

Mr C and Mrs LA Gopaul

# Kenilworth Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This unannounced focused inspection took place on 31 August 2017. We previously carried out an unannounced comprehensive inspection of this service on 3 and 4 May 2017. During the inspection, a breach of legal requirements was found. This was because the provider did not have suitable arrangements to ensure staff always administered medicines as prescribed. We could not also be sure the competency of staff who administered medicines had been appropriately assessed and recorded.

After the comprehensive inspection, the provider sent us an action plan and told us they would take action to meet legal requirements in relation to the breach. We undertook a focused inspection on the 31 August 2017 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kenilworth Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Kenilworth Nursing Home is a nursing home registered to provide accommodation, personal care and nursing care for up to 40 people, some of whom are living with the experience of dementia, mental health conditions and people that are being cared for under the Mental Health Act 1983. At the time of our inspection there were 33 people living at the service.

There was a registered manager in post who was one of the partners who owned 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 and associated Regulations about how the service is run.

At our focused inspection on, 31 August 2017 we found that the provider had followed their plan of action, and that the legal requirement in relation to safe care and treatment had been met. We are amending our rating for the key question, 'Is the service safe?' from 'Requires improvement' to 'Good'. As the provider had strengthened governance arrangements around the management of medicines we have also amended the rating for 'Is the service Well Led?' from 'Requires improvement' to 'Good'.

Medicines were administered and managed in a safe way. People's medicines records were clear and alerted nurses if they were taking dispersible aspirin or PRN (as required) medicines and provided clear guidelines on how to administer these. These had not been managed safely at our last inspection.

Medicines administration records (MAR) charts had body maps attached to them and clear instructions so staff were clear how to administer topical creams. The provider ensured that medicines stock takes and audits were completed weekly.

The provider had implemented a detailed medicines competency test that all nurses had completed to help

ensure they were administering medicines in a safe way.

The provider had made progress in auditing the management of medicines and the staff files to ensure there were no gaps in the required documentation.

## 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 action had been taken to improve safety.

Medicines were administered, recorded and stored in a safe way.

PRN (as required) medicines and topical cream administration were recorded correctly which meant people were protected from the risk of not receiving their medicines as prescribed.

The provider undertook weekly stock checks and monitoring of medicines.

All staff administering medicines had completed medicines competency testing to ensure the safe administration of medicines to people using the service.

We have changed the rating for this key question from 'Requires improvement' to 'Good'.

### Is the service well-led?

Good ●

We found that action had been taken to improve governance arrangements around the management of the service.

Systems for managing medicines safely were working effectively.

Practice observations for medicines were clearly recorded.

The provider had made progress in auditing staff files to ensure there were no gaps in the required documentation.

We have changed the rating for this key question from 'Requires improvement' to 'Good'.

# Kenilworth Nursing Home

## 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 an unannounced focused inspection of Kenilworth Nursing Home on 31 August 2017. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 3 and 4 May 2017 had been made. We inspected the service against two of the five questions we ask about services: 'Is the service safe?' and 'Is the service well-led?'.

The inspection was undertaken by one inspector. Prior to the inspection, we looked at all the information we held on the service including the last inspection report, 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.

During the inspection, we spoke with the registered manager, the deputy manager and a registered nurse. We looked at MAR and body charts and completed a medicines stock check for eight people who used the service to ensure people were receiving medicines safely. We also looked at the audit database for staff records.

# Is the service safe?

## Our findings

At the comprehensive inspection on 3 and 4 May 2017, we found a breach of regulation relating to safe care and treatment because the staff did not always administer medicines as prescribed and the provider told us they assessed the competency of staff who administered medicines but this had not been recorded at the time of the observation. This meant we could not be sure people were receiving safe care.

At our focused inspection on 31 August 2017, there was evidence that the provider had improved their practice. We looked at the medicines administration records (MAR) and body maps for eight people using the service. In addition, we viewed audits and competency testing records in relation to medicines management and spoke with the management team about improvements to medicines administration.

At the inspection on 3 and 4 May 2017, the majority of blister packs contained dispersible aspirin which should have been dissolved in water before swallowing, but we observed this was not always the case. We also saw evidence that topical creams were not administered to a person using the service as prescribed. During our focussed inspection on 31 August 2017, the MAR charts we viewed had medicines correctly signed for and included people receiving dispersible aspirin and topical creams. Each person had a front sheet which indicated their allergies, a history of their mental health, physical health and a section for additional comments.

There was a large form in each person's file to indicate if they were being administered dispersible aspirin or PRN (as required) medicines to ensure nurses were aware of the specific guidelines for administering these medicines safely. We saw PRN instructions included the dose, the reason for the prescription, when to administer the medicines, non-verbal cues to be aware of, any special instructions and a date of commencement. This meant people were receiving their medicines correctly and in a safe way.

The provider had contacted the Clinical Commissioning Group (CCG) pharmacist for guidance on the management of creams and arranged for all information to be recorded on the MAR chart and not separately in a topical cream file as they were doing previously. When a person required cream either as PRN or on a regular basis, a body map was attached to the MAR chart which meant all the medicines information was together and signed off by the nurse administering it. We saw eight MAR charts with body maps. These included the name of the person, the name of the cream being administered, instructions for how to apply the cream and the date it was started on.

MAR charts were on a 28 day cycle and medicines were delivered weekly and recorded on the MAR chart. A stock take was also completed weekly. During our inspection on 31 August 2017, we saw dispersible aspirin and topical creams recorded start dates on the bottles and boxes. There was no extra stock other than the PRN prescriptions. Medicines audits were completed on the first Monday of the month. We saw the audits for May to August 2017 included records for the administration of medicines, medicines balances checked and an action plan.

The service had a medicines policy and instructions for general PRN administration and each file had

individual PRN instructions. We also saw the policy for covert medicines and covert medicines forms with the signature of the physician, psychiatrist and the registered manager. These had all been reviewed within the last year.

Where people were refusing medicines staff used an appropriate code to explain the reason. We saw one person's MAR chart who had refused medicines recorded correctly and saw that the GP was informed.

The staff kept a record of the GP's weekly visits and either the GP or the staff nurse completed it after each visit and we saw evidence of the GP reviewing medicines. Since the last inspection the provider had met with their pharmacist and gone through all the MAR charts to confirm they recorded the medicines correctly and to remove any medicine that was no longer relevant.

The service had two nurses who were medicines champions. Any changes in medicines were communicated in the staff handover held three times a day and written in the communication book.

At the inspection on 3 and 4 May 2017, the competency of staff administering medicines was not recorded at the time of the observation. At the focused inspection on 31 August 2017, we saw competency assessments for six nurses and the provider. The competency test included a detailed check list, written observations and action required. The provider had two services the nurses worked across and we saw the nurses had completed different competency assessments for each service that reflected the different medicines being administered in each service.

Since the inspection on 3 and 4 May 2017, the provider had improved their service delivery by implementing the changes which resulted in more effective medicines administration and competency testing.

## Is the service well-led?

### Our findings

At the comprehensive inspection on 3 and 4 May 2017, we rated Well Led as 'Requires improvement' because some of the systems in place were not effective enough to keep people safe and mitigate risks. This included a repeated breach relating to the safe management of medicines, practice observations not being recorded correctly and audits not identifying some gaps in staff recruitment records.

At our focused inspection on 31 August 2017, there was evidence that the provider had responded to and acted on concerns from our previous inspection on 3 and 4 May 2017. We saw that they had improved the system for managing medicines safely to mitigate the risks relating to the health, safety and welfare of people using the service.

They had also improved how they recorded their medicines observations to ensure staff were competent and had the necessary skills to carry out their role.

Furthermore, we saw evidence that they had undertaken audits of staff files as part of a system to effectively monitor and improve the quality and safety of the people using the service.

The above demonstrates that since the inspection on 3 and 4 May 2017, the provider had strengthened their governance arrangements around the management of medicines, observation records and the monitoring of staff files.