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Eastbrook House

Inspection report

16 Eastbrook Avenue Edmonton London **N98DA** Tel: 020 8805 6632

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Ratings

Is the service safe?

Good



Overall summary

Eastbrook House provides accommodation and personal care for a maximum of 43 older people, some of whom have dementia.

There was 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 and associated Regulations about how the service is run.

At the last inspection of this service on 4 June 2015 we found that some aspects of medicines management were not safe and there was a breach of Regulations 12(2)(g) and 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to the serious nature of the breach we took enforcement action against the registered provider.

After this inspection, the provider wrote to us to say what they would do to meet legal requirements for the breaches we found.

We undertook this unannounced focused inspection on 27 August 2015 to check that the most significant breach of legal requirements, concerning medicines, which had resulted in enforcement action, had been addressed. During this inspection we found that the legal requirements for medicines had been met.

This report only covers our findings in relation to this requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eastbrook House on our website at www.cqc.org.uk.

We will undertake another unannounced inspection to check on all other outstanding legal breaches identified for this service.

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?

The service was safe. The service was following current guidance and regulations about the management of medicines.

Medicines were stored safely, medicines records were up to date, and controlled drugs were managed safely. This meant that people were protected against the risks associated with the storage and recording of medicines.

Good





Eastbrook 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.

We undertook an unannounced focused inspection of Eastbrook House on 27 August 2015.

This inspection was undertaken to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection took place on 4 June 2015.

We checked the provider's action plan which they sent to us following the inspection we undertook in June 2015.



Is the service safe?

Our findings

At the last inspection of this service in June 2015 we found that some aspects of medicines management were not safe and there was a breach of Regulations 12(2)(g) and 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to the serious nature of the breach we took enforcement action against the registered provider.

Our comprehensive inspection in June 2015 found medicines were not stored safely for the protection of people who used the service. Our focused inspection on 27 August 2015 found medicines were stored securely. We also found that medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature, and were fit for use.

Our inspection in June 2015 found that the cupboard used to store controlled drugs was not fixed to the wall in the way required by the regulations. Controlled drugs are medicines that the law requires are stored in a special cupboard. During our inspection in August 2015 we saw that controlled drugs were stored in accordance with regulations.

During our focused inspection in August 2015 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. We checked the medicines for 20 out of 38 people who used the service and saw no medicines were out of stock.

As part of this inspection we looked at the medicine administration records for 20 peoples. 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 receiving 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.

Our inspection in June 2015 found that where people were prescribed medicines on a "when required" basis, for example for pain relief, we found there was insufficient guidance for staff on the circumstances these medicines were to be used. We were therefore not assured that people would be given medicines to meet their needs. During this focused inspection on 27 August 2015, we saw that when medicines were prescribed to be given 'only when needed', or where they were to be used only under specific circumstances, individual when required 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 need them and in way that was both safe and consistent.

During our inspection in June 2015 we found that one person was given their medicines disguised in food. While we found that there was written documentation that this had been agreed with the person's GP, we could not find evidence that this had been discussed with all parties and that this was considered to be in the person's best interests at all times. This focused inspection in August 2015 found that when medicines were administered covertly to a person in their best interest we saw there were signed agreements in place, which included the person's doctor and family.

During our inspection in June 2015 we were not assured that appropriate arrangements were in place to identify and resolve any medicine errors promptly. However during this focused inspection in August 2015 we saw evidence that the provider did weekly audits to check 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.