

Harrow Council

Harrow Council - Bedford House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

At our last inspection of Harrow Council - Bedford House on 16 May 2016 we found that there was a breach of legal regulation. This was because the provider did not have effective arrangements for the management of medicines.

We undertook this announced focused inspection on the 23 March 2017 to check whether the provider had taken action and were now meeting legal requirements.

This report only covers our findings in relation to the safety topic area. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harrow Council - Bedford House on our website at www.cqc.org.uk.

At our last inspection in May 2016 we rated the service good in the four topic areas; effective, caring, responsive and well-led. The service was rated requires improvement in the topic area safe. The overall rating was good and the overall rating continues to be good after this inspection.

Harrow Council - Bedford House provides accommodation for a maximum of 20 people who have learning and physical disabilities. At the time of our inspection, there were 11 people using the service.

There was a registered manager in place. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this focused inspection on the 23 March 2017, we found the legal requirements had been met. The provider had taken action to address our concerns about the way medicines were being managed.

We found appropriate arrangements were in place in respect of the administration and storage of medicines. Care workers had received medicines training and policies and procedures were in place. We looked at a sample of Medicines Administration Records (MARs) and found that all these were completed fully. We found the service had an effective medicines audit in place.

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 action had been taken to improve the safety of the service.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Harrow Council - Bedford 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 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 announced focused inspection on 23 March 2017. The provider was given 48 hours' notice because the location was a residential care home for people who have learning and physical disabilities and are often out during the day; we needed to be sure that someone would be in. 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 legal requirements in relation to that question.

The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the service.

During the inspection we spoke with the registered manager and shift leader. We checked three people's care plans, nineteen Medicines Administration Records (MARs), training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

At our comprehensive inspection on the 16 May 2016 we found the service did not have effective arrangements for the management of medicines which may place people at risk.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection on 23 March 2017 we found that the provider had taken action and met the requirements of Regulation 12 described above.

During this inspection, we reviewed nineteen Medicines Administration Record (MAR) sheets and saw that there were no gaps which indicated people received their medicines as prescribed. Information about people's medicines, dosage and times to be taken were clearly detailed on the MAR sheets so staff were aware of people's medicinal requirements. MAR sheets were clearly dated.

At the last inspection, we found unsuitable arrangements for the storage of medicines. One of the medicines cupboards was wooden and a closed sharps box was not stored correctly. During this inspection we found medicines were now stored in two metal cabinets which were kept locked and secure. The sharps box had been removed from the service as this was not required by any of people using the service.

People using the service were registered with a GP which ensured all medicines were prescribed appropriately. There were arrangements in place in relation to obtaining and disposing of medicines appropriately with a local pharmaceutical company. Some people's medicines were in dosette boxes to manage people's medicines effectively. Records showed there was guidance for staff in relation to PRN [medicines administered when needed] which covered the reasons for giving the medicine and the appropriate dosage. Topical cream medicines such as skin barrier creams were also administered. Records showed there were details of the frequency of use and body maps to show areas the creams were to be applied. The registered manager told us they had a good working relationship with the GP who knew the needs of the people well and people were able to get appointments promptly when needed.

At the last inspection the service did not have an effective medicine audit in place. During this inspection, we found monthly medication audits were carried out by the registered manager to identify whether medicines were correctly administered and signed for to ensure medicines management and procedures were being followed. The audits reviewed medicines storage, records, training and administration. Any areas of improvement were identified and actioned promptly. A medicine audit had also been conducted by the dispensing pharmacy on the 22/2/2017 which showed medicines arrangements in the home were generally satisfactory.

The registered manager told us he also implemented weekly checks of medicines and daily checks were conducted by two members of staff. Records confirmed this and showed the daily checks were signed off by two members of staff and conducted in the morning and afternoon. Both daily and weekly checks covered

areas such as whether medicines were administered and MAR sheets were signed accurately, a medicines count and storage temperatures.

Records showed care workers had received medicines training and comprehensive medicines policies were in place. Records also showed that care workers were assessed to test their knowledge and competency when administering medicines.

The registered manager told us they spoke with staff about medicines management during team meetings and staff memos were also sent out. Staff memos and minutes of team meetings showed that the registered manager had discussed with care workers the importance of MAR sheets being completed and any issues needed to be reported immediately. The registered manager also told us and showed us that any issues with medicines, he also recorded in the communication book so staff were promptly made aware to ensure medicines were managed safely.

We identified that the service had developed their system and there were suitable and effective arrangements in place for the safe administration and management of people's medicines.