

Support for Living Limited

Support for Living Limited - 25/27 Haymill Close

Inspection report

25-27 Haymill Close
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Date of inspection visit:
21 November 2016

Date of publication:
21 December 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 18 and 19 December 2015. We found a breach of a legal requirement as although there were systems in place to ensure safe medicines administration, these were not always effective and medicines were not always safely administered or stored.

After the inspection, the provider submitted an action plan detailing what they would do to meet the legal requirement in relation to the breach.

We undertook this unannounced focused inspection on 21 November 2016 to check that the provider had followed their plan and to confirm that they now met the legal requirement. This report only covers our findings in relation to the requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Support for Living Limited - 25/27 Haymill Close on our website at www.cqc.org.uk.

25/27 Haymill Close provides care for up to nine people with a learning disability. The provider is Certitude, which has a number of supported living homes in London providing support for people with learning disabilities, autism and mental health needs. At the time of our inspection there were six people living at the service.

The registered manager had been in their role since 2014. 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.

At our focused inspection on 21 November 2016, we found that the provider had followed their plan of action, dated 9 February 2016 and the legal requirement had been met.

Staff were supported to have the skills they required to administer medicines safely through training and team meetings.

Since the last inspection, lockable cabinets had been purchased to safely store medicines in and the registered manager was in the process of ordering a separate refrigerator for medicines.

The medicines administration records were filled out correctly except for one entry which did not record the time a PRN (as required) medicine was administered.

The GP had signed their approval for the medicines to be administered covertly to people who did not have the capacity to consent.

The service had audits in place both internally and externally to check how medicines were being administered and to undertake stock checks of medicines at least monthly to ensure people were safely receiving their medicines. Consequently, the systems had improved and errors were minimal.

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 ●

The service was safe.

We saw training was up to date and the safe administration of medicines was discussed in team meetings.

The service had improved how it stored medicines by using locked cabinets.

Medicine administration records (MAR) were being completed and each person had information on how they preferred their medicines to be administered.

The service was undertaking checks and audits to ensure people's medicines were administered safely and that stock checks reconciled with MAR charts.

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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.

We undertook a focused inspection on 21 November 2016. It was unannounced and conducted by a single inspector. This inspection was carried out to check that improvements to meet the legal requirement planned by the provider after our 18 and 19 December 2015 inspection had been made. The service was inspected against one of the five questions we ask about services: Is the service safe?

Prior to the inspection, we looked at all the information we held on the service including the last inspection report, the provider's action plan which set out the action they stated they would take to meet the legal requirement, notifications of significant events and safeguarding alerts. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority's Commissioning Team and Safeguarding Team.

During the inspection, we spoke with the registered manager. We looked at the medicines management for six people who used the service, and checked medicines audits to ensure people's medicines were administered and stored safely.

Is the service safe?

Our findings

At the inspection on 18 and 19 December 2015, we found medicines were not always safely stored and the systems in place to ensure safe medicines administration were not always effective. This meant we could not be sure people were receiving their medicines as prescribed. The provider supplied us with an action plan detailing how they would make the necessary improvements by 29 February 2016.

On 21 November 2016, there was evidence that the provider had improved how they stored and administered medicines. We saw through team meeting minutes that since the last inspection the staff team as a whole had been involved in improving medicines administration.

In the last year, there had been six team meetings with medicines on the agenda. Discussions included how to prevent making mistakes and making it clear if people were administering medicines, they should only be administering medicines and not doing other activities such as answering the phone. In August 2016 the discussion was around the importance of counting medicines, an agreement that PRN (as required) medicines should be discussed in verbal handover meetings, that staff must sign the back of the medicines administration record (MAR) when required and that two identified staff should record medicines deliveries. It was also noted agency staff had reduced which contributed to continuity and staff were reminded their training needed to be up to date. Subsequent meetings included discussion of stock rotation, handovers, shift planning to include time for medicines administration and training to refresh and reinforce medicines competencies. Team meetings provided an opportunity for each staff member to be involved, reflect on their practice and take individual responsibility for how medicines were administered.

We saw evidence that staff had undertaken annual medicines training. Of the fourteen staff employed by the service, including the registered manager, twelve staff had completed face to face training with the local pharmacy and two had completed on line training in the last year. Staff were able to use the intranet to access mandatory courses and the provider's central office alerted staff to when their training was due. The service completed competency assessments for new starters and more established staff were expected to complete yearly refresher courses.

Medicines were stored in three locked cabinets attached securely to the wall. Blister packs were kept in one cabinet, the second cabinet contained medicines not in blister packs, including PRN medicines, which were stored in their original containers and stock was stored in the third cabinet. Each cabinet had a thermometer and temperatures were recorded daily.

The service stored any medicines that required refrigeration in a locked tin, which was kept in the main fridge. The registered manager told us they were in the process of purchasing a separate fridge as that had been a recommendation from the Clinical Commissioning Group (CCG) audit in September 2016.

Controlled drugs were stored in a locked safe in a cupboard and we saw a separate controlled drugs register which was filled in accurately and had two signatures for each entry. We counted the controlled drugs for two people and the stock balanced with the register.

Additionally we counted the medicines stocks for three people using the service. The stocks tallied with the administration records and we saw the count was written on the MAR sheet daily. This gave us assurance that medicines were being administered safely. The stock take for all medicines were kept in a separate folder called PRN which was misnamed as it was a record of all medicines not in blister packs and not just PRN medicines. The registered manager said they would update the name. We could see a stocktake was being completed more than once a month. The registered manager explained that after the last inspection the service had increased their audits, but now believed it could be done monthly, as per the medicines protocol we saw.

Medicines were ordered on a 28 day cycle. The service requested the prescription and the GP sent it directly to the pharmacy. Two designated staff checked and recorded the medicines when they were received. We saw the date medicines were opened was written on the containers. Any unused medicines the service had were recorded and returned to the pharmacy to dispose of.

The medicines administration records (MAR) had a signature sheet signed by staff who administered the medicines. Each person using the service had a front sheet with a photograph and medicines guidelines for administering medicines. These included details of how the person preferred to receive their medicines. For example, one person preferred to have their medicines administered in mashed potatoes. The guidelines said people should always be told when their medicines were being administered, including when it was given to people in food. We looked at the MAR charts and saw they were correctly filled out except in one instance where there was no record on the back of the MAR chart recording why a person was administered a PRN medicine. The registered manager told us they would follow this up.

We saw on 12 November 2016, the GP had signed, on a single form, their approval for medicines to be administered covertly to people who did not have the capacity to consent. When we discussed making best interest decisions for each person, the registered manager advised they were trying to obtain the GP's signature for each person individually. We also saw a letter from the GP indicating that one person should have their medicines administered through their percutaneous endoscopic gastrostomy (PEG) feeding tube.

Each person's individual file had PRN guidelines that recorded the dose, strength, circumstances of the administration and how long after first dose the medicines could be administered again. PRN stocks were counted daily and recorded on the MAR charts.

The service had a number of audits and checks in place, including spot checks, to ensure people were receiving their medicines safely. Shift planners were signed by staff to indicate medicines had been administered and a stock count on the running balance was completed when they handed over on each shift. However, the form only said administered and did not specify counted. The registered manager said the expectation was the form was signed after medicines had been both administered and counted. They agreed to add the word counted into the shift plan form, so the expectation was clear.

The provider's action plan said the registered manager would complete monthly audits. However, in practice, the deputy manager was completing weekly audits on the monthly audit form. The form indicated if standards had been met and if not what the action was. For example, a prescription was sent by the GP to the wrong pharmacy. To resolve it, the registered manager met with the surgery to discuss 28 day cycle orders. The registered manager explained that they considered the weekly audit to be robust enough but said they will also schedule in monthly audits that they, rather than the deputy manager, completed. They observed that if there were gaps in the MAR chart these would be identified in spot checks, addressed on a one to one basis and followed through as a performance issue. Consequently, we saw there were systems in place to minimise the risk to people receiving medicines administered by staff members.

Additionally on the 25 March 2016, the service completed a quality assurance framework audit for medicines as requested by the Clinical Commissioning Group (CCG). This was followed up by a visit from a CCG pharmacist who completed a medicines audit on 08 September 2016. The pharmacist stated, "Overall the medicines management within the home is being run well" and "The MAR charts were fully completed and well organised." The local pharmacy also completed an audit on 13 April 2016.

The registered manager told us since the last inspection, managers from other locations were completing audits of the service so there were "fresh eyes" to check what the service was doing well and where it needed to improve and that they had been audited by external agencies including the CCG and the local pharmacy. The registered manager observed that talking with staff about medicines during staff meetings had helped to improve how medicines were administered. Accountability had been discussed and staff were encouraged to be honest about their mistakes. Overall, this had led to an improvement in medicines administration.