

Advinia Health Care Limited

Cloisters Care Home

Inspection report

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28 February 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Summary of findings

Overall summary

The inspection took place on 28 February 2017 and was unannounced. The inspection was carried out by a pharmacist inspector to look at the way in which medicines were being managed at the home. This was because we had received information from the provider and the local Clinical Commissioning Group (CCG) about an incident relating to medicines which took place at the service.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Cloisters Care Home' on our website at www.cqc.org.uk.

The last inspection of the service was 17 May 2016. At this inspection we rated the service Requires Improvement because we found that people did not always receive care which met their social and emotional needs. Some of the staff did not always care for people in a person centred way or take account of their needs associated with having dementia. The staff did not always treat people with respect. The provider sent us an action plan telling us how they would make the required improvements.

The inspection of 28 February 2017 did not include a review of these previous concerns because it was a focussed inspection carried out by a pharmacist inspector to look at the management of medicines only. We will review other areas of the service at our next comprehensive inspection. Therefore we have not reviewed or changed the rating of the service at this time.

Cloisters Care Home is a nursing home for up to 58 older people with nursing needs. The ground floor was also for people who were living with the experience of dementia. The home is managed by Advinia Healthcare Limited, a private company who manage 16 residential and nursing homes and home care services in England and Scotland.

At this inspection we found that the provider had made suitable arrangements to ensure people were protected against the risks associated with the inappropriate treatment of medicines. People received their medicines as prescribed. Medicines were stored, administered and recorded appropriately.

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.

People received their medicines in a safe way and as prescribed.

Cloisters Care Home

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 was planned to check 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.

The inspection took place on 28 February 2017 and was unannounced.

The inspection was conducted by a pharmacist inspector.

We spoke with five members of staff including the provider's quality assurance manager who was managing the home whilst the registered manager was on leave. We looked at the medicine records for 14 people. We looked at the way in which medicines were stored, recorded, administered and audited.

Is the service safe?

Our findings

The inspection only focussed on the way in which medicines were managed at the home. At the previous inspection of 16 May 2016 we rated the domain of Safe as Good. For information about how the provider was meeting other areas of this domain please refer to the report from the visit on 16 May 2016. This can be located by following the link for all reports on 'Cloisters Care Home' on our website www.cqc.org.uk

At this inspection, we checked medicines storage, medicines administration record (MAR) charts, and medicines supplies. All prescribed medicines were available at the service and were stored securely in locked medicines cupboards within each treatment room. This assured us that medicines were available at the point of need and that the provider had made suitable arrangements about the provision of medicines for people.

Current fridge temperatures were taken each day (including minimum and maximum temperatures). During the inspection (and observing past records), the fridge temperature was found to be in the appropriate range of 2-8°C. This assured us that medicines requiring refrigeration were stored at appropriate temperatures. Room temperatures were also monitored and found to be below 25°C in accordance with the licensed status of most medicines.

Overall, people received their medicines as prescribed, including controlled drugs. We looked at 14 MAR charts and found no gaps in the recording of medicines administered, which provided a level of assurance that people were receiving their medicines safely, consistently and as prescribed. We found that there were separate MAR charts for people who had topical medicines prescribed to them (such as creams). These were mostly filled out on a daily basis by carers. However, we found that staff did not sign to indicate they had transcribed the instructions from the prescription/MAR and there were no countersignatures. However, we found that staff had signed to say they had administered these types of medicines. This gave us assurance that creams had been applied to people.

We spoke with one person's relative who reported that they received their medicines in a timely and correct manner. Running balances were kept for medicines that were not dispensed in the monitored dosage system. This meant that staff were aware when a medicine was due to run out and could make arrangements to order more. Where a variable dose of a medicine was prescribed (e.g. one or two paracetamol tablets), we saw a record of the actual number of dose units administered to the client. For entries that were handwritten on the MAR chart, we saw evidence of two signatures to authorise this (in line with national guidance).

Medicines to be disposed were placed in appropriate pharmaceutical waste bins and there were suitable arrangements in place for their collection by a contractor. Controlled drugs were appropriately stored in accordance with legal requirements, with daily audits of quantities done by two members of staff.

We observed that people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them. People's behaviour was not controlled by excessive or inappropriate use of medicines. For

example, we saw 10 PRN forms for pain-relief/laxative medicines. There were appropriate protocols in place which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine does not have its intended benefit. We found that some people were not administered their PRN pain relief medicines as they were not needed. We fed this back to the provider who told us they were currently undergoing a review with the GP to minimise the amount of PRN pain relief medicines issued to people, and to consider starting a homely remedies protocol instead.

We looked at four MARs for the people who were administered their medicines covertly. We found that he/she had the appropriate authorisation and input from professionals to enable them to have their medicines covertly. For example, there was evidence of a medicines form which was signed and reviewed by the GP and the pharmacist. This assured us that people in this location were administered medicines covertly in an appropriate manner in accordance with legislation and recommended guidance.

Medicines were administered by nurses that had been recently trained in medicines administration (through two separate providers). We observed a member of staff giving medicines to a resident and found that staff had a caring attitude towards the administration of medicines for people. Staff also wore a protective vest to ensure they were not disturbed during the administration of medicines.

The provider followed current and relevant professional guidance about the management and review of medicines. For example, we saw evidence of several recent audits carried out by the provider, Clinical Commissioning Group pharmacist and community pharmacy supplier, including safe storage of medicines, room and fridge temperatures and stock quantities on a daily basis. A recent improvement made by the provider included updating all the stock quantity records of medicines that were not in multi-dose compliance aids (MDS) and more robust checks on the disposal of unwanted medicines. This had been highlighted from previous incidents and was in line with national guidance.

The provider confirmed they were happy with the arrangement with the supplying community pharmacy and GP surgery, and felt that the provider received good support with regards to the provision of medicines reviews and medicines supplies. This was evidenced by checking the record of several medicines reviews that had been carried out within the last two months for people. Where a GP had amended a medicine, we saw evidence of this change within the MAR folder, with the corresponding medicine ordered and administered on time.