

Care Expertise Limited

Care Organiser

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Overall summary

We carried out a comprehensive inspection of this service on 23 and 24 June 2015. A breach of a legal requirement was found. This was because although peoples medicine was stored safely, and people received their medicines as prescribed, sometimes it was not clear from records what 'as required' medicine people should have and out of date medicines were not always disposed of in a timely manner.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

During our last comprehensive inspection we saw that some strong cleaning chemicals were stored in people's flats. We were concerned that some of the people who used the service may not be safe as these strong cleaning chemicals were easily accessible to them and there were periods during the day when people were left unsupervised in their own homes.

We undertook a focused inspection on the 26 October 2015 to check that the procedures for recording, storing and disposal of peoples medicine's had been reviewed by

staff and to confirm that they had followed their plan to meet legal requirements. We also reviewed the systems in place to risk assess the cleaning chemicals in people's homes within the supported living service.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Care Organiser' on our website at www.cqc.org.uk

Care Organiser provides personal care for people who live in supported living accommodation. The people who use the service have a range of needs including learning disabilities some requiring 24 hour support. During our inspection in June 2015, 42 people were using the service accommodated by nine separate supported living units.

The service had a registered manager in post. 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

During our focused inspections on the 26 October 2015, we found that the provider had followed their plan and legal requirements had been met.

There were improvements to how changes in people's medicine were recorded audited and the way people's medicine was disposed of when no longer required. The provider was planning to put a formal competency assessment in place to regularly monitor staff knowledge in medicine administration to ensure people received their medicine safely.

Locks had been placed on storage cupboards in people's rooms to keep them safe from potentially dangerous cleaning chemicals. The manager had started to risk assess which product would be safe for some people to use independently and had started to put procedures in place for staff to follow. Formal risk assessments regarding people's use of cleaning chemicals in their own homes had not been carried out. We will look at how the service keeps people safe in their own homes during our next comprehensive inspection.

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 aspects of people's safety. Improvements had been made to the record keeping concerning people's medicines and the auditing and disposal of out of date medicine. New formal checks were planned to assess staff competency around medicine administration.

This meant that the provider was now meeting legal requirements.

Systems had been recently introduced to help protect people from potentially dangerous cleaning chemicals in their own homes.

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

Requires improvement



Care Organiser

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 unannounced focused inspection of Care Organiser on 26 October 2015. This inspection was completed to check that improvements had been made to meet legal requirements after our comprehensive inspection on 23 and 24 June 2015. We inspected the

service against one of the five questions we ask about services namely is the service safe. This was because the service was not meeting legal requirements in relation to this question.

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

During our visit to the service we spoke with two people who lived there, two members of staff and the manager of the supported living unit we visited. We looked at three people's care records including records relating to people's medicines. After our inspection we received information from the registered manager concerning staff training and competency checks.

Is the service safe?

Our findings

At our comprehensive inspection of Care Organiser on 23 and 24 June 2015 we looked at people's medicine administration record (MAR) sheets and found there were no errors. Most people's 'as required' or PRN medicine was recorded on their MAR sheets. However, in one case it was not clear if one person should still be taking their prescribed PRN medicine. We discussed our concerns with staff who explained that the person should receive PRN when they were unable to sleep, but had not needed this medicine for some time. When staff showed us this medicine we found it was out of date and had not been disposed of in line with procedure. The same person had guidance about another PRN medicine to be given when all other measures had been exhausted but we noted this had been prescribed daily. Staff explained that this decision had been made by the GP during the person's most recent medicine review. The discussion had taken place over the telephone and staff were unable to show us where this information had been recorded.

We were concerned because there was conflicting information on the person's records that could lead to confusion over what PRN the person should have taken and that the PRN medicine that was available was out of date and had not been disposed of. Information may have been clearer for staff if details of the medicine review and advice given by the GP had been recorded.

This was a breach under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) 12 (2)(g)

At our focused inspection we found that the provider had made improvements to the record keeping concerning people's medicines and the auditing and disposal of out of date medicine. We looked at three people's medicine records and found medicines had been recorded appropriately. We looked at the system used for the disposal of medicines. When people's medicines were no longer required they were listed and returned to the pharmacy. We noted the pharmacist had signed and stamped the list for proof of receipt.

The registered manager explained medicine training was provided yearly for a half day refresher or three yearly for the more intensive one day course. We were shown training

records that indicated all medicine management training was in date at the time of our inspection. Staff told us that competency checks were carried out by the manager regularly however these were not formally recorded. After our inspection the registered manager explained they would be introducing a formal competency check for all staff who were assisting or administering people's medicine. We will look at this again during our next inspection.

During our comprehensive inspection of Care Organiser on we saw there were risks assessments in place with regard to the use of the COSHH (Control of Substances Hazardous to Health) relating to the use of cleaning chemicals and the precautions staff needed to take. However, when we were invited to see people's accommodation, we noted some strong cleaning chemicals were stored unlocked in their individual flats. We were concerned that some of the people who used the service may not be safe as these strong cleaning chemicals were easily accessible to them and there were periods during the day when people were left unsupervised. We spoke to the manager of the unit who confirmed they had not assessed the risk people may face in their own environment with regard to these chemicals. We were assured they would look at each person's individual needs and circumstances and assess the potential risk accordingly, this included looking at ways to ensure people were safe in their own homes while receiving care.

During our focused inspection we saw that people's kitchenettes within their individual accommodation had been modernised and each person had a locked cupboard where certain cleaning chemicals could be stored safely. While we were there the manager of the unit was organising people's cleaning products and thinking about which product would be safe for some people to use independently and why. The manager explained in future staff would lock and hold the keys of the cupboards of those people who faced a risk of harm from the unsupervised use of cleaning chemicals. However, this new process was not in practice at the time of our inspection, and people had not been formally risk assessed for their individual use of cleaning chemicals. We will therefore be looking at how this system works in the future once embedded into everyday practice and how people's risk in this area is regularly monitored.