Orwell Housing Association Limited

Steeple View

Inspection report

Reeds Way
Stowupland
Stowmarket
Suffolk
IP14 4BW

Tel: 01449678514
Website: www.orwell-housing.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 30 September 2015. We found breaches of legal requirements in relation to the Health and Social Care Act 2008 (Regulated activities) 2014This was because the provider had failed to take action to assess and mitigate risks to the health welfare and safety of people. People's medicines were not managed properly and safely. There were no effective systems in place to assess, monitor and improve the quality and safety of the service.

After the comprehensive 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 unannounced inspection on the 7 July 2016 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 this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Steeple View' on our website at www.cqc.org.uk

Steeple View is a housing with care complex and is registered to provide personal care to people living within their own flats. The scheme has 36 flats. On the day of our inspection the manager told us there were 36 people receiving a domiciliary care service.

There was a registered manager. 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.

At this focused inspection on 7 July 2016 we found the provider had made some improvements in meeting the shortfalls we identified. However, further work was needed to ensure the provider was meeting the requirements of the law.

The provider had taken action to set up a system to improve the process for ordering, receipt and maintaining records of medicines administration.

The manager had taken action to ensure that all staff received updated training in medicines management. However, the provider's medicines management policy and procedural guidance for staff remained not fit for purpose. The provider had not taken the prompt action that they told us that they would take and the staff did not have the guidance that they needed. In addition care plans did not always contain the most current information, required for staff to be able to care for people consistently and safely.

The manager had implemented regular medicines management audits which were carried out by team leaders at the service. However, these audits largely consisted of checks to identify any gaps in staff signatures in medication administration records and not any audit of stock. We found that there were

anomalies in the stock which had not been identified by audits.

Staffing levels had been calculated according to people's dependency levels. Staff and the manager told us there were a number of current staff vacancies which resulted in a continued use of agency staff. Staff worked well as a team to cover extra shifts from within the team to ensure consistency of care for people. All of the people we spoke with told us that they did not notice any shortages of staff and there was sufficient staff available to meet their needs

The provider had developed safeguarding policies and procedures which provided staff with guidance in response to allegations of suspected abuse and steps for staff to take to protect people from the risk of harm.

During this inspection we identified a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

We found that some action had been taken to improve the safety of the service. However, further work was needed to ensure the provider acted within the requirements of the law and protect people from the risks associated with the mismanagement of their medicines.

Although there had been shortages of staff which had resulted in some use of agency staff, staff pulled together as a team to ensure people received care as planned and their needs met.

Is the service effective?

Inspected but not rated

Not assessed at this focused inspection.

Is the service caring?

Inspected but not rated

Not assessed at this focused inspection.

Is the service responsive?

Inspected but not rated

Not assessed at this focused inspection.

Is the service well-led?

Inspected but not rated

Not assessed at this focused inspection.

Steeple View

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 follow up focused inspection took place on the 7 July 2016 and was unannounced.

The inspection team consisted of one inspector.

Prior to our inspection we reviewed the information we held about the service. We looked at statutory notifications the manager had sent us and information received from relatives and other authorities including safeguarding agencies involved in people's care. A statutory notification is information about important events which the service is required to send us by law.

We looked at records in relation to three people's care. We spoke with five members of staff, including care staff, team leaders and the manager. We also spoke with four people who used the service. We looked at records relating to the management of people's medicines and systems for monitoring the quality and safety of the service.

Requires Improvement

Is the service safe?

Our findings

At our comprehensive inspection of Steeple View on the 30 September 2015 we found that medicines were not being managed safely. We also found that the risks associated with the management of people's medicines and those risks identified as a result of accident and incident reporting had not been adequately assessed and monitored. There was a lack of systems in place which would enable effective monitoring of medicines stocks and audits of administration records. The provider's medication administration policy used to guide staff in the safe administration of people's medicine was not in line with current legislation and guidance. For example, it did not contain guidance in the supply, ordering, storage, dispensing, disposal, administration of controlled drugs and any process in place to ensure regular management audits. The manager and head of service told us they did not currently carry out any management audits of medicines other than team leaders checking for missed signatures on MAR records. This meant that the provider had not taken steps to audit stocks, identify medicines administration errors and protect people from the risks of not receiving their medicines as prescribed. The provider did not have in place a fit for purpose policy and procedural guidance for staff in the actions they should take to ensure the safe handling of people's medicines.

Personalised risk assessments were not always sufficiently detailed or accurate. Care plans did not clearly state what support people required with their medicines and staff were unclear about the level of support they should give. For example where a record guided staff to prompt a person to take their medicines, staff were actually administering medicines. Staff did not demonstrate a clear understanding of the difference between prompting and administering people's medicines. Staff supported one person with the preparation of their insulin but there was no assessment of risk and no plan of care in place. This meant that staff did not have the recorded guidance with steps to take to mitigate risks to this person. We determined this was a significant risk to people's safety given the number of agency staff used by the provider, who may not be familiar with the needs of people.

As a result of the concerns, we issued a requirement notice to the provider. The provider wrote to us with a plan of the actions they were going to take to address the concerns relating to the safe management of people's medicines and ensure that people received their medicines as prescribed.

At this focused inspection 7 July 2016 we found the provider had made some improvements in meeting the shortfalls in relation to the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014, as described above. However, we found that further work was needed to ensure the provider was meeting the requirements of the law in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014, Good Governance.

The provider had taken action to set up a system to improve the process for ordering, receipt and maintaining records of medicines administration. Where previously a variety of pharmacists were involved in the supply of medicines to people living at the service, with the agreement of people who lived at the service, the provider had organised the supply of a medicines dosage system (MDS) from just one supplying pharmacist. This they told us had reduced the risk of medicines management errors.

Since our last inspection the manager had ensured that all staff were up to date on medicines training. One staff member told us, "I have just done medicines training and this training is provided regularly and if you want a refresher then this is allowed. This is good because it keeps you up to date."

We found that care plans did not always contain the most current information, required for staff to be able to care for people consistently. Where people required support from staff to administer their medicines, some care plans still described support as 'prompt' only. The manager showed us their newly implemented tool for monitoring people's care including their care plans. However, these management audits had failed to identify the shortfalls we found. More action was needed to ensure these were fit for purpose.

The manager had implemented regular medicines management audits which were carried out by team leaders at the service. However, these audits in the main consisted of checks to identify any gaps in staff signatures to medication administration records and not any audit of stock.

We found several boxed items of pain relief medicines, such as paracetamol and codeine which had not been entered onto the medication administration records (MAR). This had the potential to put people at risk of staff administering medicines which had not been prescribed on top of already prescribed medicines also containing paracetamol. This had not been identified in the management audits carried out by team leaders.

At our inspection in September 2015 we found that the provider had failed to provide staff with the guidance they needed to manage people's medicines safely and ensure people received the medicines as they were prescribed.

We found at this focused inspection that the provider had not taken the action that they told us they would take to update their procedures, in line with nationally recognised best practice guidance relevant to the service provided. The manager told us the provider had started to update their medicines management procedural guidance for staff to ensure people's medicines were managed safely. However, the work to complete this project had halted due to the senior manager responsible for this task having left the organisation and a new regional manager only recently appointed. This meant that staff still did not have the clear guidance they needed to manage people's medicines safely and to understand the difference between prompting a person with their medicines, assisting and administering. This was evident in our discussions with staff and in the review of care plans.

This demonstrated a continued breach of Regulation 17 (1) (2)(a)(b)(c)(f) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The provider had developed safeguarding policies and procedures which provided staff with guidance in response to allegations of suspected abuse and steps for staff to take to protect people from the risk of harm. Staff told us they had received up to date training in recognising the signs of abuse and demonstrated their understanding of the provider's whistleblowing policy and what action they would be required to take and how to make referrals directly to the local safeguarding authority if they ever had concerns about people's safety.

There were arrangements in place to deal with foreseeable emergencies. Care plan documents contained up to date emergency contact information, including contact details for relatives and doctors. Personal evacuation plans were in place for each person who used the service and these explained what support the person would need in the case of an emergency evacuation of the housing with care site. This provided information to guide staff and emergency services should this be needed in an emergency.

Staffing levels had been calculated according to people's dependency levels. Staff and the manager told us there were a number of current staff vacancies which resulted in a continued use of agency staff. Staff also told us they tried to use the same agency staff to ensure continuity of care for people. They also told us that they worked well as a team to cover extra shifts from within the team to ensure consistency of care for people. The manager told us that they were in the process of recruiting new staff. All of the people we spoke with told us that they did not notice any shortages of staff and there was sufficient staff available to meet their needs.

Inspected but not rated

Is the service effective?

Our findings

Not assessed at this focused inspection.

Inspected but not rated

Is the service caring?

Our findings

Not assessed at this focused inspection.

Inspected but not rated

Is the service responsive?

Our findings

Not assessed at this focused inspection.

Inspected but not rated

Is the service well-led?

Our findings

Not assessed at this focused inspection.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not ensure that their audit and governance systems were effective and mitigated the risks to individuals. The provider had not taken action to improve the quality and safety of medication practice by updating the procedural guidance for staff.