

Central and Cecil Housing Trust Woodlands House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●

Summary of findings

Overall summary

We carried out a comprehensive inspection of Woodlands House on 19 March 2015. After that inspection we received information of concerns about the management of medicines at the service. As a result we undertook this unannounced focused inspection to look into those concerns. The inspection took place on 22 December 2015. This report only covers our findings in relation to those concerns. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodlands House on our website at www.cqc.org.uk

Woodlands House provides accommodation for up to 64 people who require personal care and/or nursing care. People using the service had a wide range of healthcare and nursing needs, some of whom are living with dementia. The home is able to accommodate up to 12 people who require intermediate care. Intermediate care is provided to people who need extra support for a short period of time to help them recover from illness or injury. There were 60 people living at the home at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At this inspection we found people received their medicines as prescribed and in a timely manner. We saw staff administered medicines in a safe, caring and effective manner. Our checks of records showed these were maintained accurately and indicated people received their medicines as prescribed.

People's medicines were reviewed regularly by their GP. There was regular involvement and input from GP's who visited the home every week to review and carry out checks of people's healthcare needs and medicines they were taking.

Appropriate guidance was available to staff on how and when to administer 'as required' medicines. 'As required' medicines are medicines which are only needed in specific situations such as when a person may be experiencing pain.

Medicines were stored appropriately in the home. These were disposed of appropriately and arrangements were in place for their collection by an external contractor.

The provider had taken appropriate action to put in place measures to reduce the risk of errors reoccurring following a serious error that occurred in November 2105. The registered manager told us there had been no further incidents or errors reported since that time.

The provider followed current and relevant professional guidance about the management and review of medicines. The results of internal and external audits were used by the provider to identify any action

needed to improve the management of medicines.

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 ●

We found that the provider had appropriate arrangements for the safe management of medicines.

People received their medicines as prescribed. Staff maintained accurate records when medicines had been administered. People's medicines were reviewed regularly by their GP.

Medicines were stored safely and disposed of appropriately when no longer in use.

Learning from incidents had been used to put in place measures to reduce the risks of errors reoccurring. The provider used audits and checks to identify when improvement needed to be made to the management of medicines at the home.

At our last inspection this key question was rated 'Good'. We have not revised the rating for this key question. We will review this at our next comprehensive inspection of the service.

Woodlands House

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 checked 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 focused inspection was undertaken by a pharmacist inspector on 22 December 2015. We received concerning information in November 2015 about the management of medicines at the service. Because of this, we inspected the service specifically looking at the management of medicines which is part of one of the five questions we ask about services: Is the service safe?

Before the inspection we reviewed information we held about the service in relation to the management of medicines. This included an action plan the provider had put in place setting out how they would address issues and concerns that had been raised following an incident involving medicines.

During our inspection we spoke with one person using the service and we observed a medicines round to check how medicines were administered. We also spoke with the registered manager, the deputy manager and the clinical lead at the service. We looked at 18 people's records relating to their medicines and other records, policies and procedures relating to the management of medicines at the service.

Is the service safe?

Our findings

In November 2015 we received concerning information that people using the service might not be receiving medicines they had been prescribed. Due to the serious nature of the concerns raised, we carried out this inspection to check whether the management of medicines at the home was safe.

At this inspection we found people received their medicines as prescribed. One person told us they received their medicines promptly. We observed the registered nurse during the afternoon medicines round and saw they administered medicines in a safe, caring and effective manner. Our checks of people's medicines administration records (MARs) showed no discrepancies in the recording of medicines administered.

People's medicines were reviewed by their GP every six months. There was regular involvement and input from GP's. They visited the home weekly to review and carry out checks of people's healthcare needs and review their medicines where required.

Our findings at this inspection showed that people's behaviour was not controlled by excessive or inappropriate use of medicines. We looked at guidance available to staff on how and when to administer 'as required' medicines. 'As required' medicines are medicines which are only needed in specific situations such as when a person may be experiencing pain. There were appropriate, up to date 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. In our discussions with the registered nurse they demonstrated their knowledge and understanding of how to administer these types of medicines appropriately.

Medicines were stored appropriately in the home. We did find an oxygen cylinder that was not in use on the 1st floor of the home. This was not stored in line with current and relevant guidelines. We discussed this with the registered manager who took immediate steps to ensure this was stored safely. Medicines were disposed of appropriately in pharmaceutical waste bins and there were suitable arrangements in place for their collection by an external contractor.

The provider had taken appropriate action to put in place measures to reduce the risk of errors reoccurring. They told us since a recent incident a new clinical lead for the home had been employed, training had been provided to staff on anti-coagulant medicines and the frequency of audits and spot checks had been increased. We noted the medicines management policy did not reflect current and relevant guidelines. However we were able to see evidence that this was being updated at the time of our inspection.

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 supplying pharmacy and the local Clinical Commissioning Group (CCG) pharmacy team. The results and feedback from these audits were fed back into the provider's governance system to identify any action needed to improve the management of medicines.