

M D Homes

Frithwood Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 10 October 2017. The last inspection of the service took place on 3 August 2017, when we rated the service as Requires Improvement overall and identified two repeated breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to Safe Care and Treatment and Good Governance. As a result, we issued the provider with a warning notice in relation to Safe Care and Treatment, telling them they must make the required improvements by 25 September 2017. The provider sent us an action plan telling us about the improvements they had made. We also made recommendations in relation to the environment and staff training.

At the inspection of 10 October 2017, we checked if the provider had met the requirements of the warning notice, and if they had put in place adequate systems to monitor, assess and make improvements. We found the provider had taken action and had made the necessary improvements in relation to the management of medicines. This meant that the provider had met the requirements of the warning notice. We found the provider had improved their auditing systems to identify shortfalls in the management of medicines and take action where needed. They had also made improvements in relation to training and the environment.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 'Frithwood Nursing Home' on our website at www.cqc.org.uk.

Frithwood Nursing Home is a nursing home for up to 26 older people, some of whom were living with dementia. There were 22 people living at the service at the time of our inspection. There was one room which was shared by two people. The service was managed by MD Homes, a private organisation which managed five nursing homes in North West London.

There was a registered manager in post at the time of our inspection. 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.

There were effective systems in place for the management of prescribed medicines.

People were supported by staff who were well trained, supervised and appraised, and training was delivered by accredited trainers.

The provider had taken steps to improve the environment to support people living with dementia.

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.

The provider had made suitable arrangements to ensure people who used the service were protected against the risks associated with the inappropriate management of medicines.

Improvements have been made therefore we have revised the rating for this key question and have improved the rating to 'Good'.

Is the service effective?

Good 

The service was effective.

People were supported by staff who were suitably trained, supervised and appraised. Training was delivered by accredited trainers

The provider had made improvement to ensure the environment was designed in a way to support people living with dementia.

Improvements have been made therefore we have revised the rating for this key question and have improved the rating to 'Good'.

Is the service well-led?

Good 

The service was well-led.

The provider had taken action to improve the safety of people using the service.

Systems were in place and being followed to manage medicines safely.

This meant that the provider had met the legal requirements relating to good governance.

Improvements have been made therefore we have revised the rating for this key question and have improved the rating to 'Good'.

Frithwood 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 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.

This inspection took place on 10 October 2017 and was unannounced. The inspection was carried out by two inspectors and the purpose was to check if the provider had made the improvements, we had asked them to make at our previous inspection. We inspected the service against three of the five questions we ask about services, 'Is the service safe?', 'Is the service effective?' and 'Is the service well-led?'.

At the last inspection, we had also made recommendations relating to the environment and training. At this inspection, we saw that improvements had been made.

During the inspection, we reviewed the medicines management system, including the medicines Administration Record charts for 13 people and the provider's medicines audits. We looked at the environment and training.

We spoke with the registered manager and the nurse in charge.

Is the service safe?

Our findings

At our last inspection we found that the provider was breaching the regulation in respect of safe care and treatment because they did not have safe arrangements to manage medicines. We served a warning notice and asked the provider to make the necessary improvements by 25 September 2017.

During this inspection we checked medicines storage, medicines administration record (MAR) charts, and medicines supplies. All prescribed medicines were available at the service and this assured us that medicines were available at the point of need and that the provider had made suitable arrangements about the provision of medicines for people who used the service. Medicines were stored securely in locked medicines cupboards or trolleys within the treatment area, and immobilised when not in use.

Current fridge temperatures were taken each day (including minimum and maximum temperatures). During the inspection (and observing past records), the fridge temperature was found to be in the appropriate range of 2-8°C. Room temperatures were also recorded on a daily basis. This assured us that medicines were stored at appropriate temperatures.

People received their medicines as prescribed, including controlled drugs. MAR charts we viewed showed no gaps in the recording of medicines administered, which provided a level of assurance that clients were receiving their medicines safely, consistently and as prescribed. We found that there were separate charts for people who had patch medicines prescribed to them (such as pain relief patches), insulin administration records and also topical medicines. These were filled out appropriately by staff. For entries that were handwritten on the MAR chart, we saw evidence of two signatures to check this (in line with national guidance), except for one person who had two antibiotics prescribed. However, we checked the copy of the prescription and found this had been transcribed correctly onto the MAR chart. Running balances were kept for all medicines which had a variable dose (for example one or two paracetamol) and there was a record of the exact amount given.

At the last inspection, we found that people had not received their antibiotics and inhalers according to the instructions of the prescriber. During this inspection, we found that antibiotics were given at the correct doses for the appropriate length of time as specified by the prescriber. Also, for two people taking inhalers we saw records to indicate the number of puffs they had received from each inhaler. This was in line with the prescriber's instructions.

Medicines to be disposed were placed in appropriate pharmaceutical waste bins and there were suitable arrangements in place for their collection by a contractor. Controlled drugs were appropriately stored in accordance with legal requirements, with weekly audits of quantities done by two members of staff. We found that controlled drugs were disposed of in an appropriate manner.

We observed that people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them. People's behaviour was not controlled by excessive or inappropriate use of medicines. For example, we saw 10 PRN forms for pain-relief/anxiety medicines. There were appropriate protocols in place

which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine did not have its intended benefit.

We looked at two MARs for people who were administered their medicines covertly. We found that they had a best interests meeting and the appropriate authorisation to enable them to have their medicines administered covertly. This assured us that people were administered medicines covertly in an appropriate manner in accordance with legislation and recommended guidance.

Medicines were administered by nurses who had been trained in medicines administration. We saw the nurse giving medicines to a person in an appropriate way. For example, the person refused their medicines initially but the nurse was able to administer their medicines a short time afterwards.

The provider followed current and relevant professional guidance about the management and review of medicines. For example, we saw evidence of several recent audits carried out by the provider including safe storage of medicines, fridge temperatures and stock quantities on a monthly basis. A recent improvement made by the provider included ensuring that all controlled drugs were individually disposed through 'DOOM' kits and appropriate records of disposal were kept. DOOM kits are an effective and appropriate means of destroying drugs. This had been highlighted from previous medicines errors and showed the provider had learned from medicines related incidents to improve practice.

Is the service effective?

Our findings

At our last inspection of 3 August 2017, we found that some of the staff training was delivered by the registered manager although they were not qualified to do so. This meant that the training might not have been validated. At this inspection we found the provider had made the necessary improvements.

The provider had enrolled all staff in distance training which included workbooks and regular assessments by a qualified assessor in subjects such as end of life, dementia and medicines management. In addition, the registered manager told us they had purchased a subscription to Social Care TV E-learning to ensure all staff could access training whenever they needed. Courses available included health and safety, infection control, safeguarding, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

The registered manager told us they were seeking an accredited training provider to undertake 'train the trainer' courses in infection control, moving and handling and MCA and DoLS, so they could deliver these courses to staff.

At our last inspection of 3 August 2017, we found the environment was not designed in a way to support people who were living with dementia. At this inspection we found that improvements had been made.

The registered manager had met with an independent company specialising in dementia friendly designs and had taken steps to make their suggested improvements. For example, toilet and bathroom doors were painted in bright yellow and signage was displayed so people could orientate themselves with ease. We saw that new colourful signage had just been delivered to the service and was ready to be displayed in other areas of the home so people would identify where specific rooms were. There were further plans to help people identify their own bedrooms by painting door frames in different colours and creating memory boxes for each person. Memory boxes are small display cabinets which staff and people using the service create together and which contain small objects or pictures that are specific to a person's life or past.

The registered manager told us they had the go ahead to install brighter lights in the corridors so that people with a visual impairment would be able to see better thus further helping them to find their way around the home.

Is the service well-led?

Our findings

At our inspection of 1 March 2016, we found a number of breaches of regulations including one in relation to good governance. At our inspection of 3 August 2017, we found that improvements had been made but medicines audits had remained ineffective in identifying shortfalls we found during our inspection. Audits had also failed to identify shortfalls in staff training and the environment.

At the inspection of 3 August 2017, we found that the provider had made the necessary improvements.

Medicines were being safely managed at the service. During our inspection of 3 August 2017, there were no effective arrangements to monitor how medicines were being managed. We had found that staff did not always follow the procedure for recording and the safe administration of medicines. This meant that people were at risk of not receiving their prescribed medicines safely.

At this inspection we found that the provider had put robust systems in place to monitor the management of prescribed medicines. A senior member of staff carried out daily checks on stock and MAR charts to ensure that any discrepancies were picked up without delay. In addition, the registered manager undertook spot checks almost daily to ensure that staff signatures reconciled with medicines stock. They told us that this ensured that any errors could be identified and addressed promptly. The pharmacist who supplied the medicines also undertook three monthly audits of all the medicines and provided a written report of their findings. The registered manager told us that since the last inspection, they had assessed all the nurses' competencies and would continue to check these six monthly or more often if necessary. This meant that audits were now effective and the risk of errors not being identified and addressed was significantly minimised.

Following our last inspection, the care manager had discussed the medicines issues with staff and staff meeting minutes confirmed this. The provider had introduced new MAR charts which were clearer and easier for staff to use, thus reducing the risk of errors.

The provider had taken steps to improve staff training. All staff had been enrolled in a training programme that included online and distance training. The registered manager had undertaken competency checks on all the nurses and was seeking an accredited training provider to undertake 'train the trainer' courses in a range of subjects.

The provider had taken steps to improve the environment to meet the needs of people living with dementia. Improvements we saw included clear signage and brightly painted doors to help people orientate themselves around the home.