

Lutchmy Care Services Limited

Autumn Vale Rest Home

Inspection report

The Circle
26 Clarendon Road
Southsea
Hampshire
PO5 2EE

Tel: 02392826034

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 21 April 2016. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the safe management of medicines and systems to assess the quality of the service.

We undertook this focused inspection on 17 July 2017 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 those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Autumn Vale Rest Home on our website at www.cqc.org.uk".

Autumn Vale is a 24 hour support, residential care home for people with mental health needs. The home is situated on the outskirts of Portsmouth, close to a bus route and local amenities. The home can accommodate up to 25 people and there were 19 people living at the home at the time of our inspection.

A registered manager was in place. 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.

The atmosphere was welcoming throughout the home and people told us they enjoyed living at Autumn Vale. They spoke positively about the registered manager and provider, as did the staff. Both the registered manager and provider were described as supportive, approachable people who were willing to help.

We found improvements had been made, although further embedding was needed to ensure medicines were managed safely at all times. The management of medicines had improved and systems were in place to monitor this. However, the checking of temperatures of the rooms where medicines were stored required improvement as this did not always take place. Audits were being undertaken regularly. However, one person had not received a prescribed medicine the night before our inspection visit. People told us they were happy with the support they received to manage their medicines and said they received these when they needed them. Whilst we identified that further embedding of improvements were needed, the registered manager was aware of these issues and was addressing them with staff in order to ensure consistency in the management of medicines.

Multiple audits were in place to assess the quality of the service and the provider had commenced a formalised process of recording their visits, audits and findings. Action plans were developed to make necessary improvements and staff meetings, supervisions and house meetings attended by people were used to share feedback.

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 ●

The service was not always safe.

We found that action had been taken to improve safety of medicines management. However, further improvements were needed to ensure consistent recording of storage temperatures of medicines and completion of records.

We could not improve the rating for Safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Good ●

The service was well led.

People and staff positively spoke about the registered manager and provider, who they described as supportive, approachable people who were willing to help.

We found that action had been taken to improve the systems used to monitor and assess the quality of the service. Multiple audits were in place to assess the quality of the service and action plans developed to make necessary improvements.

Autumn Vale Rest Home

Detailed findings

Background to this inspection

We carried out this unannounced 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of Autumn Vale Rest Home on 17 July 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 8 November 2016 had been made. The team inspected the service against two of the five questions we ask about services: is the service safe? Is the service well led? This is because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the home, including previous inspection reports. We reviewed notifications of incidents the manager had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law.

During our inspection we spoke with four people who lived at the home and three staff to gain their views of the home. We observed care and support being delivered by staff in all communal areas of the home. We spoke with the director and following the inspection, with the registered manager. We looked at the records associated with seven people's medicines, the medicines stock and records relating to the management of the service including numerous audits, meeting records and feedback surveys.

Is the service safe?

Our findings

People were complimentary about the care they received. They said they felt safe living at Autumn Vale and told us they were happy with the support they received to manage their medicines which they said they received when they needed it. Two people told us they were supported to access health professionals to review their medicines when this was required.

At our last inspection in November 2016 we found people's medication was not managed safely, placing them at risk. Medication stock did not tally with a Medication Administration record (MAR). We also found some medicine guidance was not documented in line with best practice and staff did not have sufficient information to guide them when administering as required (PRN) medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was required to take action to address this. They sent us an action plan telling us what they would do to ensure medicines was managed safely. The action plan we received in February 2017 told us they had completed all their actions and were compliant. At this inspection we found improvements had been made although further embedding of these improvements were needed.

Following our last inspection the registered manager ensured competency based assessments of staff ability to administer medicines was redone. Staff were able to describe the process of managing medicines safely.

Storage arrangements for medicines were secure. Each person had a lockable medicines cabinet in their bedroom, in which their medicines and Medicine Administration Record (MAR) was stored. In addition a central locked medicines cupboard and fridge was in place. Whilst the temperature of the fridge and central storage were checked this was inconsistent and individual storage temperatures were not checked. Therefore, the provider was not able to assure themselves that medicines were consistently being stored at the correct temperature and in line with the manufacturer's instructions. The registered manager told us they would implement individual room temperature checks immediately. They were aware of the need to improve the temperature checks of the central storage and we saw they were raising the need to improve this within individual staff supervision meetings.

People said they received their medicines when they needed them and whilst we found for six people their medicines stock and records confirmed this, we did find one person had not received a prescribed medicine the night before our inspection visit. This was a short course of medicine and although it had not had an adverse effect on the person, the medicines had not been administered in line with the prescription. The senior staff member told us they would take this forward with the member of staff.

Staff provided support to people to take their medicines and if people chose to do this themselves, this was also supported.

The registered manager had introduced monthly audits of medicines and through this process identified any issues that required addressing. For example, missing signatures on MAR, creams that were not labelled

correctly and carried forward balance of medicines stock. The registered manager took action to address the issues the audit identified. Of the seven people whose medicines we reviewed we found creams to be labelled and in date, carried forward balances were included on their MAR and any medicine which was received into the home was also documented on the MAR.

People could be confident staff had the information they needed to understand the importance of the medicines that people required. Records to guide staff about the medicines people took had improved. Each person had their own medicines file which contained a photo of them, MAR, PRN protocols and information about their medicines. This gave staff and people information about the purpose of the medicines, the potential side effects and what to do if the person did not take the medicine. Staff spoken with knew the medicines people took and why. In addition PRN protocols had been implemented which gave staff appropriate guidance about when this medicine should be used, how the person would inform staff they needed this and how often it could be given. We saw that when PRN medicine was required daily by a person the staff had requested the GP review this and their prescription had been amended to receive this as a regular medicine.

We could not improve the rating for Safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Our findings

At our inspection in November 2016 we found the provider didn't conduct audits and despite the manager conducting a number of audits, the internal audit processes in place at the time of the inspection had not identified the concerns we had raised in regards to the safe management of medicines. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was required to take action to address this. They sent us an action plan telling us what they would do to ensure medicines were managed safely. The action plan we received in February 2017 told us they had completed all their actions and were compliant. At this inspection we found improvements had been made and this was no longer a breach.

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 2008 and associated Regulations about how the service is run.

There was a clear management structure and presence at the home with the registered manager being supported by a senior staff member and the directors of the provider company. Everyone we spoke with including people and staff consistently described both the registered manager and directors as approachable, supportive and keen to help.

People could be confident the registered manager and provider took action to ensure they were assessing the quality of the service provided. We could see that immediate action had been taken to address the concerns we found at our last inspection including sharing this with staff and people during team and house meetings. Systems had been introduced to aid the improvements including regular auditing of medicines by the registered manager, which we saw was checked by a director for the provider company. Whilst we identified that further embedding of these improvements were needed, the registered manager was aware of these issues and was addressing these with staff in order to ensure consistency in the management of medicines.

We were told by staff that one of the providers directors visited the service at least three times a week and spent time with people, chatting and if they wanted to sometimes taking them out. Since the last inspection they had introduced a three monthly formalised visit, whereby they produced a report of their findings and recorded the action taken. This involved talking to staff and people about their views on the home and if they felt anything needed to change. The registered manager then produced an action plan which was signed off when completed. For example, the provider's November 2016 report reflected the need for a computer and computer table for people. The action plan recorded this had been completed and this was checked at subsequent visits. The provider's April 2017 report reflected that the residents' house meeting minutes had been reviewed and the director had seen the requested activity taking place.

External audits took place by the local authority and the last one was undertaken in January 2017. This reviewed care plans, staffing, and social networks for people, health and safety, food and quality processes.

This reported provided positive feedback about the service provided.

The registered manager used a range of other systems to assess the quality of the service including a variety of audits of health and safety, infection control, and accidents and incidents. They used staff supervisions, team meetings and house meetings to share findings, gain others' views and feedback any actions taken or still required. People and staff told us they felt their feedback was used to make improvements to the service and one member of staff said "they [the registered manager] always checks everything to make sure we are doing a good job; it's about being a quality service for these guys".