not met)</p>	31/03/08
4	OP9	17(1)(a) Schedule 3(3)(i)	<p>There must be a record of all medicines that are brought into the home, given to residents or disposed of including the quantities. This is so there is an audit trail of all medicines that pass through the home.</p> <p>(Timescale 25/02/08 not met)</p>	31/03/08
5	OP9	13(2)	<p>When printed instructions are not provided with medicines, staff must handwrite all the details from the medicine label onto the record sheet, which must be checked by a second person, and then both sign the record. This is so that staff have clear instructions how to give residents their medicines so they receive them safely as prescribed by their GP.</p>	25/02/08

Recommendations		
No	Standard	Good Practice Recommendations
1	OP6	Staff caring for people in the intermediate care unit should receive specialist training in rehabilitation so that people are enabled to maximise their independence and return home.
2	OP7	Peoples' life plans and risk assessments should be reviewed regularly and reflect any changing need. This is so that staff always have up to date information about the care to be given to people.
3	OP7	A photograph of each person who lives in the home should be available for safety and recognition.
4	OP9	For people who wish to look after their own medicines, a written risk assessment should be carried out that is regularly reviewed. This is important as it allows them to maintain some independence and receive the right level of support from staff and to ensure the medicines are not mishandled.
5	OP16	The complaints procedure should be made more visible and available for people that live in the home, relatives and visitors, as the comment cards do not provide enough information for people who wish to make a formal complaint.
6	OP27	The staff rotas should be closely monitored to ensure there are consistently enough staff available to meet the needs of the people who live in the home, with more staff being available at peak times of activity.
7	OP38	Any agency staff working in the home must receive training in fire safety before they start work so that they understand and know how to implement the fire safety procedure.
8	OP38	The manager should ensure there are systems in place to maintain a safe environment in the absence of a handyman, to ensure the health and safety of people who live in the home, staff and visitors.

Reference to this inspection will also be contained within the next inspection report.

If you would like any advice about these requirements please contact me directly or Ann Gray, Regulation Manager.

This letter will not be published but will be made available on request to members of the public or other enquirers.

Yours sincerely


Elaine Bray
Pharmacist Inspector

Copy to:

Bronwyn Kelly
Wendy Smith
Ann Gray

CSCI Regulatory Inspector
CSCI Regulatory Inspector
CSCI Regulation Manager

We welcome your feedback to help us improve our service.
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27 March 2008

Elaine Bray
Pharmacist Inspector
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PR2 2YQ

Dear Ms Bray

Re: Inspection Report – Belong Macclesfield

Further to your unannounced inspection on 21 February 2008 and your report received on 12 March 2008 I have read the report and consider the content to be an accurate record of the inspection.

The improvement plan provided previously in response to the unannounced inspection of 3rd January identifies the actions being taken to address the requirements and recommendations contained in this report.

Yours sincerely

Christine Hiley
General Manager

cc: Quality & Compliance Manager



CSCI IMPROVEMENT PLAN

Improvement plan for:		Belong Macclesfield	
Improvement plan must be returned by:		25 April 2008	
What you must do?		Why you must do this?	
1	Risk assessments for the use of bed rails must be in place so that people are cared for safely in bed. The bedrails did not have protective covers and the rails are a sufficient distance apart for a limb to be trapped. The risk assessment for the use of bedrails did not address this.	1	<ul style="list-style-type: none"> • To ensure that residents can live safely and are not at risk in their environment. • Regulation 13(4) of the care homes regulations 2001 requires you to make sure that the home is free from risks to the residents, and that unnecessary risks are identified and eliminated where possible. • Regulation 43(1) of the care homes regulations 2001 states that a contravention or failure to comply with regulation 13(4) is an offence.
2	Improve the management of medicines at the home by making sure: <ul style="list-style-type: none"> • There are suitable arrangements for the secure storage of medicines and medicine keys must only be available to staff who are competent to administer medicines. • Controlled drugs are always stored according to the requirements of the misuse of the drugs act 1971 • An accurate record is kept of all medicines received into the home. 	2	<ul style="list-style-type: none"> • This is to ensure the safety of the people that live in the home. The present system of storing individual medication keys on a wardrobe shelf in each persons bedroom is not safe as other people can easily gain access to these and they could be taken • Controlled drugs being left on an unsecured wardrobe shelf in a residents bedroom means that other residents may be at risk as they could be taken.

- When printed instructions are not provided with medicines, staff must handwrite all the details from the medicine label onto the record sheet, which must be checked by a second person, and then both sign the record.

- Adequate records of all medicines brought into the home must be kept to ensure there is no mishandling and they can be audited.
- The medicine administration sheets must be completed fully and in a safe way, so that staff have clear instructions how to give residents their medicines so they receive them safely as prescribed by their GP.
- Failure to make suitable arrangements for the recording, handling, safekeeping, safe administration and disposal of medicines received in the home is a breach of regulation 13(2) of the Care Homes Regulations 2001.
- Regulation 43(1) of the Care Homes Regulations 2001 states that a contravention or failure to comply with regulation 13(2) is an offence.

Your improvement plan (to be filled in by you):

Tell us what you are you going to do to make the improvements and meet the requirements outlined above. You should also tell us about any other improvements you are planning?		Tell us how you will make sure that what you are going to do will be effective?		When and by whom will this be done?	
1	Registered person will ensure all risk assessments are completed and in place for each resident who has them in use for their safety. Protective covers for the rails are used in accordance with the individual requirements for the resident.	1	<ul style="list-style-type: none"> • Individual care plans are inclusive of all required documents, along with any equipment needed. • Monitoring of residents conditions will indicate what equipment is required. • Regular auditing of care plans will ensure personal information for residents is accurate and up to date. 	1	

<p>2</p>	<p>All medication held in residents bedrooms will be in use and securely stored.</p> <p>All controlled drugs will be stored separately in accordance with the Misuse of drugs act 1971.</p> <p>Accurate records will be maintained at all times.</p> <p>Any medicines received without printed instructions must be checked in accordance with CLS medication policy.</p>	<p>2</p> <ul style="list-style-type: none"> • Only appropriately trained staff will have access to the medication keys and will hold them for the duration of their shift. • All medication held in residents rooms is locked in a steel medicine cupboard inside a locked wardrobe. • All controlled drugs will be held separately in a locked room, in a steel cabinet within a steel cabinet. • All medication received into the home to be received in accordance with the CLS medication policy for the safe and secure handling and administration of medication. • Any medication received must be on a printed MARR chart with clear legible instructions. To ensure staff are able to administer safely and in accordance with the GP instructions. • Staff will handwrite all the details onto a MARR chart, this will be checked by a second person and both will sign as correct. • Regular audit of medication will ensure the safety of residents, compliance of policy and accuracy of information and records. 	<p>2</p>
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Is there anything else you wish to tell us that might help us to understand your improvement plan?

We are working hard at Belong to establish our new home, this has meant a change to the original staffing structure to suit the needs of the residents and the service we provide.

We have encountered a number of problems in relation to a very new staff group, working in a new environment with the very latest technology. We have just completed a full shuffle in the staff teams, this was done because they have been identified as having the skills and knowledge best suited to particular households, which we hope will enhance the lives of the residents who live there and improve the overall functioning of the home.

We have met with a new pharmacy and agreed a level service that best suits the needs of the home and will be looking into changing supplier in the very near future. A medication training session has recently been completed by staff to accompany their assessment of the administration of medication practice. Belong values training is to be revisited by all staff to reinforce our way of working.

Name and role of person completing this improvement plan:	Name:	
	Role:	
Name and role of person who has overall responsibility for this improvement plan:	Name:	
	Role:	
Date of improvement plan:		