

Gibson's Lodge Limited

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Inspection report

Gibson's Hill
London
SW16 3ES

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Date of inspection visit:
08 March 2017

Date of publication:
17 March 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

Gibson's Lodge Limited is a residential nursing home that provides accommodation and personal support for up to 53 older people some of whom were living with dementia. There were 50 people at the home receiving care when we visited.

The home had a registered manager in post. '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.'

We carried out an unannounced comprehensive inspection of this service in May 2016. Although people received the medicines they were prescribed the arrangements for the management of medicines were unsatisfactory and a breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what actions they would take to meet legal requirements in relation to the breach.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. We found improvements had been made and the home had sustained this improvement in the management of medicine. and we have revised our rating to good for the Safe section.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Gibson's Lodge

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 improved to good.

We found that appropriate action had been taken to address shortfalls in the management of medicines. Medicine procedures were strengthened and were fully compliant. Staff were receiving training in medicine administration and NICE guidance and had their competency assessed.

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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.'

This unannounced inspection was a focused inspection and took place on 8 March 2017. This inspection was done to check that the management of medicines was safe and met legal requirements. We inspected the service against one of the five questions we ask about services: is the service safe? This is because the service was not meeting some legal requirements.

The inspection was carried out by one inspector. Before the inspection visit we reviewed records and information held such as notifications. We contacted the local authority monitoring department and the safeguarding team to gather information. During the inspection visit we spoke with the manager and deputy manager and two clinical support workers and one qualified nurse. We spoke with three people receiving the service, we examined their medicine records and care plans for four people, We looked at audit systems for the management of medicines.

Is the service safe?

Our findings

At the previous inspection in May 2016 we identified shortfalls in medicine procedures that constituted a breach of regulation. We returned on 8 March to inspect the service, we focused on examining medicine procedures. People using the service received their medicines as prescribed, and there were no concerns reported from health professionals who visited the home.

The manager had addressed the shortfalls in medicine procedures and made improvement to how they managed medicines. When we examined records of medicines prescribed and administered we found these were clear and accurately completed. A full record with signatures was held of medicines received into the home and of medicines not required and collected by the approved contractor.

Allergies recorded on the resident's front profiles matched those recorded on the MAR charts. Medicines had required dates of opening appropriately marked. The manager had addressed storage issues identified at the previous inspection, medicines were correctly stored. We found that for people prescribed topical cream this was stored appropriately with a separate application record that was developed by the supplying pharmacist. Staff consistently completed the record and noted any reactions when they applied the cream prescribed.

All staff assigned the responsibility of administering medicines were trained to administer medicine and used the pain assessment tool appropriately. This was stored with MAR (medicine administration records) to assess the person's pain. Staff demonstrated in discussions their knowledge of managing pain relief for people cognitively impaired also how they continued to observe if symptoms were managed appropriately and if the medicine was effective. Medicine records were signed and dated, and for those prescribed PRN (when required) medicine was administered as prescribed.

We observed a staff member administer medicines. There was no evidence of secondary dispensing of medicines for people as found at previous inspection. Staff were trained on medicine procedures, training included using NICE guidance. Staff had their competencies assessed annually. They were clear that secondary dispensing was not an acceptable practice. (Secondary dispensing is when the medicine is removed from its original container and put into another pot in advance of the time of administration. This process removes the safety net to check the medicine strength and dose with the medicine record). We examined stock contents for three of the people using the service, the balance reconciled with paper records. Weekly and monthly audits were completed of medicines to ensure stocks were suitably managed.

A number of people (four) were receiving medicines covertly due to their specific support needs; mental capacity assessments had been completed. (Covert is the term used when medicine is administered and disguised in a way without the knowledge or consent of the person receiving them). Staff had involved the prescribing GP and the pharmacist and used the guidelines provided for the covert administration of their medicines. Care records and plans were developed with the person's GP and agreed through a 'best interests' decision-making process. Accompanying it was a medicine profile with clear advice from the pharmacist on what the medicine was prescribed for, and how the person's medicine should be prepared.

The pharmacist had recorded future dates to review with the GP the prescribed medicines administered covertly.