Brendoncare Foundation(The)

Brendoncare Ronald Gibson House

Inspection report

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Date of inspection visit: 5 and 7 August 2015
Date of publication: 08/10/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**
Is the service responsive?	**Requires improvement**

Overall summary

We carried out an unannounced comprehensive inspection of this service on 10, 12 and 16 February 2015. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to safe medicines management and good governance.

We undertook this focused inspection on 5 and 7 August 2015 to check that the provider had followed their plan and to confirm that they now met legal requirements in relation to the breaches found. 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 Brendoncare Ronald Gibson House on our website at www.cqc.org.uk

Brendoncare Ronald Gibson House is a care home with nursing for up to 56 people. There are three units at the home, all overseen by a deputy manager who was a registered nurse. Windsor unit is based on the ground floor and is an intermediate care unit, providing short term services for people to support them in regaining their independence and their return home if appropriate after an injury or illness. There were nine people on this unit on the day of our inspection. Wessex unit, also on the ground floor, is a 16 bedded unit for people living with dementia. There were 15 people on this unit on the day of our inspection. Warwick unit on the first floor is a 24 bedded unit for frail or older people, some were receiving palliative, end of life care. At the time of our inspection 19 people were in residence there.

Summary of findings

There was a registered manager at the service. 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. The registered manager was being supported by a peripatetic manager at the time of the inspection.

At our last inspection we found that people were not protected from the risks of inappropriate and unsafe medicines management. There was a continued breach of regulation in relation to medicines management as controlled drugs were sometimes not recorded and administered correctly to people who used the service which could have affected their health. We also found that records relating to people's care were not always fully completed which put them at risk of receiving inappropriate or unsafe care.

During this inspection we found that improvements had been made. Changes had been made to help ensure that people received their medicines safely and accurate records for controlled drugs were being kept. Regular medicines audits were being carried out so that any issues could be identified and addressed promptly. We noted some inconsistencies in the assessment of pain and inconsistencies in recording on some medicines records.

We found that record keeping had improved. For example, risk assessments were completed, reviewed and updated as required. In addition monitoring systems had been introduced to help ensure that care records were accurate and updated as needed.

Summary of findings

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 that action had been taken to improve the safety in this service. Medicines were being appropriately managed to ensure people's safety. There were inconsistencies in recording on some medicines records and assessment of pain.

We have improved the rating for safe from inadequate to requires improvement.

Requires improvement

Is the service responsive?

We found that action had been taken to improve responsiveness to the needs of people who used the service. Improvements had been made to care records to ensure that they accurate and up to date information about people's individual needs.

We could not improve the rating for responsive because to do so requires consistent good practice over time and during this inspection we did not assess all areas of this question. We will check this during our next planned comprehensive inspection.

Requires improvement

Brendoncare Ronald Gibson House

Detailed findings

Background to this inspection

We undertook a focused inspection of Brendoncare Ronald Gibson House on 5 and 7 August 2015. The first day of the inspection was unannounced; the provider knew we would be returning for a second day. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our inspection on 10, 12 and 16 February 2015 had been made. The team inspected the service against two of the five questions we ask about services: Is the service safe? Is the service responsive? This is because the service was not meeting some legal requirements.

The inspection was undertaken by two inspectors and a pharmacist inspector. During our inspection we spoke with 11 people using the service and one relative. We also spoke with the registered manager, a peripatetic manager, the deputy manager, the practice educator and seven care staff. We reviewed nine care records.

Requires improvement

Is the service safe?

Our findings

At our previous inspection which took place on 10, 12 and 16 February 2015, there was a continued breach of regulation in relation to medicines management as controlled drugs were sometimes not recorded and administered correctly to people who used the service. We asked the provider to send us an action plan to tell us how they were going to address the shortfalls we found.

At this inspection, we found that the provider now had arrangements in place for the safe administration and recording of controlled drugs. These were now administered safely, and as prescribed.

We looked at medicines storage and medicines records for 20 people across all three units, including records for all seven of the people at the service prescribed pain-relieving controlled drug patches.

We saw that staff on each of the three units were recording when they applied pain-relieving controlled drugs patches. Staff were using these records to document when the old patch was removed, when the new patch was applied, and to record the site of application. It is necessary to record this information to ensure the same area is not used each time to protect people from the risk of side effects due to incorrect application.

We looked at the entries on people's medicines records, the patch application records and the entries in the controlled drugs register for all seven people prescribed these patches, and these provided evidence that people had received their pain-relieving patches on time.

At our last inspection, we saw that other aspects of medicines management were satisfactory. We rechecked some aspects at this inspection, to ensure that medicines were still managed safely. We noted an inconsistency in assessing people's pain. Pain assessment records were in place and with medicines records for some people prescribed pain-relief, but not for others. For example, one person prescribed a pain-relieving gel had a daily pain-assessment carried out and recorded, but another person prescribed pain-relieving tablets had a monthly pain assessment carried out. We couldn't see any rationale for the difference in frequency in pain assessments and people's care plans didn't state how often a pain assessment needed to be carried out.

We didn't see any evidence that people were left in pain, and people we spoke with told us that they received their pain relief when they needed it. However as there were other people at the service who were prescribed pain relief but were not able to tell us or nursing staff if they were in pain, we discussed this with the practice and staff development manager during the inspection. They told us they would review care plans for people to assess whether formal pain assessments were needed, and to decide how often these should be carried out.

We also noted some minor inconsistencies in recording when we sampled medicines administration records, such as the records made when topical medicines such as creams were applied, the inconsistent use of administration codes and recording of the actual dose administered to people when they were prescribed a medicine with a variable dose. Following our inspection, the provider sent us an action plan on 24 August 2015, setting out how they planned to address these issues.

We saw that a medicines audit had been carried out by the pharmacy responsible for supplying medicines to the service, and the service was also carrying out its own internal medicines audits. We looked at these audits, and saw that the service addressed the issues identified during these audits promptly.

At the last inspection, we were told that there were plans in place to implement new care plans for medicines by the end of March 2015. We were shown the template of the new medication assessment and care plans which were introduced into the home at the time of the last inspection in February 2015. The practice and staff development manager told us that these would be implemented fully by September 2015.

As we found that serious concerns had been addressed, we have improved the rating for safe from inadequate to requires improvement. A further inspection will be planned to check if the improvements have been sustained.

Requires improvement

Is the service responsive?

Our findings

At our previous inspection which took place on 10, 12 and 16 February 2015, we had concerns about some of the record keeping at the home. There were gaps seen in some of the care records, including risk assessments, fluid and food intake records and turning carts. This meant people were at possible risk of receiving unsafe or inappropriate care.

At this inspection, we found that improvements had been made. People using the service told us that their needs were met. One person said, "They always offer me tea or juice", "They come and support me, help me to move", "Someone comes and changes my bandages regularly. I will be going home soon" and "The staff are really nice and always come and check on me."

We saw that risk assessments were completed for identified risks in relation to nutrition, and developing pressure sores. These were reviewed on a monthly basis.

People who had been identified as at risk as a result of their diet were put on a nutrition support pathway through which the risk was managed. For example, one person who had been identified as being at risk of health concerns as they were overweight was referred to a dietitian and had a fluid and food monitoring chart in place that staff completed.

People who were at risk of developing pressure sores had repositioning charts in place that were completed by staff at regular intervals. People also had a daily personal care record in place in which staff recorded what aspects of personal care had been delivered throughout the day. People who were at high risk of falls had secondary falls screening records in place and a falls support plan was in place to support people. Other weekly observation checks such as blood pressure, pulse rate, temperature were recorded.

We did identify some gaps and inconsistency in completing some aspects of record keeping. In one example, the eating/drinking/swallowing risk assessment had not been completed. The nurse told us that the person was not at risk. However, the provider's nutrition core support pathway stated that a mandatory dysphagia/choking risk assessment needed to be completed on arrival. In other cases, admission checklists were incomplete and no nurses had countersigned the monitoring records. There were a few staff vacancies at the time of our inspection and staff that we spoke with said that some of the gaps were because no permanent staff member had been available on a particular day.

The registered manager told us about some of the systems they had implemented to monitor record keeping and to ensure that any gaps could be identified and rectified quickly, which included making some of the processes easier to follow. At the last inspection, we found that the provider was expecting staff to complete monitoring charts for all people using the service which staff found difficult to complete. The provider had changed this to a risk based approach so that only people who had been identified at risk had the relevant monitoring charts completed. The manager also told us that new care plans have been introduced for all new admissions. We looked at one example of this and saw that each assessed risk had an associate care pathway so that people's needs could be managed more effectively.

Training had been delivered to staff to ensure they understood how to complete monitoring charts correctly. All units had examples of completed monitoring charts for reference so staff could see how they should be completed.

A new daily shift handover sheet had been developed which was comprehensive and highlighted which people on a particular unit required aspects of their health and welfare to be monitored at regular intervals. A daily and weekly 'snap shot audit' was completed where a sample of records were audited to ensure they were being completed correctly. Where gaps were found, feedback was provided to the person responsible for completing the records or the unit manager.

The provider had also developed an ongoing action plan which was monitored by the registered and peripatetic manager to ensure the concerns found at the previous inspection were being addressed and reviewed regularly.

Although we found that serious concerns had been addressed, work was still in progress and sufficient time had not passed to assure us that these improvements could be sustained. Therefore we have been unable to change the rating for this question. A further inspection will be planned to check if improvements have been sustained.