

Ms Mary Mundy

Towerhouse Residential Home

Inspection report

11 - 12 Tower Road
Willesden
London
NW10 2HP

Tel: 02089337203

Date of inspection visit:
03 June 2016
10 June 2016

Date of publication:
18 August 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected Towerhouse Residential Home on 3 June 2016. This was an unannounced inspection. We made a further unannounced visit to the home on 10 June 2016 in order to complete the inspection.

During our previous comprehensive inspection of the home on 30 November 2015 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safeguarding service users from abuse and improper treatment and staffing. The provider had also breached Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, by not providing CQC with a notification in relation to a safeguarding concern. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection on 3 and 10 June 2016 to check that the provider had followed their plan and to confirm that they now met legal requirements. We also looked at medicines at the home following a concern that the provider was not meeting requirements in relation to safe administration of medicines. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Towerhouse Residential Home on our website at www.cqc.org.uk.

Towerhouse Residential Home is a care home situated in Willesden which is registered to provide care to up to eight older people. At the time of our inspection there were seven people living at the home, most of whom were living with dementia..

The home is owned and managed by Mrs Mary Mundy who is registered with us as an individual provider. As she has taken on the role of manager in day to day charge of how the regulated activity accommodation and personal care is provided there is no requirement for a separate manager to be registered with us.

During our focused inspection on 3 and 10 June we found a continuing breach of regulation in relation to staffing. The provider had failed to take action to improve the level of training and support that was provided to staff members. One staff member had not received training in essential skills including food hygiene, basic first aid, safeguarding and moving and handling. Staff members had not received regular periodic supervision from a manager. This meant that the provider was failing to ensure that all staff members received the training and support that they required to carry out their duties effectively.

There had been no safeguarding concerns at the home since our previous inspection on 30 November 2015. We saw, however, that a notification had been sent to CQC in relation to a minor injury that was sustained by a person that lived at the home.

The administration and disposal of medicines were not safely managed. At our visit on 3 June 2016 we found that medicines were not directly administered to people from the pharmacy-provided packs, but had been placed in unlabelled pots prior to the time when people were due to receive them. The medicines

administration record (MAR) was not completed immediately each person had taken their medicines. The manager was about to give a person medicines from a packet that had been prescribed for another person, but did not do so when we intervened.

Medicines were only administered by the registered manager who came into the home when not otherwise working in order to undertake this task. There were no arrangements in place to ensure that people received their medicines if she was ill or otherwise away. Neither the registered manager nor other staff members had received up to date training in the safe administration of medicines.

Unused and out of date medicines were stored at the home. These had not been disposed of, and there was no record in relation to any previous disposals of medicines.

When we returned to the home on 10 June 2016 we saw that medicines were administered to people directly from their pharmacy provided packs. People's MAR charts were completed immediately after they had taken their medicines. However, we had concerns about infection control procedures in relation to administration of medicines.

We saw evidence that the registered manager had attended safe administration of medicines training on 8 June 2016. Two staff members had been booked to attend the same training during the following month so that they could administer medicines in the registered manager's absence.

The unused and out of date medicines that we identified at our visit on 3 June 2016 had been disposed of. However, there was no record to show that they had been returned to the pharmacy.

There was no record of regular medicines audits having taken place at the home. Medicines maintained by the home were not checked or counted and MAR charts were not monitored to ensure that they were accurate. Our findings showed that, although some immediate improvements had been made, we could not be sure that people at the home were protected by the safe management of medicines.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are currently considering what further action to take. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Medicines were not administered, recorded or disposed of within best practice guidance. Staff members had not received training in medicines administration and no arrangements were in place to ensure that medicines could be administered in the absence of an authorised person.

Some staff members had not received training in safeguarding.

Requires Improvement ●

Is the service effective?

The service was not always effective. Some staff members had not received training in core and essential skills.

Regular periodic supervision to ensure that staff members were effectively able to carry out their duties had not taken place.

Requires Improvement ●

Is the service well-led?

The service was not always well-led. The provider had failed to put actions in place to address requirements identified at their previous inspection.

Quality assurance audits of medicines had not taken place.

Requires Improvement ●

Towerhouse Residential 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.

We undertook an unannounced inspection of Towerhouse Residential Home on 3 June 2016. The intention of this inspection was to check that improvements had been made in relation to regulatory requirements identified during our previous inspection of the home on 30 November 2015. We also followed up a concern that had been raised in relation to medicines administration at the home. We returned to the home on 10 June 2016 to seek further information and to check on progress. This inspection was carried out by two inspectors.

During our inspection we looked at a range of documentation, including five care files, two staff files, medicines administration and disposal records, policies and procedures and quality assurance records. We observed practices in relation to medicines administration, and looked at the medicines maintained at the home. We spoke with the registered manager and two staff members.

Before our inspection we looked at information that we held about the home. We also spoke with a representative from a local authority commissioning team.

Is the service safe?

Our findings

At our last inspection of 30 November 2015 we found that the home was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to notify CQC of a safeguarding concern, and some staff members working at the home had not received safeguarding training.

Following the inspection the provider sent us an action plan setting out the action they had taken to improve the service. We used this action plan when we reviewed progress on meeting the regulation during our inspection.

When we visited the home on 3 June 2016 we looked at the home's safeguarding records and the care documentation for five people. We found that there had been no further safeguarding concerns since our previous inspection. The registered manager told us that they would ensure that we received notifications of any future safeguarding concern.

We reviewed the training documentation for two staff members. We saw that one staff member had not received safeguarding training. The provider's action plan in respect of our previous inspection stated, "Staff training for safeguarding booked on the 20/2/16." However, the registered manager was unable to provide us with evidence that this had taken place.

This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns about the fact that a staff member had failed to receive safeguarding training with the provider. . They told us that they would ensure that training was arranged. When we returned to the home on 10 June 2016, we did not see evidence that an appropriate training session had been booked for the staff member.

Prior to our inspection we had received a concern relating to the home's practices in relation to the administration of medicines. During our visits on 3 & 10 June 2016 we observed medicines being administered, looked at the medicines held at the home and reviewed records in relation to medicines.

We observed the medicines administration on the morning of 3 June that was carried out by the provider. . We saw that medicines were removed from the medicines trolley in un-labelled pots and not administered directly from people's pharmacy-provided packs. The provider told us that she had removed medicines from the packs and placed into pots earlier that morning. We asked her how she knew that the medicines in unlabelled pots were the correct ones for the people that they were administered to and were told that, "I have worked with them for years and I know what medication they take."

We also observed that when a person was asked if they required pain relief medicines, the provider removed a packet of paracetamol from the medicines trolley and was about to remove tablets from the box

without first checking who they were for. When we intervened, she looked at the prescription label on the front of the packet and saw that they were for another person.

The provider also failed to complete the medicines administration record (MAR) immediately after giving each person their medicines. They told us that they did not do so because "there were too many things on top of the trolley." When we looked at people's MAR charts we saw that they had been completed correctly. However, we noted that the records for the previous four weeks had only been signed by the provider. She told us that other staff members were not trained to administer medicines and that she came into the home to undertake with role when she was not rostered to work. We asked the provider about arrangements if she was ill or had an emergency. She told us that she recognised that this was an issue and that she would arrange medicines administration training for herself and for other staff members.

When we looked at medicines maintained at the home we saw that unused or out of date medicines had not been disposed of. We asked the registered manager about this and she told us that she would ensure that this was done quickly using a medicines disposal records book that she showed us.

We returned to the home on 10 June 2016 to obtain further information and check on progress in relation to our concerns. We observed the morning medicines administration procedures and saw that medicines were given directly from the pharmacy provided pack and that the MAR chart was signed immediately after people had taken their medicines. However, we saw that the provider was putting the medicines into an ungloved hand before giving them to people. We discussed the importance of reducing risk of infection in medicines administration with the registered manager.

We asked about training in medicines administration and the provider showed us evidence that she had undertaken an appropriate training course on 8 June 2016. She told us that she had arranged for two staff members to receive the same training during the following month.

We asked if the unused or out of date medicines that we had identified at our visit on 3 June had been disposed of. The registered manager told us that they had been returned to the pharmacist. However the medicines disposal book had not been used, nor was there any other record that the medicines had been disposed of appropriately.

We looked at records in relation to medicines audits. We saw that there was no formal recorded evidence to show that regular audits of medicines had taken place. The registered manager told us that she would ensure monthly medicines audits were put in place.

Our concerns about medicines demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

At our last inspection of 30 November 2015 we found that the home was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some staff members had not received training and regular supervision by a manager to ensure that they were able to effectively carry out their roles in supporting people who lived at the home.

When we visited the home on 3 June 2016 we looked at the records for two permanent staff members. One file contained certificates that showed that the staff member had received a range of training that met the requirements for staff working in social care services. However, the second staff file only contained a record of their participating in training on hand hygiene and dementia awareness. We asked the staff member about the training that they had received, and these were the only two courses that they were able to tell us about. During this visit we observed that they were involved in preparation and serving of foods but there was no record that they had received training in food hygiene.

The provider told us that the home was short staffed at the time of our inspection and was using regular agency staff members to cover vacancies. We asked how they were able to ensure that the regular agency staff had received appropriate training. They told us that they expected the agency to provide this but could not show us evidence that they had asked the agency to provide this information.

The two staff files that we looked at showed that, whilst both staff members had received appraisals during the past year, only one had participated in a supervision session with a manager during February 2016. The home's supervision agreement for staff specified that 'Care staff will receive formal supervision at least 6 times a year.' We did not see evidence that this had been carried out.

When we returned to the home on 10 June 2013, the provider showed us evidence that one regular agency staff member had received core training and had participated in a supervision session during February 2016. We found that there had been no further action in relation to training and supervision for other staff members. The provider told us that she would ensure that all staff members were booked onto appropriate training and that regular supervision sessions were planned. However, we were not shown evidence of these actions being put in place.

These concerns demonstrated a continuing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

At our last inspection of 30 November 2015 we found that the home was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The provider had failed to provide CQC with a regulatory notification in relation to a safeguarding concern.

When we visited the home on 3 June 2016 we noted that a notification had been submitted to CQC in relation to a minor injury to a person. We saw that this had been managed appropriately. The registered manager told us that they would ensure that notifications would be submitted to CQC in the future.

We had further concerns about the management of the home following this inspection. The provider had not acted on the requirements identified following our inspection of 30 November 2015. They had provided us with an action plan dated 30 January 2016. This set out actions that they would take in relation to staff training and supervision. We found that training specified in this action plan as being due to take place during February 2016 had not happened. There was no evidence of any other training having been put in place for permanent staff members.

Action plans in relation to regular staff supervision by a manager had not been addressed. We saw that a permanent staff member and a regular agency staff member had received supervision in February 2016. However there was no record of any other staff supervisions having taken, despite the fact that the provider's supervision agreement for care staff specified that staff 'will receive formal supervision at least 6 times a year.'

We also found that the provider's quality assurance systems did not include regular audits of medicines. Medicines and associated records maintained at the home had not been checked regularly to ensure that they were safely managed. There were no arrangements in place to ensure that medicines administration could effectively take place in the absence of the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider failed to demonstrate the proper and safe management of medicines for people who used the service.

The enforcement action we took:

Warning notice issued 7 July 2016

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider failed to ensure that staff members received such appropriate support, training and supervision as is necessary to enable them to carry out the duties they are employed to perform

The enforcement action we took:

Warning notice issues 7 July 2016