

Voyage 1 Limited

# Lavender House and Primrose Lodge

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Lavender House and Primrose Lodge is a care home across two buildings on the same site. The service is registered to provide accommodation and personal care for up to 11 people. At the time of the inspection there were 11 people living at the service. The service provides specialist support to people with learning disabilities, physical disabilities, autism and complex needs.

### People's experience of using this service and what we found

We reviewed the safe management of medicines for people in response to a high number of medicine errors reported to CQC. We found that these errors were responded to appropriately.

We raised areas of improvement relating to the security and storage of medicines and the disposal of a person's medicine following their expiry date. The provider took immediate action to address these concerns during the inspection.

Staff had received training to administer medicines and their ongoing competencies were reviewed. We observed the administration of medicines and saw this was completed appropriately.

Monthly medicines audits were being completed. A medicines policy was available to support staff in administering medicines.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The principles of right support, right care, right culture were not assessed at this inspection as not all Key Lines of Enquiry were inspected.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 20 March 2019).

### Why we inspected

We undertook this targeted inspection due to concerns received about the safe management of medicines. A decision was made for us to inspect and examine those risks.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns.

They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question Good.

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Lavender House and Primrose Lodge

## **Detailed findings**

### Background to this inspection

#### The inspection

This was a targeted inspection to check on a specific concern we had about the safe management of medicines.

#### Inspection team

This inspection was completed by two inspectors. The site visit of this inspection was undertaken by a medicines inspector. A second inspector supported this inspection remotely.

#### Service and service type

Lavender House and Primrose Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be someone available to support this inspection.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the inspection we checked policies and records for managing medicines. We spoke to three members of staff and reviewed six people's medicines administration records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about medicine management in the service. We will assess all of the key question at the next comprehensive inspection of the service.

### Using medicines safely

- The service had experienced 15 medicine errors since September 2020. Whilst no one experienced serious harm as a result of these errors, we decided to inspect and review the medicine management systems in place due to the high number of errors.
- Since the last inspection the storage of people's medicines had moved from a central medicines store to their individual rooms. These cupboards were locked with a digital lock. Access to medicines should be restricted to staff who have been trained to administer medicines however, we saw that all staff had access to these cupboards. Following the inspection all codes were changed to ensure access was restricted to medicines trained staff. Temperatures were being monitored and medicines were being stored at the correct temperatures.
- Access to medicines requiring refrigeration were not restricted to authorised staff. Following the inspection this was rectified by the replacing the medicines fridge with one which had a lock. Records could not provide assurance that these medicines were being stored at appropriate temperatures as the minimum and maximum temperatures had not been recorded correctly. Following the inspection, the registered manager highlighted to staff how fridge temperatures should be recorded.
- When creams, eye drops, and liquid medicines were opened the dates were recorded to ensure they were discarded within the required time range. However, we did see one medicine which had not been disposed of after its in-use expiry period. One dose of this medicine had been given since its expiry. The service removed this from the stock on the day of the inspection and carried out appropriate investigations to prevent a reoccurrence.
- When reviewing the records for medicines that required extra checks and special storage arrangements, we saw that the balance did not match the stock levels that were currently kept on site. Staff had not been recording the balance correctly. Following the inspection, training was revisited for all staff to ensure the register was completed correctly. This had not been identified prior to the inspection as full stock balance checks were not being completed as outlined in the provider's medicines policy.
- Staff administering medicines had received medicines training. Competency assessments had been completed to ensure they were able to administer medicines safely and appropriately.
- Staff used Medicines Administration Records (MARs) to record when medicines had been administered. The MARs we reviewed, showed people's medicines were being administered as prescribed. Handwritten MARs had clear dosing instructions. They were dated, signed and double-checked by a second member of staff to confirm their accuracy.
- We observed medicines being given for one person and saw they were administered in a safe and caring

way. After each medicines round, a second member of staff completed a check to ensure medicines had been administered correctly. Staff were able to explain how arrangements were made so medicines that needed to be administered at a specific time were given appropriately.

- Suitable arrangements were made for people's medicines when they were away from the service on short term leave. Suitable arrangements were in place for the ordering and disposal of medicines.

There were currently no people self-administering their medicines but there was a policy in place to support people if they wished to do so.

- Body charts were available to show staff where creams and other topical preparations needed to be applied. The administration of these was recorded on the MARS and showed they were being applied as directed. Protocols were available to guide staff on when it would be appropriate to administer medicines which were prescribed to be taken 'when required'.

- We saw some people were receiving medicines that were mixed with food or drink to make them more palatable. This was being done at their request and advice had been sought on the suitability of this.

- Care plans were available for people with epilepsy which detailed how staff should support them.

- Medicines incidents had been recorded and investigated. There were clear measures in place to address the errors that had occurred and improve safe medicine management. We saw trends were being analysed and that actions were put in place to prevent errors from re-occurring. At the inspection we saw evidence that changes had been made following recently reported errors.

- Monthly medicines audits were being completed. A medicines policy was available to support staff in administering medicines.