Imperial Lodge

Imperial Lodge

Inspection report

268 Landsbury Drive
Hayes
Middlesex
UB4 8SN
Tel: 0208 581 2510

Date of inspection visit: 20 and 25 August 2015
Date of publication: 22/09/2015

Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

We carried out an unannounced comprehensive inspection of this service on 22 and 23 October 2014. Breaches of legal requirements were found as there had been a lack of training for staff, clear records had not been kept for when people had attended health appointments and the checks and audits on the quality of the service had not identified that improvements needed to be made in these areas. After the inspection, the 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 Imperial Lodge on our website at www.cqc.org.uk

Imperial Lodge provides accommodation for up to ten people who have mental health and/or substance misuse needs. The service offered different levels of support depending on people's individual needs. There were nine people living in the service at the time of the inspection.

The provider is a partnership and there was a registered manager in post at Imperial Lodge. 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.

Summary of findings

At our focused inspection on the 20 and 25 August 2015, we found that the provider had followed their plan which they had told us would be completed by 28 May 2015 and legal requirements had been met.

However, the registered manager, who is also the provider, was on holiday at the time of the inspection and we identified that the senior support workers in charge of the service had not been aware that they needed to notify the Care Quality Commission (CQC) about significant events affecting people using the service. They did not have access to the service's computer or have any paper copies to inform CQC of notifiable events.

Regular checks and counts on medicines were taking place. People who self- medicated confirmed support workers checked that they were taking their medicines. Records were kept of the prescribed medicines delivered to the service and carried over from the previous cycle to ensure the amount at any one time in the service was correct. Only support workers who had received medicine training administered medicines to people.

However, the provider did not have systems in place to always record and check with the GP that over the counter medicines bought by people using the service were suitable to be administered.

We have made a recommendation about the recording and management of some medicines.

The four people we spoke with were complimentary about the service and the support they received from the registered manager and support workers. They confirmed they were supported to look after their own medicines and learn daily independent skills, such as cooking and budgeting. Feedback from a healthcare professional on the service was also positive. They commented favourably on the support the registered manager and support workers provided to people with varied and sometimes complex needs.

We found there had been improvements to the training provided to the support workers and we were able to verify what had been completed through viewing a sample of training certificates and talking with support workers. They confirmed that there was ongoing training for their professional development. This included training on subjects such as, emergency first aid and fire safety.

Health appointments were now being clearly recorded along with any outcomes so that staff could monitor people's individual health needs and be confident these were being met.

The checks on the quality of the service were detailed and audits were carried out on a range of areas, for example we saw, regular health and safety checks, cleaning checks and checks on people's bedrooms.

You can see what action we told the provider to take at the back of the full version of the report.

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 the service was not always safe. The provider did not have systems in place to always record and check with the GP that over the counter medicines bought by people using the service were suitable to be administered.

We made a recommendation for the improvement of the recording and management of some medicines.

There were clearer medicine audits in place which took into account the prescribed medicines delivered to the service and what was carried forward over from the previous cycle.

Requires improvement

Is the service effective?

The service was effective. The provider had taken appropriate steps to respond to the breaches found during our inspection on 22 and 23 October 2014.

We found that action had been taken to improve on training for all those working in the service.

Health appointments were now being recorded so that people's health needs could be monitored more closely.

Good

Is the service well-led?

The service was not always well-led. In the absence of the registered and deputy manager support workers were not aware of the need to inform the Care Quality Commission about significant events affecting people using the service. Support workers had no access to complete the notification forms online and had not been given paper copies of these forms.

We found that action had been taken to improve on the audits and checks carried out by the registered manager and support workers.

Requires improvement

Imperial Lodge

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook an unannounced focused inspection of Imperial Lodge on 20 and 25 August 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 22 and 23 October 2014 inspection had been made. The inspector inspected the service against three of the five questions we ask about services: is the service safe, is the service effective and is the service well-led?

Before our inspection we reviewed the information we held about the service, this included the provider's action plan, which set out the action they would take to meet legal requirements.

The inspection was carried out by one inspector.

We spoke with two senior support workers, two support workers, a bank support worker and four people living in the service.

We looked at the care records for three people living in the service, viewed a sample of training completed by staff, medicine management and records relating to the management of the service, including audits carried out on different areas of the service.

We received feedback from the local authority and from one healthcare professional.

Requires improvement

Is the service safe?

Our findings

At the previous inspection we saw the audits did not include any counts on the newly delivered medicines and the medicines carried over from the previous 28 day cycle which made it difficult to carry out a detailed and accurate check on people's medicines. We had also found for one person three tablets unaccounted for which we were not sure if they had missed or if this was due to how medicines had been recorded.

At this inspection the records were clearer as the prescribed medicines delivered were recorded and any additional medicines carried over from the previous cycle were included in the amount noted. This enabled the medicine counts to be accurate and pick up on any medicine errors. The service supported and administered medicines to five people and three people looked after their own medicines. One person told us, "I pick up my medicines and get a blood test." A second person explained that they self- medicated and that this was decided with them and "all the professionals that help me." They also confirmed that the registered or deputy manager checked their medicines when they picked them up from the pharmacist. A healthcare professional told us that there had been no relapses or deterioration with a person's mental health due to the "close monitoring" of them taking their prescribed medicines.

We saw that all medicines administered to people were counted and recorded every day. Each week medicines were also checked and the deputy manager also carried out a spot check to ensure medicines were being administered and recorded safely and accurately. They had last completed this in June 2015. Where there had been an incident involving a medicine error in June 2015 we saw action had been taken to introduce daily counts to minimise the risk to people. Support workers told us they checked each week the medicines with people who carried out this task independently. Records we saw verified this.

We checked three people's medicines and found the amounts we counted matched what was recorded on people's medicine administration records. Where a person had missed their medicines on three occasions due to unauthorised leave from the service, we saw that contact had been made with the relevant healthcare professionals so that they were aware the person had not taken their prescribed medicines. The medicine record was misleading as support workers had recorded a code of L which was for social leave which implied the person had taken their medicines with them. However, the other records seen on the person's file made it clear the person had left the service and had missed their medicines. The support workers said they would amend the codes for unauthorised leave on the medicine administration records and discuss this with the registered manager upon their return from leave.

A bank support worker informed us that they had been out with a person who had purchased a box of 24 Ibuprofen tablets on 6 August 2015 which had not been prescribed or approved by the person's GP. The service had then kept this in the medicine cupboard for safe keeping but this had not been recorded to evidence when it had entered the service and it had not been counted since it was bought to check it had not been administered. We saw there were still 24 tablets in the box. On the second day of the inspection the person saw their GP for a review of their medicines and the GP prescribed a suitable homely remedy for general pain relief which was recorded onto a new medicine administration record. Two days subsequent to the inspection we received evidence that the Ibuprofen, with the person's agreement, had been returned to the local pharmacist.

We viewed a sample of the medicine policies and procedures relating to non- compliance of medicines and social leave which referred to out of date guidance and legislation, for example, the documents we viewed made reference to the previous Care Quality Commission Outcomes and previous Regulations. This was brought to the attention of the support workers who confirmed they would inform the registered manager.

We recommend that the provider considers current guidance from a reputable source, on the recording and administering of over the counter medicines to people alongside their prescribed medicines and that they take action to update their polices and practice accordingly.

Good

Is the service effective?

Our findings

At our comprehensive inspection of Imperial Lodge on 22 and 23 October 2014 we found that staff did not always receive the training they needed to carry out their roles appropriately. We also found that whilst people had attended health appointments these were not clearly recorded so that people's health needs could be monitored and acted on if there were any issues.

At our focused inspection on the 20 and 25 August 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 20 and 23 described above.

At this inspection we found there had been training made available on various subjects. This included, emergency first aid, safeguarding, mental health awareness and fire safety. Support workers told us that the majority of the training was face to face with a trainer which enabled them to ask questions and promote discussions amongst the team. A healthcare professional said that staff, "displayed a positive and caring attitude" and they seemed to "understand about mental illness." We saw a sample of training certificates which demonstrated that the support workers were encouraged to progress their professional development. There was a training matrix in place which recorded the training completed. This enabled the registered manager to easily see who required refresher training. A training plan for 2015 was in place to enable training to be offered on an ongoing basis. For September 2015 we saw that the subject of the Deprivation of Liberty and the Mental Capacity Act 2005 was planned. Support workers we met were clear that if they had not received training in the administration of medicines then they did not carry out this task. They also confirmed they received ongoing support through one to one supervision and by daily communication at the handover shifts.

We also found there had been improvements in record keeping as health appointments were now being clearly recorded. We viewed three people's care records and saw when appointments had been attended. People we spoke with confirmed they were registered with a GP and saw various healthcare professionals to ensure their medicines were reviewed and that their mental health needs were being met. One person said, "I see my social worker and can talk through any problems I have." Some people who were independent went to their appointments alone and support workers would ask them for the outcome of the visit, whilst other people were accompanied to appointments. A healthcare professional confirmed that the registered manager worked "in partnership with all agencies" and with the person living in the service and their relatives to ensure the person's needs were being met. We saw that any contact with healthcare professionals was recorded, including telephone calls to them if there were any issues that needed sharing with the placing authority.

Requires improvement

Is the service well-led?

Our findings

At our comprehensive inspection of Imperial Lodge on 22 and 23 October 2014 we found that although there were checks and audits in place these had not identified or acted on issues with the lack of staff training made available and the potential impact on people with health appointments not being recorded.

At this inspection we found improvements to the effectiveness of the checks carried out and there continued to be systems in place to monitor the quality of the service. A training plan was now in place and health appointments were being recorded. The registered manager had continued to carry out, with support workers, various checks to ensure people were supported safely. We looked at a sample of the audits that took place. This included medicine counts and checks each day, checks on people's bedrooms to ensure they were clean and free from hazards. Regular health and safety checks also took place, such as, checking fire doors were closing properly, testing the fire alarm and the last fire drill had taken place in May 2015 to ensure people and those working in the service knew how to respond in the event of fire.

Feedback from people on the running of the service was positive. One person commented that there had been changes to the service and that it was more "organised" and that the registered manager and support workers had worked hard to get issues addressed. Another person confirmed support workers recorded what had taken place and they told us that they met with them on a regular basis. A support worker spoke favourably about the staff team and said there was "good teamwork". A second support worker said they felt supported and that management were "approachable." A healthcare professional told us, "The manager appears to have a very good understanding and knowledge about mental health needs."

There were now two senior support workers in post and we saw that in June 2015 a meeting had been held for senior staff. This had looked at training and discussions had taken place about the Care Quality Commission and preparing for the next inspection. Communication between support workers and the registered and deputy manager continued to occur with a handover sheet recording what had occurred each day and a plan of the day where people living in the service discussed what they would be doing.

We were informed that two notifiable incidents in the past month had occurred which had involved the police being contacted but these events had not been notified to the Care Quality Commission (CQC) as required. Support workers had dealt with these events in an appropriate way by contacting the relevant professionals. However, the registered manager had not given them the information needed to know how and when to inform CQC of certain events when they were not available and working in the service.

Discussions with the support workers demonstrated that they had not been aware of completing the CQC notification forms and they informed us they did not have access to the computer to complete the forms online. Neither were paper copies of these forms made available in the absence of the registered and deputy manager. Therefore the registered manager had not fully prepared support workers to respond accordingly if an event occurred.

We talked with the support workers on the first day of the inspection and clarified what were notifiable incidents for future reference so that we received information on incidents and events in a timely way. During the first day of the inspection a support worker, using their own computer, completed a notification form. However, when we returned to the service to gather further information, there had been another event where the Police had been contacted, and the support workers had not identified that again they needed to inform CQC.

The above issues show there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The registered person had not notified the Care Quality Commission without delay of any incident which is reported to, or investigated by, the police.** Regulation 18 (2)(b)(f)