

Sevacare (UK) Limited

Cottesmore House

Inspection report

Perkins Gardens
Ickenham
Uxbridge
Middlesex
UB10 8FT

Date of inspection visit:
29 March 2017

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31 July 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This unannounced inspection took place on 29 March 2017. The last inspection of the service took place on 17 and 18 January 2017, when we rated the service as Requires Improvements overall and identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to Safe Care and Treatment and Safeguarding service users from abuse and improper treatment. We also found a repeated breach of Regulation 17 Good Governance in relation to medicines management, safety and capacity and consent. As a result, we issued the provider with a warning notice telling them they must make the required improvements by 03 March 2017.

At the inspection of 29 March 2017, we checked if the provider had put in place adequate systems to monitor, assess and make improvements. We found the provider had taken action and improved the way they managed medicines, assessed risks to people's health and safety and worked within the principles of the Mental Capacity Act (2005). This meant that the provider had met the requirements of the warning notice.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 'Cottesmore House' on our website at www.cqc.org.uk.

Cottesmore House is an extra care housing service that provides personal care for up to 47 people. Each person was living in their own flat and had their own tenancy with Paradigm Housing Association who also owned the building. There were eight flats on the fifth floor which were exclusively for people who were living with a learning disability.

There was a registered manager in post at the time of our inspection. 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.

There were effective systems in place for the management of prescribed medicines.

The provider had put in place robust health and safety checks and action was taken where issues were identified.

Where people lacked the capacity to manage their own medicines, the provider had carried out a mental capacity assessment and had acted in the person's best interest.

While improvements has 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 at the next comprehensive inspection.

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 the provider had taken action to improve the safety of people using the service.

Health and safety checks were undertaken regularly and any identified concerns were addressed without delay.

Systems were in place and being followed to manage medicines safely.

Where people lacked the capacity to manage their own medicines, the provider had carried out a mental capacity assessment and had acted in the person's best interest.

This meant that the provider had met the legal requirements relating to good governance.

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.

Requires Improvement ●

Cottesmore House

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 inspection took place on 29 March 2017 and was unannounced. This inspection was carried out by one inspector. We inspected the service against one of the five questions we ask about services: is the service well-led. This is because we had issued the provider with a warning notice where the last inspection had identified a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the governance and leadership of the service.

During the inspection, we reviewed the medicines management system, including the medicines Administration Record (MAR) charts for two people and the last two medicines audits, health and safety checks, mental capacity assessments for five people, team meeting minutes and a record of the monthly inspection carried out by the care manager.

We spoke with the director, the care manager and a senior care worker.

Is the service well-led?

Our findings

At our inspection of 5 July 2016, we found a number of breaches of regulations including the leadership and governance of the service. At our inspection of 17 and 18 January 2017, we found that audits had remained ineffective in identifying issues with medicines management, safety and in relation to capacity and consent. We issued the provider with a warning notice telling them they must make the necessary improvements by 03 March 2017.

At the inspection of 29 March 2017, we found that improvements had been made.

At our last inspection, we observed that a toilet on the ground floor was dirty and the toilet seat was cracked, putting people at risk of injury and cross infection. At this inspection, we saw that the toilet seat had been replaced and the toilet and the environment was clean and free of hazards. The care manager told us that following our last inspection, they had immediately put a new health and safety system in place, and were undertaking monthly checks of all areas of the building, including equipment, fire safety, cleanliness and emergency procedures. They also said that they had improved their communication with the housing department, and ensured that any repairs and maintenance needed were carried out without delay.

Medicines were being safely managed at the service. During our inspection of 17 and 18 January 2017, there were no arrangements to monitor how medicines were being managed. We had found that one person's medicines were not stored securely, a box containing medicines to be returned to the pharmacy was kept on the floor in the duty office, and no date had been arranged for the collection of these, a box of sachets did not have a pharmacy label and did not belong to the person who was taking these, and one box of tablets did not have a date of opening which meant that there was no audit trail to reconcile the amount of tablets left in the box corresponded to the amount signed for on the Medicine Administration Record (MAR) charts.

The care manager told us they had employed two senior care workers who were responsible for the medicines administration. This meant that the care workers could concentrate on supporting people with their personal care and other assigned tasks, and the senior care workers ensured that people received their medicines at the correct time. A senior care worker told us, "It's so much better now. We can keep on top of things. For example, when someone's medicines are running low, we can identify that straight away and re-order it. I am going down to the office to do that now."

There were no medicines kept in the office at the time of our inspection. The care manager told us that every person had their medicines in their own flats, and those who required support had their medicines securely locked in a safe, which was only accessible by authorised staff. The care manager told us that they had an arrangement with the pharmacy for all unused medicines to be collected without delay.

Following our last inspection, the care manager had discussed the medicines issues with staff and a memo and staff meeting minutes confirmed this. The provider had introduced new MAR charts which had a section to record the amount, date and time and the signature of the staff member. We viewed a sample of MAR

charts completed for the last four weeks and saw that they were completed appropriately.

A senior member of staff carried out regular medicines audits and these were audited by the care manager to ensure that any errors were identified and addressed. We saw that where an error had been identified, the care manager had consulted the GP, recorded their advice and reviewed the person's risk assessment. This meant that audits were now effective.

At our last inspection, we found that where people lacked the capacity to manage their own medicines, there was no evidence that the provider had carried out a mental capacity assessment or that a best interest decision had been made. At this inspection we saw that assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose. Where people lacked the capacity to manage their own medicines, we saw that decisions had been made in their best interest, and the relevant people had been involved in these decisions. The care manager told us they regularly involved the local authority to undertake the relevant assessments where people's capacity fluctuated.