

Carmel Domiciliary Care Limited

# Carmel Domiciliary Care Limited

## Inspection report

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### Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



### Overall summary

We carried out an announced comprehensive inspection of this service on 29 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 Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) managing people's medicines.

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 Carmel Domiciliary Care Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Carmel Domiciliary Care is a domiciliary care service which provides support and care to people with mental health needs in their own homes. We visited five people

who are supported with their personal care and share a house in the community. The registered manager was not available during our inspection so we spoke with the deputy manager who was in charge of the service and assisted us with the inspection.

At our previous inspection in January 2015, the provider did not meet all the legal requirements in relation to managing people's medicines. Following this inspection, the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we looked to see if these improvements had been made. We found that on the whole improvements had been made and people's medicines were now generally being managed well.

People were supported by staff who were knowledgeable in the support they required to order, store and administer their medicines. Records were in place to

# Summary of findings

show when people had received their medicines. These records were regularly checked and reviewed. However people's care plans did not always provide staff with adequate guidance on how they should be supported with their medicines especially for medicines which should only be used 'as required'.

Staff told us they had received up to date training and a new medicine's policy had been implemented to give staff guidance.

# 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?

This service was now generally safe.

We found that action had been taken to improve the safety of managing people's medicines. Staff told us they had received up to date training in managing and administering people's medicines.

Records showed that people had been given their medicines at the correct times. The provider was now working with a new pharmacist.

We could not improve the ratings 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**



# Carmel Domiciliary Care Limited

## 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.

This focus inspection took place on 11 September 2015 and was announced. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was undertaken to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 29 January 2015 had been made. We inspected the service against one of the five questions we ask about services: Is this service safe This is because the service was not meeting some legal requirements.

One inspector carried out the inspection. We reviewed the medicines records relating to three people and the systems being used to obtain and administer people's medicines. We spoke with the deputy manager and the staff member responsible for managing people's medicines. We asked for evidence of staff training relating to managing people's medicines and a copy of the provider's new medicines policy to be sent to us after the inspection however this was not provided.

# Is the service safe?

## Our findings

At our inspection in January 2015, we found that people were not safe as their medicines were not being managed effectively. The provider sent us an action plan to tell us how they would ensure people were safe when using the service. On 11 September 2015, we revisited the service to check if they had met the legal requirements.

At this inspection we found that actions had been taken to improve the safety of people. People's medicines were now being mainly managed efficiently. The provider had taken an organised approach to assess the processes and systems being used to order, obtain, store and administer people's medicines. The registered manager had reviewed their medicines practices and implemented a new medicines policy to give staff guidance on the expected practices of how to manage people's medicines. In addition to this a new pharmacist was now being used by the provider. The new pharmacist had carried out training with senior staff and the deputy manager to ensure they were competent to order and manage people's medicines using their systems. This training had been cascaded and shared with other staff by the deputy manager. The deputy manager updated her knowledge on supporting people with their medicines by research and had undertaken a medicine unit in a health care professional qualification. We were told that additional training on awareness of good practices when supporting people with their medicines had also been completed by most staff. We asked the deputy manager to provide evidence of staff training and a copy of their new medicines policy after our inspection however this was not provided.

People had consented to staff ordering and managing their medicines. A nominated trained member of staff reordered people's medicines at a designated time to ensure people

received their medicines in a timely manner and that excessive stock was not held. Any unwanted stock was stored separately, documented and returned to the pharmacist.

People's records held information leaflets and guidance on their medicines. Staff were knowledgeable about people's medicines and when they were required. They documented when people had received medicines 'as required', however the details of the reasons why people required these medicines was not always consistent. A medicines administration record (MAR) was completed when people were given their medicines. These records were regularly reviewed by the deputy manager.

Medicines which were given to treat people's mental health were reviewed every six months; however no set review system was in place for people who required medicines for their physical health. This was raised with the deputy manager who told us they would implement a system to review people's medicines during people's six monthly reviews of their care.

Regular audits of people's medicines were carried out by the deputy and registered manager. Good practices of managing people's medicines were reinforced and discussed at staff meetings. The deputy manager and a designated staff member had started to hold regular meetings to discuss and address any areas of concerns relating to management of medicines within the service.

Whilst we saw improvements had been made in how people medicines were managed, we could not improve the rating for 'Is the service safe?' from requires improvement because to do so requires consistent good practice overtime. We will check this during our next planned comprehensive inspection.