

Hartlepool Care Services Limited

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Inspection report

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Date of inspection visit: 22 September 2015
Date of publication: 06/11/2015

Overall summary

We carried out an announced comprehensive inspection of this service on 8, 16 and 22 December 2014. A breach of legal requirements was found because medicines were not being managed in the right way and staff were not receiving regular one to one supervision. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of the regulations relating to the management of medicines and supervision of staff.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met the 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 Hartlepool Care Services Limited on our website at www.cqc.org.uk.

We found the assurances the provider had given in the action plan had been met. The registered provider had met with staff specifically to discuss the quality of medicines management. Only trained and competent staff administered medicines. A nominated person was now responsible for checking the quality of medicines administration records (MARs) each week. The registered manager said, "The checks are more consistent now." A further quality check was carried out at the end of each four weekly medicines cycle. These checks had been successful in identifying issues.

Supervision records confirmed all staff had received a one to one supervision since the last inspection. We also viewed the minutes of a team meeting where staff support was discussed.

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 safety. The quality of medicines records had been improved. This included nominating a specific staff member to carry out weekly checks and monthly quality audits.

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

Is the service effective?

We found that action had been taken to improve the effectiveness of the service. Staff were receiving regular supervision in line with the provider's policy and procedures.

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

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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.

We undertook an announced focused inspection of Hartlepool Care Services Limited on 22 September 2015. This inspection was done to check that improvements to

meet legal requirements the registered provider planned had been made following our comprehensive inspection on 8, 16 and 22 December 2014. We inspected the service against two of the five questions we ask about services: Is the service safe and Is the service effective? This is because the service was not meeting some legal requirements.

The inspection was undertaken by an adult social care inspector. During our inspection we looked at records and quality checks of how medicines were managed and supervision records for all staff. We spoke with the registered manager.

Is the service safe?

Our findings

During our last inspection in December 2014 we found medicines were not managed safely or recorded properly. We found gaps in medicines administration records (MARs) for three people. We found no evidence these gaps had been reported to a manager to be investigated. The registered provider was not pro-active in identifying these gaps. This was because they did not have effective systems in place to assess and monitor the quality of medicines records.

We reviewed the action plan the provider sent to us following our last inspection. This gave assurances action would be taken to improve the quality of medicines records and improve the effectiveness of medicines audits. The provider told us they would be compliant with the regulations by the end of April 2015. A specific team meeting had been held with staff to raise awareness of the procedures and expected standards.

We found the assurances the provider had given in the action plan had been met. Following the last inspection the registered provider had reviewed the medication policy so that it reflected current practice. The registered manager

described the new procedure for 'checking in medicines' when they were received into people's homes. This included ensuring any specific requirements were identified and recorded. For example, for one person staff needed to stay with them to ensure they took their medicines.

Trained and competent staff administered medicines. Staff competency was assessed as part of their medicines training. The provider carried out additional competency checks which included observing staff practice.

Additional checks on the quality of MARs had been introduced. The registered manager told us a nominated member of staff checked each person's MARs every week to ensure there were no gaps or errors. The registered manager said, "The checks are more consistent now." MARs were brought to the office at the end of each four weekly medicines cycle. The registered manager then carried out a further quality check. We viewed examples of these checks. We found they had been successful in identifying issues. Further time was needed to assess how effective these systems will be in promoting sustained improvement in the quality of medicines records.

Is the service effective?

Our findings

During our last inspection in December 2014 we found staff were not receiving regular one to one supervision with their line manager. We reviewed the action plan the provider sent to us following our last inspection. This gave assurances formal one to one meetings would be held to supplement team and supervision meetings already in place. One to one supervision is important so staff have an opportunity to discuss in confidence the support, training and development they need to fulfil their caring role. The provider told us they would be compliant with the regulations by the end of April 2015.

We found the assurances the provider had given in the action plan had been met. The registered manager told us staff would receive two one to one meetings with their line manager in addition to an annual appraisal. This would be in addition to the existing system of unannounced spot checks, field supervisions and team meetings. Supervision records confirmed that all staff had received a one to one supervision since the last inspection. We also viewed the minutes of a team meeting where staff support was discussed. We found from viewing the minutes that staff they were well supported.