Lifeways Community Care Limited

Mythe End House (Registered Care Home)

Inspection report

Mythe Road, Tewkesbury,
Gloucestershire, GL20 6EB
Tel: 01684 299272
Website: www.lifeways.co.uk

Date of inspection visit: 3 July 2015
Date of publication: 23/07/2015

Ratings

Is the service well-led?	Requires Improvement

Overall summary

We carried out an unannounced comprehensive inspection of this service on 14 and 15 October 2014 at which a breach of legal requirements was found. This was because the registered person had not notified the Commission without delay of incidents reported to or investigated by the police.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on 3 July 2015 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 'Mythe End House (Registered Care Home)' on our website at www.cqc.org.uk.

Mythe End House is a care home providing accommodation and personal care for up to six adults with a learning disability or an autistic spectrum condition. The people living at the home have a range of support needs. Some people cannot communicate verbally and need help with personal care and moving about. Other people are physically able but need support if they become confused on anxious. Staff support was provided at the home at all times and most people required the support of one or more staff away from the home.

There was 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 and associated Regulations about how the service is run.

At our focused inspection on 3 July 2015 we found the provider had followed the action plan which they had told us would be completed by 2 February 2015 and legal requirements had been met. Notifications of significant events were being shared with us in line with the requirements of the law. The registered manager

Summary of findings

demonstrated she knew when a notification was required. The provider was auditing the submission of notifications to make sure the registered manager was complying with the law.

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 well-led?

We found that action had been taken to improve the management of the service. Notifications of significant events were being shared with us in line with the requirements of the law. The registered manager demonstrated she knew when a notification was required.

This meant the provider was now meeting legal requirements. While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for safe at the next comprehensive inspection.

Requires Improvement

Mythe End House (Registered Care Home)

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 a focused inspection of Mythe End House on 3 July 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 14 and 15 October 2014 had been made. We inspected the service against one of the five questions we ask about services: is the service well-led. This is because the service was not meeting legal requirements in relation to that question.

The inspection was undertaken by one inspector and an inspection manager. The inspection was announced. We gave 12 hours' notice to ensure the registered manager was available during the inspection.

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, and notifications submitted by the provider. Providers tell us about important events relating to the service they provide using a notification.

During the visit we spoke with the registered manager and two members of staff. We reviewed the incident reports held by the home. Following the inspection, information was shared with us by a quality manager from the provider.

Requires Improvement

Is the service well-led?

Our findings

At our comprehensive inspection of Mythe End House on 14 and 15 October 2014 we found the registered person had not notified the Commission without delay of incidents reported to or investigated by the police. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

At our focused inspection on 3 July 2015 we found the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 18 described above.

We checked the record of incidents. All relevant occurrences except for one had been shared with us as a notification. One incident had been identified as requiring a notification by staff and although the paperwork was on record as a notification, human error meant it had not been sent to us. This had occurred when the registered manager was not at the home. Since then, a deputy manager had been recruited who understood how to submit a notification in the absence of the registered manager.

The registered manager demonstrated a good understanding of when a notification needed to be submitted. She explained the criteria used by staff to determine which incidents needed to be notified to us. She had contacted us to discuss the need to notify us of incidents when she was unsure. We spoke with two staff who understood the need to submit notifications but did not have a full understanding of the types of occurrences that could require a notification. They told us they would consult senior staff if they needed further guidance. The registered manager told us she would ensure all staff were familiar with the types of occurrences that may require a notification.

The registered manager had signed each incident to show she had reviewed the need for a notification to be sent and a record was kept of the notifications submitted. The registered manager submitted a summary of incidents to her line manager on a monthly basis and checks were then made to ensure relevant notifications had been sent to us. A quality manager from the provider reviewed all notifications on a quarterly basis and had not identified any problems recently. A quality audit, which would include checking the notifications submitted, was planned for August 2015.