

Random inspection report

Care homes for adults (18-65 years)

Name:	Priscilla Wakefield House
Address:	Priscilla Wakefield House Rangemoor Road Tottenham London N15 4PL

The quality rating for this care home is:	two star good service
The rating was made on:	19/03/2009

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:							
Lawrie Allum	0	5	1	0	2	0	0	9

Information about the care home

Name of care home:	Priscilla Wakefield House
Address:	Priscilla Wakefield House Rangemoor Road Tottenham London N15 4PL
Telephone number:	02088087196
Fax number:	02088852481
Email address:	reception@precious-homes.com
Provider web address:	

Name of registered provider(s):	Flagswan Two Ltd
Name of registered manager (if applicable)	
Alexis Josephine Sally Wood	
Type of registration:	care home
Number of places registered:	112

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	18	39
dementia	80	80
learning disability	23	0
old age, not falling within any other category	0	24
old age, not falling within any other category	0	24
physical disability	8	8
physical disability	8	0

Conditions of registration:	
The maximum number of service users who can be accommodated is :112	
The maximum number of service users who can be accommodated is :112	

The registered person may provide the following category of service only: Care home with nursing - Code N to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Physical disability - Code PD (maximum number of places: 8) Dementia - Code DE (maximum number of places: 18) Dementia , over 65 years of age - Code DE(E) (maximum number of places: 39) Old Age, not falling within any other category - Code OP (maximum number of places: 24) Learning disability - Code LD (maximum number of places: 23)

The registered person may provide the following category of service only: Care home with nursing - Code N to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Physical disability - Code PD, Dementia - Code DE, Old Age, not falling within any other category - Code OP

Date of last inspection

1	9	0	3	2	0	0	9
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Brief description of the care home

Priscilla Wakefield House is a large, newly built Nursing Home with 112 places for people with dementia (including early onset dementia) and physical disabilities. The majority of places are for Older People. There are three floors, which contain different specialist units. As the home is relatively new only two floors at present are occupied. The building and environment have been built to an excellent standard and all bedrooms have en-suite facilities. There are a number of lounges and dining areas in each unit as well as outside terraces and gardens. The home has been very well designed. Priscilla Wakefield House has the equipment and facilities required to meet the needs of the people using the service. The stated aims of the home are, 'To help service users remain in control of their lives as far as possible and thus, to maintain their personhood through Person Centred Care'. The home is situated in Tottenham, North London and although there is limited parking the home is near to local bus services and the Victoria Line Underground station. The range of fees are between five hundred and one thousand and five hundred pounds per week.

What we found:

The home mainly supports adults with dementia, including early onset, HIV and learning disabilities. Recent issues have arisen with the provision of medication to the home's residents following the withdrawal of services, without notice, by the GP. I am informed that this resulted in a period of about 9 days before the prescribing of medication could be resumed owing to delay in appointing a GP who could provide a prescribing service. This issue of medication provision has been compounded by the recent change of ownership of the dispensing pharmacy serving the home. The dispensing pharmacy is based some distance away in St.Albans, Hertfordshire, and has previously provided a satisfactory service, however, recent supply problems has required additional prescriptions to obtain supplies dispensed locally. Bearing these issues in mind, all prescribed medication was available for administration to the home's residents.

Three residents are prescribed insulin that is injected by means of a pen injector containing an insulin cartridge. The pens currently in use were stored in the medicines fridge as opposed to the correct storage at room temperature, as directed on the cartridge pack. Once a cartridge is in use the shelf-life is limited and therefore requires the date of opening to be recorded with the pen-injector and the in-use expiry date indicated. There were two opened containers of latanoprost eye drops stored in the medicines fridge and prescribed for a resident in Pickwick unit. Once opened the eye drops require storage at room temperature and to be used within 4-weeks of opening, as instructed on the pack. However, one pack was marked as opened on 26 August 2009 and the other with no indication of the date first opened and dispensed 28 August 2009. Therefore, neither container gave indication of meeting the in-use expiry.

The administration of medication to be applied for external use, such as creams, ointments and dressings, were not recorded. For accountability of administration it is necessary to record this on the medicines administration record (MAR) chart or enter details of where this is recorded, for example, recorded in the resident's notes.

Some medication was prescribed with directions requiring decision by staff on whether or how to administer, for example 'when required' or 'as directed'. Unless otherwise indicated, this requires documented information for staff including the indication for administration, the dose, the frequency, maximum doses in a time period, and any other details to assist in the safe administration. An example of this relates to a resident in Pickwick unit prescribed diazepam 5mg tablets, one to be taken three times a day when required.

When a dosage range is prescribed it is required to record the dose administered to provide accountability of audit and to ensure that administration is meeting the prescriber's direction and not being misappropriated. An example of this, prescribed for a resident in Pickwick unit, included codydramol 10/500mg tablets, one or two to be taken four times a day when required.

There were occasions when the record of quantity of a medicine, either received or carried forward from the previous MAR chart, was omitted. Again, this is required to provide accountability of audit and to ensure that administration is meeting the prescriber's direction and not being misappropriated. Other reasons for being unable to

audit medication included omissions of recording the administration; this was limited to two entries on Dorrit unit on 17/09 and 18/09 for senna tablets and two entries on Havisham unit for quetiapine 25mg tablets on 3/10 and 4/10. On Havisham unit, Fucidin cream was prescribed for application three times a day but with records indicating application was only administered twice a day with no documented explanation for the omission of the midday treatment. Some items of medication that were audited did not meet this accountability requirement, as follows:

Havisham Unit

Sodium valproate 500mg EC tablets, take one twice a day: records indicated 200 tablets received and 39 administered; this should leave 161 tablets remaining, however, 166 were found, being an excess of 5 tablets.

Abacavir 600mg & lamivudine 300mg tablets, take one daily: records indicated 125 tablets received and 22 administered; this should leave 103 tablets remaining, however, 104 were found, being an excess of 1 tablet.

Cetirizine 10mg tablets, take one each morning when required: records indicated 30 tablets received and 22 administered; this should leave 8 tablets remaining, however, 16 were found, being an excess of 8 tablets.

Pickwick unit

Olanzapine 2.5mg tablets, take one four times a day: records indicated 112 tablets received and 85 administered; this should leave 27 tablets remaining, however, 25 were found, being a deficit of 2 tablets.

Diazepam 5mg tablets, take one three times a day when required: records indicated 28 tablets received and 19 administered; this should leave 9 tablets remaining, however, 18 were found, being an excess of 9 tablets.

Possible reasons for a surplus of medication may be accounted for by either: incorrect record of receipt or, failure to record carry-forward from the previous MAR chart or, recording administration when a dose was omitted. Possible reasons for a deficit of medication may be accounted for by either: incorrect record of receipt or, incorrect record of carry-forward from the previous MAR chart or, recording omission when a dose was administered or, misappropriation.

For accountability, entries on the MAR charts by staff providing further information on the administration of medication require their signature/signed initials and date of entry. An example where this was omitted was found on Havisham unit: hyoscine patch 1.5mg, apply one patch every 72 hours, where an entry in the administration section stated 'FINISH'. After indicating the omission the entry was completed during the inspection by the nurse who originally made the entry.

Staff were unaware of the handling precautions required for finasteride tablets being administered to a resident on Dorrit unit. When this was indicated to the nurse an entry was made on the MAR chart indicating this hazard.

Storage of Controlled Drugs (CD) prescribed for residents in both Havisham and Pickwick

units are stored in the CD cupboard in Pickwick unit. The CD record book indicated a remaining balance for four items of medication prescribed for a resident who died on 10 June 2009. Although the items were unable to be found during the inspection they were subsequently located by the home's manager and documentation produced evidencing return for destruction on 7th October 2009. To ensure the effective audit of CDs it is important to ensure that CDs not stored in the usual cupboard have the location for the storage documented for reference.

Medication fridges had the temperature monitored by integral maximum/minimum thermometers with current temperatures within the required range of 2 to 8 degrees Centigrade. To indicate when remedial action is required to correct the fridges functioning, the maximum/minimum temperature records should be current to the daily record. This is ensured by resetting the maximum/minimum readings after each daily recording.

Requirements numbers 1 to 3 and recommendation number 7 in the following tables have been made as a result of this inspection. Action must be taken to meet requirements as they are made under the Care Standards Act 2000. Recommendations are seen as good practice and should receive serious consideration. Any other requirements and recommendations entered outside the findings of this inspection will be reviewed on the next inspection by the regulatory inspector.

What the care home does well:

The home provides a supportive service to a challenging group of service users and strives to ensure that medication therapy is administered in accordance with prescribers' directions. They have recently had to maintain the medical treatment of their service users throughout the disruption to the services provided by their general medical practitioner, as described above.

What they could do better:

Further attention should be given to the accountability of medication records so that they provide an accurate record of the care provided. Some attention is required to the storage of medication and for accounting that usage is within the licensed conditions indicated by the manufacturer.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes



No



Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
1	9	13	<p>The registered person must ensure that medication policies and procedures are accurate and complete.</p> <p>This is to ensure that people who use the service are protected by the home's policies and procedures regarding medication.</p>	19/06/2009
2	9	13	<p>The registered person must ensure that medication records are complete and accurate.</p> <p>This is required to ensure to the auditable control of medication at the home.</p>	06/04/2009
3	35	24	<p>The registered person must ensure that formal quality monitoring reviews take place on a regular basis and residents and other stakeholders are asked about their views of the service.</p> <p>This is to ensure that residents and other stakeholders can see how well the home is doing to meet the aims and objectives of the service.</p>	01/07/2009
4	35	13	<p>The registered person must ensure there is a clear record</p>	01/05/2009

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
			<p>for each resident of how they manage their personal finances and that where support is needed systems must be in place that have been agreed with the most appropriate care professional. Any risk management issues must be discussed with care professionals as needed and a plan agreed</p> <p>This is to ensure that residents at the home are protected from possible financial abuse</p>	

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	20	13	Medication with the expiry limited when in-use require record to indicate the expiry. To ensure the therapeutic viability when in use.	26/10/2009
2	20	13	Medicines are required to be stored in accordance with labelled directions. To ensure the therapeutic viability.	26/10/2009
3	20	13	Medicine administration records are required to be accurate, complete and accountable with full information provided. To ensure that medicines are handled safely and administered to the home's service users, as prescribed.	05/11/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	20	To reset the medicine fridges' maximum/minimum thermometers after recording the temperatures each day to ensure the temperature is being maintained within the licensed range for medicines storage.

Reader Information

Document Purpose:	Inspection Report
Author:	Care Quality Commission
Audience:	General Public
Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

Helpline:

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Email: enquiries@cqc.org.uk

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