

Newcombe Lodge

Quality Report

The Ridgeway

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive?		Good	
Are services well-led?		Good	

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Overall summary

Our last comprehensive inspection of Newcombe Lodge was on the 23 June 2016. At this inspection we rated the service as good overall. We rated effective, caring, responsive and well led as good. However, we rated safe as requires improvement because we saw breaches in regulation surrounding how medicines were managed at the service.

The purpose of this inspection was to follow up on the actions the service had taken following the requirement notice we issued at the last inspection (23 June 2016).

At this inspection we rated safe as good.

At our last inspection on 23 June 2016, we issued a requirement notice against Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment because we had a number of concerns with how the service was managing medicines. The service did not have an 'as required' medicines treatment protocols in place. The medicines stock recording system did not accurately record the quantity of medicines held by the service and the medicine cupboard contained some medicines that were not documented on patients' medicine administration records (MARs). We also saw that staff did not always follow the process for recording medicines for destruction. This meant that people with access to the medicines may have been able to obtain medicines that should have been destroyed.

The medicine policy did not detail the process to follow to risk assess someone for self-administration or the responsibilities for assuring self-administration was being conducted safely.

On the 8 July 2016 the service supplied us with an action plan on how they would meet the requirement notice we had issued. This action plan included implementing new policies for 'as required' medicines, self-administration of medicines procedures, and updated procedures for medicines disposal. The action plan also included the service putting training for staff in place for these new policies and displaying the 'as required' medicines policy on the wall of the clinic room.

On 29 March 2017 we undertook an unannounced, focussed inspection to look at whether the service had addressed all of the concerns identified in the

requirement notice. We looked at the systems in place for managing and administering medicines. We spoke to staff involved in the administration of medicines, and reviewed seven patient's medicines charts. We found that systems in place had improved since the last inspection and medicines were being managed safely and that the service now addressed all the concerns set out in the requirement notice.

The therapeutic care workers (unregistered healthcare workers) administered medicines to patients. The care workers received training on the safe use of medicines and senior staff assessed their competence before they were signed off to administer medicines to patients. Since the 26 June 2016 inspection, they had undergone further training in the administration of 'as required' medicines and individual risk assessments.

Arrangements for ordering and receiving patients' medicines from both the GP and pharmacy were appropriate. Medicines were supplied against prescriptions for named patients from a local pharmacy. The pharmacy supplied medicines, individually labelled for each patient, with printed medicines administration records (MARs). The care workers had completed the MARs once they had administered the medicines and we could clearly see when patients had taken their medicines. Staff double signed handwritten additions or amendments on the MARs and wrote notes when medicines were omitted, which is good practice. Processes were now in place for ensuring waste medicines were recorded and disposed of correctly.

Staff supported patients to take their medicines correctly and there were clear written instructions on how patients liked to take their medicines. Care records also identified any allergies or particular areas of risk for each patient.

We checked a sample of medicines which had been supplied, against the MARs. Staff kept a running balance of stock which meant it was easier to identify if the medicines had actually been given and that there was enough stock for patients.

Some patients were prescribed medicines to be given 'as required'. We saw that comprehensive protocols were now in place for these medicines. However, in two

Summary of findings

records we saw that there was no guidance to staff to decide if it was appropriate to give a dose of the medicine. Each patient could also be administered 'homely remedies' (non-prescription medicines that allow staff to respond to patient's minor symptoms appropriately) but we did not see a protocol, developed with the GP, to provide guidance to staff on what medicines could be given and when to give the medicines. While there was little written guidance for staff to follow, we observed that staff knew the patients well and were able to make decisions with them about whether a medicine was needed or not.

None of the patients were self-administering medicines when we inspected. The medicines policy had been amended to provide better guidance on the process to follow to risk assess someone for self-administration, and training had been delivered to support the amended policy. However, the medicines policy available in the clinic room was not the most up to date version.

As a result of the improvements made by the service, we lifted the requirement notice that we issued following the last inspection and re rated 'safe' as 'good'.

Summary of findings

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Good 

Newcombe Lodge

Services we looked at

Child and adolescent mental health wards

Summary of this inspection

Our inspection team

The team that inspected the service comprised a CQC inspection manager (Anthony Fletcher) and a pharmacist inspector

Why we carried out this inspection

We undertook an unannounced, focused inspection of Newcombe Lodge to see if the service had made the necessary improvements outlined in the requirement notice that we had served following the last comprehensive inspection on the 23 June 2016. We issued a requirement notice because of the way the service was managing medicines. The service did not have an 'as required' medicines protocols. The system for

recording medicines stock did not accurately record the stock that was held on site and we saw that there were medicines that were not on patient medicines records being held on site. Staff did not always follow the services procedure for recording medicines for destruction and the service's medicine policy did not detail the process for staff to follow when risk assessing patients to see if they could safely administer their own medicines.

How we carried out this inspection

During the inspection visit, the inspection team:

- Visited the service and spoke with the deputy manager and two other members of staff.
- Reviewed the medicines management protocols in place at the service.
- Reviewed seven medicines records of patients at the service.

Information about Newcombe Lodge

Newcombe Lodge is an 8 bed residential service for young women (between the ages of 13 and 21) that self-harm.

It is registered to carry out the following regulated activities:

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

The service has a registered manager.

What people who use the service say

We did not speak to anyone using the service at this focused follow up inspection

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Following this inspection on 29 March 2017 we have rated safe as good. The service had made the improvements required that were detailed in the requirement notice that we served on the 23 June 2016. The service had:

- A comprehensive 'as required' medicines treatment protocols in place.
- A medicines stock recording system that recorded the quantity of medicines held by the service.
- A medicine cupboard that only contained medicines that were documented on patients' medicines charts.
- Staff that followed the process for recording medicines for destruction.
- A medicine policy that detailed the process to risk assess someone for self-administration of medicines and the responsibilities for assuring self-administration was being conducted safely.

Good



Are services effective?

At the last inspection on 23 June 2016 we rated effective as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good



Are services caring?

At the last inspection on 23 June 2016 we rated caring as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good



Are services responsive?

At the last inspection on 23 June 2016 we rated responsive as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good



Are services well-led?

At the last inspection on 23 June 2016 we rated well-led as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good



Detailed findings from this inspection

Mental Health Act responsibilities

We did not look at this during this inspection.

Mental Capacity Act and Deprivation of Liberty Safeguards

We did not look at this during this inspection.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Child and adolescent mental health wards

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are child and adolescent mental health wards safe?

Good 

Following this inspection on 29 March 2017 we have rated safe as good. The service had made the improvements required that were detailed in the requirement notice that we served on the 23 June 2016.

Are child and adolescent mental health wards effective?

(for example, treatment is effective)

Good 

We did not look at this key question during this inspection.

Are child and adolescent mental health wards caring?

Good 

We did not look at this key question during this inspection.

Are child and adolescent mental health wards responsive to people's needs? (for example, to feedback?)

Good 

We did not look at this key question during this inspection.

Are child and adolescent mental health wards well-led?

Good 

We did not look at this key question during this inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve
Action the provider SHOULD take to improve

- Ensure all administration records are always completed correctly and contain all relevant advice for administration, including 'as required' and 'homely remedy' protocols.