

Lindsey Lodge Limited

Lindsey Lodge Hospice

Inspection report

Burringham Road
Scunthorpe
Lincolnshire
DN17 2AA

Tel: 01724270835

Website: www.lindseylodgehospice.org.uk

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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

We carried out an unannounced comprehensive inspection of this service on 18 August 2015 and a breach of legal requirements was found. After the comprehensive inspection the registered provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this focused inspection 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 those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lindsey Lodge Hospice on our website at www.cqc.org.uk

We undertook this inspection on 18 February 2016. The inspection was announced. When we had previously inspected this service on 18 August 2015 it was rated requires improvement overall, with a requires improvement rating in two domains; 'safe and well-led.' We had issued a requirement notice for shortfalls found in the medicine management at the service, which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that the registered manager had made improvements to the auditing and medicine management within the service which ensured that the shortfalls we had previously found had been addressed.

Lindsey Lodge is a purpose built hospice that provides inpatient care and treatment for a maximum of 10 people who have a life limiting condition. The service can also provide day care support for up to 14 people each day. Accommodation is provided on the ground floor with all rooms having good access to gardens and patio areas. En-suite and communal bathrooms with shower and assisted bathing facilities are provided, some with overhead hoist facilities to help meet people's mobility needs. There are two shared occupancy rooms which can be opened up to create a four bedded unit. This area can be changed to make two large bedrooms where family can stay close to their relative. There is a separate out-patient suite with craft rooms, communal areas and therapy rooms. Separate family accommodation has been recently built which is available for use; these facilities include en-suites with televisions and tea making equipment. During our inspection there were people being cared for on the in-patient unit and the out-patient clinic was open for people to use. Car parking facilities are provided with disabled parking by all entrances. There are local amenities, shops, a pub and garage nearby.

The service has a registered manager in place. 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. The hospice director is the registered manager of this service.

We found improvements had been made in regard to the ordering of medicines, storage and monitoring of the temperature of the medicine storage room and fridge. Stock levels of medicines were monitored by staff and the management team. The medicine policy and procedure had been reviewed and had been rewritten to ensure it provided robust guidance for all staff in all areas of medicine management. We did not speak

with people using the service directly about their medicines because the issues relating to medicine management that we had found at our last inspection on 18 August 2015 did not directly affect patient care or their symptom control.

We found that the registered provider and registered manager had been proactive and developed improvements to the quality monitoring systems within the service which were effective at highlighting any issues. Action plans were put in place which helped to monitor, maintain or improve the service which was provided to people.

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.

We saw improvements had been made, and we have changed the rating from requires improvement to good for this key question.

Improvements had been made to the medicine management systems within the service relating to the ordering, recording and storage of medicines.

Robust policies and procedures for medicine management were in place and effective auditing had been introduced by an external pharmacist.

Is the service well-led?

Good 

The service was well led.

The ethos of the service was positive; there was an open and transparent culture and a friendly, welcoming environment. Staff understood the management structure of the service, their roles and responsibilities.

The quality monitoring of the service had been improved and included a range of audits as well as detailed medicine management auditing which was completed internally and by an external pharmacist.

A robust controlled drugs policy, for staff to refer to was in place.

Improvements were being made to the times when people could be admitted to the service.

People were asked for their views about the service and feedback received was acted upon.

Lindsey Lodge Hospice

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook an announced focused inspection of Lindsey Lodge Hospice on 18 February 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 18 August 2015 had been made. We inspected the service against two of five questions we ask about services is the service safe and well-led. This is because the service was not meeting some legal requirements. This inspection was completed by one adult social care inspector.

We had previously inspected this service on 18 August 2015; when it was rated requires improvement overall, with a requires improvement rating in two domains; 'safe and well-led.' On 18 August 2015 we issued a requirement notice for shortfalls found in the medicine management at the service, which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated Requires Improvement overall because of the shortfalls in the domains 'safe' and 'well-led'. The findings from this inspection improved the quality rating in 'safe' and 'well-led' to good and the overall rating to good because we have re inspected the shortfalls within six months.

During our inspection we spoke with the hospice director/registered manager, with senior nurse's in charge of the in-patient unit and out-patient unit and with one nurse working at the service. We inspected all the medicine records and medicine storage throughout the service. We reviewed the medicine policy and procedure, we looked at minutes of meetings that had been held and at action plans that had been created and actioned following our inspection on 18 August 2015. We spoke with staff about the training and improvements that had been made in the medicine management and auditing systems following our last inspection. We did not speak with people using the service on this visit because the shortfall's we had found previously had no impact on people using the service or their symptom relief.

We toured the premises and checked the medicine storage rooms in both the in-patient and out-patient units. We looked at the storage facilities provided for medicines in patients rooms. We inspected a range of documentation including medicine records, policies and procedures, staff meeting minutes, audits and

quality assurance documentation.

Is the service safe?

Our findings

At our last inspection we had found two discrepancies in the stock level of a controlled drug when compared to the records. One error had not been noticed and the other not fully investigated. The shortfalls in the medicine management constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the registered provider and registered manager to address the shortfalls, which we had found regarding the lack of detailed procedures for ordering, storing, administering and recording controlled drugs. These placed people at risk of potential harm.

During this inspection we asked staff about the improvements that had been made regarding medicine management and the auditing of this within the service. A member of staff said, "We have a very thorough system now. Big changes but appropriate changes. Much more thorough and robust systems. We have regular audits of medicine charts and systems now in place. It has been a learning curve for us all, it has been very positive. It has not affected patient care or the delivery of their medicines. This had support from the management team all the way up. We have robust thorough systems that work well, it has been a team effort and it is working very well indeed, we are working together." Another member of staff that we spoke to said, "We have a new medicine policy now, it is robust and loads better. We put a 'do not disturb sign up' when dealing with medicines. We completed medicine management training after the last inspection, we went through all of this and refreshed ourselves, it was really good. In supervision we talk about medicines constantly we liaise with health care professionals and if there is something we are not sure about we refer to the medicine guidance, health care professionals and medicine policy. We do a weekly check of all controlled medicines and stock."

At the last inspection on 18 August 2015, our pharmacist inspector looked at the management system and records relating to medicines that were in place. We found medicines were supplied by a local pharmacy, either as stock medicines or dispensed for named people. There was no provision for the service to gain clinical advice from a specialist palliative care or general pharmacist. Some medicines were not kept safely because the cupboards in which they were stored were not fit for purpose. In addition, we had found that the temperature of the medicine refrigerator was not monitored properly. Medicine records for people staying in the hospice had not been completed effectively by staff and the receipt of medicines, including controlled drugs for people was not recorded properly. The administration of a controlled drug to one person was not recorded in the controlled drugs register, as required by law. This had meant that medicines could not be accounted for and there was a risk of mishandling or misuse of medicine within the service.

At this inspection we found all these issues had been addressed. Auditing of medicines had taken place by an external pharmacist weekly and was continuing on a regular basis to help ensure the medicine management within the service remained robust. The pharmacist was able to give advice and support to the service. Medicine storage cupboards had been changed to make sure controlled medicines were stored securely in line with current legislation. Stock levels of medicines held at the service had been reviewed and decreased to reduce the potential for stock balances to be inaccurately recorded. Daily and weekly auditing of people's medicines and the medicines used as stock were undertaken and recorded by staff and by the

senior management team at the service. People's medicines were being received and recorded and a new system of sending people's own medicine stock home then ordering this from the hospital pharmacy was now in place. This ensured the recording of medicines was accurate and robust. It also meant the potential for errors to occur had been reduced and any errors could be noted and reported immediately so that corrective action could be taken. Staff monitored the medicine fridge temperature and medicine treatment room temperature to ensure items were stored within the correct temperature range to ensure they remained effective.

We saw the standard operating procedure for medicines now detailed procedures for ordering, storing, administering, recording and disposing of controlled drugs. Staff we spoke with told us how they had been asked for their input into this policy. They said it had helped provide a solution to the issues we had found at the last inspection which had helped them take ownership of the new policy now in place.

We made random checks of the medicine stock balance held at the service. The balances of medicine in both the in-patient and out-patient service were found to be correct. A new system had been introduced so that when staff were dealing with medicines a 'do not disturb sign' was displayed. This helped to ensure that staff were able to concentrate on what they were doing and prevented distractions from occurring, therefore reducing the risk of errors or incorrect recording taking place.

Is the service well-led?

Our findings

During our inspection the staff we spoke with told us that there had been a lot of improvements made to the service since our last inspection on 18 August 2015. A member of staff said, "To protect the patients, hospice and nurses we have implemented this (The action plan) we got onto this straight away."

Staff we spoke with told us they were involved in producing the new medicine policy which they said had gone to the staff team to senior staff and to the pharmacist. All had given their views and had worked to ensure the new medicine policy was robust and fit for purpose. The registered manager confirmed staff had undertaken training in regards to the updated medicine management policy, this included scenarios and what action to take to inform the management team if something was wrong.

The staff we spoke with told us they had worked as part of a team and felt even though there had been issues found on the last inspection the management had acted thoroughly and methodically to sort and resolve the issues.

During this inspection we found that the culture of the service remained open and transparent. The registered manager provide us with updated action plans that were very detailed and highlighted the action taken and progress made to address the shortfalls from the last inspection. We were provided with a copy of the new medicine policy this was sent to us, this was detailed. We were provided with the results of audits that were now in place undertaken by the pharmacist. The management team had created new detailed training which staff had completed in a timely way to improve the medicine management systems. We found the management team had acted swiftly and thoroughly to make sure there robust systems for medicine management now in place at the service.

We were informed during our visit that the board of trustees at the hospice had supported the hospice director/registered manager to make the changes needed in relation to medicines. We were informed they had agreed and endorsed the new systems and audits that were now in place.

We saw that there was a range of audits in place to help the senior staff monitor and maintain the quality of the service provided to people. People were asked for their views regarding the management of the service informally and by survey's. We looked at the survey results, the feedback was positive and there were no concerns raised relating to medicine management or the management of the hospice. We saw that people or their representatives had stated they had been satisfied with all aspects of the service received.

The ethos of the hospice remained open and transparent and a mission statement remained in place, which stated people would be provided with a caring supportive service for everyone.