

Viridian Housing Sycamore Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 30 January 2017 and was unannounced. One pharmacist inspector carried out the inspection. We arranged the inspection after the Clinical Commissioning Group (CCG) passed us concerns they had identified with the management of people's medicines. At this inspection we checked the provider's management of people's medicines, including their ordering, storage and administration. We found the provider had taken action and improved the way they managed people's medicines.

Sycamore Lodge provides accommodation, care and nursing for up to 77 older people, some of whom were living with the experience of dementia. The home is divided into five separate units according to people's needs.

The service had recently appointed a new manager who had applied to the Care Quality Commission for registration. 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.

During this inspection we found the provider had improved the way they managed medicines and people received the medicines they needed safely. While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found the provider had taken action to improve the safety of people using the service.

The provider had improved the arrangements for ordering, administering and storing people's medicines.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires Improvement ●

Sycamore Lodge

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 inspection took place on 30 January 2017 and was unannounced. One pharmacist inspector carried out the inspection.

Before the inspection we reviewed information passed to us by the Clinical Commissioning Group (CCG). During our visit we reviewed the management of people's medicines, including the ordering, administration and storage of people's medicines. We looked at the Medicines Administration Records (MARs) for 42 people on three units in the service. We also discussed the management of people's medicines with the manager.

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 'Sycamore Lodge' on our website at www.cqc.org.uk.

Is the service safe?

Our findings

We saw appropriate arrangements were in place for obtaining medicines. Staff told us how medicines were obtained and we saw that supplies were available to enable people to have their medicines when they needed them.

As part of this inspection we looked at the medicine administration records for 42 people on three different units. We saw appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded.

Three people were prescribed warfarin tablets and we saw there was appropriate monitoring of this treatment and records showed the correct dose was being given.

When medicines were prescribed to be given 'only when needed', or where they were to be used only under specific circumstances, individual 'when required' (PRN) protocols, (administration guidance to inform staff about when these medicines should and should not be given) were in place. This meant there was information to enable staff to make decisions as to when to give these medicines to ensure people were given their medicines when they needed them and in a way that was both safe and consistent.

We saw one person had their medicines administered covertly. This was managed appropriately with signed consents in place and information on how to give the medicines available.

Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature, and so would be fit for use. All medicine trolleys were stored in a large room on the second floor prior to a new treatment room being completed. The room temperature for this area was below 25 degrees.

Controlled drugs were managed and recorded appropriately, however the controlled drug cupboard on one unit did not comply with the Misuse of Drugs Act Safe Custody Regulations 2007 as the two inner cabinets were not fixed to the wall. The manager told us that a new treatment room was due to be completed by the end of February 2017 where new the CD storage facilities would be located.

The manager told us there had been no medicine administration errors in the last three months and records showed staff had completed refresher medication training in December 2016.

We also saw the provider did monthly checks to ensure the administration of medicines was being recorded correctly. Records showed any concerns were highlighted and action taken. This meant the provider had systems in place to monitor the quality of medicines management.