

Random inspection report

Care homes for older people

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

| | |
|---|------------------------|
| The quality rating for this care home is: | zero star poor service |
| The rating was made on: | 23/04/2010 |

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: | | | | | | | |
| Jane Shaw | 1 | 9 | 0 | 5 | 2 | 0 | 1 | 0 |

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): | Magicare Limited |
| Name of registered manager (if applicable) | |
| | |
| 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 | 112 | 112 |
| old age, not falling within any other category | 0 | 112 |
| physical disability | 112 | 112 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|--|
| Conditions of registration: | | | | | | | | | |
| 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(E) (maximum number of places: 112) Dementia - Code DE (maximum number of places: 112) Dementia , over 65 years of age - Code DE(E) (maximum number of places: 112) Old Age, not falling within any other category - Code OP (maximum number of places: 112) | | | | | | | | | |
| Date of last inspection | 2 | 3 | 0 | 4 | 2 | 0 | 1 | 0 | |

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 but younger people are also accommodated. There are four floors, which contain different specialist units. 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:

This pharmacist inspection was to check compliance with two statutory requirement notices issued on 4/5/2010 because of concerns over the safe handling of medication.

Notice 1 required the home by 12/5/2010 to :- Ensure medication is administered as prescribed. Ensure that records record the start date of medication, the allergy status of service users, the actual dose administered and the correct endorsement when not administered. Ensure that accurate records of controlled drugs are maintained. Ensure that lancets for professional use are used. That dates of opening are written on eye drops and other liquids with a short shelf life and correct fridge records are kept. That there is evidence of safe disposal of medicines. That there are systems for robust auditing of medication.

Notice 2 required the home by 12/5/2010 to:- Ensure there is an efficient ordering systems so that service users prescribed medication is consistently available to them.

We inspected the recording of receipts, administration and disposal of medication in all the flats and we audited several samples to see if medication was being administered as prescribed. We looked at storage and the homes own auditing procedures.

We looked at all the Medication Administration Records (MAR) in all the flats and noticed that there were no gaps. When a service user was in hospital or refused medication, the correct endorsement was used so we knew the reason for not giving it. All receipts of medication were recorded and daily stock checks were carried out for medicines not supplied in the monitored dosage system. We counted a total of 21 of these medicines and all could be reconciled with signatures for administration. We noted that warfarin was administered accurately to two service users and we were able to check this against their yellow anticoagulant books. One service user was having a blood test the day of the inspection and we could see that a date was arranged for the other. We noticed that the start date for the medication cycle was clearly written on all the MAR and also the allergy status of the service user. We saw that two medicines had been started mid cycle and were able to track one easily to records in the doctors notes. For the other we noticed a copy of the new prescription. We saw for one service user that two of their regular liquid medicines had run out for three days in the middle of the cycle. We noted that the home had ordered the medicine but that there was a delay in receiving it. The home had protocols in place for as required (PRN) medicines. Some of these were detailed but in others the total daily dose was not stated. Several service users were diabetic and we saw that the home was using lancets for professional use to prevent the risk of infection. One service user was having tests four times day because of low blood sugar and had a care plan in place. A care worker told us he knew what to do when a service user had a low or high blood sugar but the detail was not recorded in the care plan. We noted that the home kept copies of prescription and discharge letters from hospital so that checks could be made if medication changed. We looked at the care plan for one service user who had seizures and noticed that the home kept a detailed record of when seizures occurred. We noticed though that there was no care plan or risk assessment for managing seizures.

We inspected the management of controlled drugs (CD). All records were clear and

balances were correct. Storage was secure in a cupboard complying with the Misuse of Drugs Act.

Storage of other medication was secure and room and fridge temperatures were all monitored daily. Records showed that medication was stored correctly and dates of opening written on medicines with a short expiry date. We noticed that the home used Doom kits for destroying waste CD and recorded in the register when they were destroyed. We saw that they were not included on the homes waste records. These were used for all other medicines not needed by the home, but not always with witness signatures. All feeds including those for enteral use were recorded on the MAR so we knew what additional nutrition was prescribed. The managers of the home were carrying regular audits in addition to the stock counts by the individual flats and daily checks of MAR charts.

We concluded that the home had met notice 1 and that there were safe arrangements for the recording, handling, safe keeping, safe administration and disposal of medication. The home had made progress in meeting notice 2 and had tightened up on their ordering procedures. Quantities on some prescriptions needed review so that there was a sufficient quantity supplied for the whole of the medication cycle.

What the care home does well:

The home has made good progress in raising standards of medication management. They have reorganised and empowered the nursing and care team to regularly check their systems and recording to ensure that medication is administered as prescribed. Record keeping overall is much improved.

What they could do better:

The home needs to maintain the momentum they have achieved and consolidate on the good practices developed.

They need to further work with the GP and pharmacist to ensure that the correct amount of medicine for the whole cycle is prescribed so that medicines do not run out.

They also need to ensure that care plans are expanded for service users with diabetes and having seizures. Also that when the GP visits and prescribes a new medicine this is also documented.

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 | 1 | 4 | <p>The Registered Person must ensure that clear information is available on the provision of respite care and how people's needs will be met. There should be clear protocol for respite admissions.</p> <p>Prospective residents need information prior to moving into the home.</p> | 02/07/2010 |
| 2 | 3 | 4 | <p>The Registered Person must ensure that the needs of people coming into the home on a short term basis are properly assessed.</p> <p>All prospective residents must have their needs fully assessed so that they can be confident that the home can meet these needs.</p> | 02/07/2010 |
| 3 | 3 | 4 | <p>The Registered Manager must ensure that the provision of respite care is reviewed to ensure that the home has the capacity to meet all residents' needs.</p> <p>Residents need to be confident that the home can meet their needs.</p> | 02/07/2010 |

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| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|---|----------------------|
| 4 | 7 | 12 | <p>The Registered Person must ensure that care plans are up to date, comprehensive and reflect people's needs.</p> <p>Residents' needs must be met</p> | 02/07/2010 |
| 5 | 8 | 24 | <p>The Registered Person must undertake a complete review of how it meets the food and drink needs of residents. This should broadly cover any factors that could impact on meeting people's needs and include a clear action plan for improvement. This review should form of an wider review of care in the home. A copy must be provided to CQC.</p> <p>Residents' basic needs must be met</p> | 02/07/2010 |
| 6 | 8 | 12 | <p>The Registered Person must undertake a complete review of how it meets the food and drink needs of residents. The review should include a clear actions plan for improvement. This should form part of a wider review of the care and management of the home, detailed in the Management section of this report.</p> <p>Residents' basic need must be met</p> | 14/06/2010 |
| 7 | 9 | 13 | <p>The Registered Person must ensure the home's medicines policy adequately details</p> | 14/06/2010 |

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| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|---|----------------------|
| | | | <p>procedures to provide staff with sufficient guidance on all aspects related to the handling and management of service users medications, such as ordering medications and the management of anticoagulant therapy within the service. Statutory Enforcement action is being taken.</p> <p>To maintain the health of the residents.</p> | |
| 8 | 9 | 13 | <p>The Registered Person must ensure there is an efficient ordering and receipt of medication system in place so as to ensure service users prescribed treatments are consistently available to them. Statutory Enforcement action is being taken.</p> <p>To maintain the health of the residents.</p> | 12/05/2010 |
| 9 | 9 | 13 | <p>The Registered Person must ensure that all staff involved in the handling and management of medication within the home are trained in and adequately inducted into the revised medication policy and procedures.</p> <p>To ensure that there are safe systems for managing medication in the home.</p> | 14/06/2010 |
| 10 | 9 | 13 | <p>The Registered Person must ensure that a system of robust auditing of medication</p> | 14/06/2010 |

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| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|--|----------------------|
| | | | <p>is consistently and regularly undertaken.</p> <p>To provide evidence of safe administration of medication.</p> | |
| 11 | 16 | 17 | <p>The Registered Manager must ensure that all complaints are acknowledged, investigated, outcomes and actions taken communicated and recorded.</p> <p>Complaints policies and procedures must be adhered to.</p> | 02/07/2010 |
| 12 | 18 | 18 | <p>The Registered Manager must ensure that all staff receive advanced safeguarding training so they understand the links between safeguarding and good care practice.</p> <p>Residents need to be protected from poor care practice.</p> | 31/08/2010 |
| 13 | 27 | 18 | <p>The Registered Person must review its handover system to improve communication about people's needs.</p> <p>Staffing need sufficient time to communicate about residents' needs.</p> | 02/07/2010 |
| 14 | 27 | 18 | <p>The Registered Person must put in place a system to keep staffing levels and the competency and experience of staff under review to meet the complex and changing</p> | 30/06/2010 |

Outstanding statutory requirements

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| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|---|----------------------|
| | | | level of residents' needs. Suitably qualified, competent and experienced staff in sufficient numbers must be working in the home at all times. | |
| 15 | 30 | 18 | The Registered Person must ensure that care staff are trained in best practice dementia care. Staff must be trained and competent to do their jobs. | 31/08/2010 |
| 16 | 30 | 18 | The Registered Person must ensure that staff receive ongoing training in the areas of specialist care that the home offers. Staff need to keep up to date with care practice. | 31/08/2010 |
| 17 | 30 | 18 | The Registered Person must ensure that all care staff receive core training relevant to their roles. Staff must be trained and competent to do their jobs. | 31/08/2010 |
| 18 | 33 | 24 | The Registered Person must commission a full and thorough review of all aspects of the service, the quality of care, the home's aims and objectives, management and staffing, and an investigation into why the problems identified in this report have come about. This review should be | 27/08/2010 |

Outstanding statutory requirements

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| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|--|----------------------|
| | | | <p>comprehensive (not piecemeal) and independent. It should include an action plan. A copy must be provided to CQC.</p> <p>The home should review the quality of care and the running of the home to improve practice and management.</p> | |
| 19 | 35 | 13 | <p>The registered person must ensure there is a clear record 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 requirement is repeated. Previous due date 01/05/2009</p> <p>This is to ensure that residents at the home are protected from possible financial abuse</p> | 27/08/2010 |
| 20 | 35 | 13 | <p>The Registered Person should ensure that residents who are unable to manage their money or do not have nominated person, should have their own accounts.</p> | 27/08/2010 |

Outstanding statutory requirements

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| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|--|----------------------|
| | | | Residents' money should be protected. | |
| 21 | 36 | 18 | <p>The Registered Person must ensure that all staff, including management staff, receive regular, comprehensive, individual supervision. This should be properly recorded.</p> <p>The management and practice of supervision helps to improve people's care and staff and supported.</p> | 02/07/2010 |
| 22 | 36 | 18 | <p>The Registered Person must ensure that staff who provide supervision must be trained to do so.</p> <p>The management and understanding of supervision helps to improve the resident's care.</p> | 02/07/2010 |
| 23 | 37 | 37 | <p>The Registered Person must ensure that CQC is kept informed of all matters covered by Regulation 37.</p> <p>The home must notify CQC of all serious matters affecting the home.</p> | 31/05/2010 |
| 24 | 38 | 23 | <p>The Registered Person must ensure that all staff are trained in fire procedures.</p> <p>The home must ensure the safety of people in the home in the case of fire.</p> | 31/05/2010 |
| 25 | 38 | 23 | The Registered Person must ensure that at least four fire | 31/05/2010 |

Outstanding statutory requirements

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| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|--|----------------------|
| | | | <p>drills per year are undertaken and recorded and actions arising from the drills are noted and addressed.</p> <p>The home must ensure that people working and, where far as practicable, people living in the home have the opportunity to become familiar with fire procedures.</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 | 7 | 12 | That care plans are further expanded to include the needs of service users with diabetes and epilepsy. So that their health and welfare is maintained. | 14/06/2010 |
| 2 | 9 | 13 | That records of visiting health care professionals include new or changed prescriptions. So that there is evidence of medication changes. | 14/06/2010 |
| 3 | 9 | 13 | That protocols for PRN (As required medicines) are expanded. So that nurses and care workers know exactly what dose to give and for what reason and when to repeat the dose. | 14/06/2010 |

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 |
|----|-------------------|-------------------------------|
| | | |

Reader Information

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

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