

Independent Supported Living and Disabilities Ltd

Crowthorne Care

Inspection report

277 Boston Road London W7 2AT Date of inspection visit: 30 October 2015

Date of publication: 17 November 2015

Ratings	
Overall rating for this service	Requires Improvement •
Is the service safe?	Good •

Summary of findings

Overall summary

The inspection took place on 30 October 2015 and was unannounced.

The last inspection of the service took place on 8 September 2015, where we identified three breaches of Regulation, relating to the management of the service and management of medicines. We issued a warning notice telling the provider that they needed to make improvements to medicines management by 25 September 2015. This inspection was to check the provider had made the necessary improvements to medicines management. The other breaches of Regulation were not inspected on this occasion.

Crowthorne Care is a supported living service (in a shared house) for up to five adults who have a learning disability. The service is managed by Independent Supported Living and Disabilities Ltd, who are part of a larger organisation; Estocare Group. The service is registered to provide personal care. At the time of our inspection five adults lived at the service.

There was no registered manager in post at the time of the inspection. The provider told us they had recruited a person to undertake this role and they were due to start work at the service in mid November 2015. 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.

This inspection looked at how medicines at the home were being managed. Four of the five people living at the home received support to take regular medicines. We found that the medicines were stored, recorded and administered safely. The staff had received appropriate training and support to make sure they administered medicines appropriately. Medicine administration records were accurate and up to date. The staff undertook daily audits of all medicines and the manager undertook additional weekly audits. These were recorded.

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.

People received their medicines in a safe way. The staff responsible for administering medicines had ben trained and assessed as competent to do so. Medicine records were accurate, up to date and clear. There was additional information for the staff to make sure they administered all medicines safely.



Crowthorne Care

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.

The inspection took place on 30 October 2015 and was unannounced.

The inspection team consisted of two inspectors.

The inspection was carried out to check whether the provider had made the necessary improvements to the way in which medicines were managed at the service. Before the inspection visit we looked at the action plan the provider had sent us, which told us what action they had taken to improve medicines management. During the inspection we spoke with the person in charge at the time, who was a manager from another of the provider's services. We looked at the medicines, the way they were stored and records relating to medicines, including the administration records for four people who lived at the home.



Is the service safe?

Our findings

At the last inspection of the service on 8 September 2015 we found that people's medicines were not being managed in a safe way. We issued the provider with a warning notice telling them they must make the necessary improvements by 25 September 2015. The provider wrote to us with an action plan telling us how they would make the required improvements.

At the inspection of 30 October 2015 we found that the provider had made the required improvements. People were receiving their medicines as prescribed and in a safe way.

Staff responsible for administering medicines had received training and their competency had been assessed. The provider had a record of all staff who had been trained and assessed. Two new members of staff had started working at the service since the last inspection. They had also been trained and had their competency assessed. The person in charge at the time of our inspection (a manager from another of the provider's homes who was working at the service whilst the manager was on leave) told us that when temporary staff were employed they were not permitted to administer medicines unless the provider had seen evidence of their training in this area.

The medicines were stored securely and appropriately. The cabinet where they were stored was well ordered and clean. The staff checked the temperature of this storage daily and this was recorded.

The staff undertook an audit and tablet count of all medicines each day. This was recorded and the information was up to date and accurate. In addition the manager undertook a weekly audit of medicines management and these were recorded.

There was a profile for each person who was administered medicines. This included details of any allergies and a photograph of the person. Medicine administration records were clear, accurate and up to date. Where people were prescribed PRN (as required) medicines, the staff had created guidelines which identified when the medicines should be administered. One person who was administered pain relieving medicines was not able to communicate their needs verbally. The guidelines for this person recorded how they would express they were in pain, so the staff could identify this and administer the medicines as needed. Medicine administration records included a clear audit trail of medicines received and disposed of, or returned to the pharmacy.

The provider had met with all of the staff and discussed the importance of safely managing people's medicines.