

MacIntyre Care Anvil Close

Inspection report

21-24 Anvil Close
Streatham
London
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service responsive?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 13 and 15 January 2015. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to management of medicines and the care and welfare of people who use services.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements in relation to the breaches found. 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 Anvil Close on our website at www.cqc.org.uk

The home provides care and accommodation for up to 12 people with learning disabilities. It is located in Streatham. It is divided into four flats, each with three

bedrooms. There are two flats on the ground floor and two on the top floor. People with more complex support needs live on the ground floor and more independent people live on the top floor.

There was a registered manager at the service. 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.

At our previous inspection we found that medicines management was not safe and people's individual needs were not always met.

At this inspection, we found that improvements had been made.

Summary of findings

Staff had attended refresher training in medicines management. Stock checks of medicines were being carried out and medicine administration record charts were completed correctly. A regional manager carried out audits which were used to minimise the risk from unsafe medicines practice.

Flats had been redecorated to make them more presentable and work was continuing to ensure activity rooms in flats were fit for purpose and utilised in a way that met the needs of people. Link worker meetings had been re-introduced which allowed staff to set and monitor goals for people using the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety in this service.

Aspects of medicines management had been improved.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Is the service responsive?

We found that action had been taken to improve responsiveness to the needs of people who used the service.

Formal link worker meetings had been re-introduced and flats had been refurbished to people's liking.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Anvil Close

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Anvil Close on 10 and 15 September 2015. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our inspection on 13 and 15 January 2015 had been made. We inspected the service against two of the five questions we ask about services: Is the service safe? Is the service responsive? This is because the service was not meeting some legal requirements.

The inspection was undertaken by an inspector. During our inspection we spoke with three staff members and the registered manager. We were unable to speak with people because those that were at the service during the time of our inspection were not able to communicate verbally. We reviewed people's care records. We made general observations on each of the floors.

Is the service safe?

Our findings

At our previous inspection which took place on 13 and 15 January 2015, we found that the service was not always safe as medicines were not managed safely. Some medicine cabinets were not locked and we also saw medicines left in them that should have been disposed of. Stock checks of medicines were not effective in picking up errors.

At this inspection, we found that some improvements had been made. We found that all the medicine cabinets in all the flats were kept locked. They had also been cleaned and old medicines had been disposed of. Extra stocks of old medicines that were no longer required had been returned to the pharmacy. We checked a sample of medicine administration record (MAR) charts in each of the flats and saw that staff had completed them correctly. Staff also carried out stock checks of medicines that were not in blister packs and these were found to be accurate. This helped to ensure that medicines were managed safely.

The registered manager told us that the majority of staff had attended training in medicines management to refresh their understanding. We looked at staff training records and saw that out of the 19 staff required to undertake the training, 13 had completed the training, 4 were in the process of completing it and two had not started it. The registered manager told us that staff who had completed the medicines training were required to undergo three

observations of their medicines administration by a senior staff member before being allowed to administer medicines independently. We saw records that confirmed this.

Regular audits were carried out to ensure medicines practice at the service was safe. We saw evidence that a regional manager came to the service every month and audited one person's medicines records per visit. This helped ensure medicines records and stock checks were being maintained as required.

Some aspects of the action plans to make improvements had still not been completed. For example, the provider had told us they would be changing the storage of all medicines that were not contained in blister packs from one clear box for all medicines to one clear box for each person, displaying a photo of the person on the box for reference and clearer stock control. This had not been implemented across all the flats at the time of our inspection.

They had also stated that the medicines records would be changed from one file per flat to one file per person in each flat for clearer recording and storage. This had not been implemented when we inspected the service.

Although we found that serious concerns had been addressed, work was still in progress and sufficient time had not passed to assure us that these improvements could be sustained. Therefore we have been unable to change the rating for this question. A further inspection will be planned to check if improvements have been sustained.

Is the service responsive?

Our findings

At our previous inspection which took place on 13 and 15 January 2015, we found that people's individual needs were not always being met by the provider. The activity rooms in the flats were not always utilised effectively. The care plans did not always identify goals for people to work towards.

At this inspection, we found that some improvements had been made. We saw that renovation work was taking place to decorate each of the flats in consultation with people using the service. Discussions had been held with people about their choice of colour for the flats and how they wanted them to be decorated. Some improvements had also been made to the activity rooms in each of the flats, although this had not been fully completed. They had been cleaned and made more presentable, however the registered manager told us that discussions were still taking place about how to utilise them most effectively.

Some improvements had been made regarding record keeping in relation to activities and goal monitoring. Staff

completed daily activity records for clearer evidencing of activities that were undertaken by people using the service. "My Meetings" had been re-introduced for each person. These were meetings held between people using the service and their link workers. We looked at a sample of these and saw they were used to discuss issues such as maintenance, people's health, access to activities and any support they needed. They were also used to set and review goals for people. We saw that goals were monitored at follow up meetings but these were still not being recorded consistently.

There was also evidence that the provider had worked with occupational therapists to ensure equipment needed to support people had been purchased and that this met the needs of people using the service.

Although we found that serious concerns had been addressed, work was still in progress and sufficient time had not passed to assure us that these improvements could be sustained. Therefore we have been unable to change the rating for this question. A further inspection will be planned to check if improvements have been sustained.