

Joseph Rowntree Housing Trust

Red Lodge



Inspection report

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Ratings

Overall rating for this service

Is the service safe?	Requires Improvement 
Is the service effective?	
Is the service caring?	
Is the service responsive?	
Is the service well-led?	Requires Improvement 

Overall summary

We carried out an unannounced scheduled inspection of Red Lodge on 20 June 2014. A breach of a legal requirement was found. We made a compliance action for the registered provider to meet relating to the management of medicines.

In September 2014 a follow up visit to the service was carried out and revealed that the registered provider had made sufficient improvements so that the legal requirement was being met. However, we found a second breach of legal requirements in relation to general maintenance of records. Therefore a compliance action was made for record keeping.

In December 2014 when we visited again, we found that the registered provider was still not meeting the legal requirements in relation to records and was not meeting the legal requirements relating to the management of medicines again.

Therefore we took regulatory action in the form of a compliance action regarding regulation 13 and a warning notice regarding regulation 20 of The Health and Social Care Act [Regulated Activities] Regulations 2010.

These regulations have been revised since 1 April 2015 and are now superseded by regulations 12 and 17 of The Health and Social Care Act [Regulated Activities] Regulations 2014.

Summary of findings

After the inspections in December 2014 the registered provider wrote to us to say what they would do in order to meet legal requirements in relation to regulations 12: Safe Care and Treatment, and 17: Good Governance.

We undertook this focused inspection in April 2015 to check that the registered provider 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 scheduled inspection, by selecting the 'all reports' link for Red Lodge on our website at www.cqc.org.uk

At our visit in April 2015 we were informed by the new 'deputy head of care operations' that the registered manager was absent from work with no immediate planned return and that the deputy manager was 'acting up' as manager. The new 'deputy head of care operations' had been appointed since our last visit and was supporting the acting manager to run the service. We were told by the outgoing 'head of care operations' that the organisation was looking at the current appointments within the service, with the view to developing the management team.

We looked at the changes made to the systems in operation and documentation held by the service. We found that there were sufficient improvements made with medication systems and recording of medicine administration to judge that they were safe for people that used the service. We found that risk assessments were being used more effectively to ensure risks for people were reduced. We found that general record keeping had improved sufficiently to enable the service to evidence the care and support that was being delivered to people.

We judged that the service still had to embed the changes it had made in care delivery and to introduce further improvements in the overall service people received.

We recommend that the service considers the current guidance on risk assessments for people who self-administer medicines.

We recommend the service continues with improvements in record keeping and introduces patient passports.

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 safe?

We found that action had been taken to improve the safe management of medication and the safe reduction of risks to people to ensure people received the care they needed in a timely manner and according to their written plans of care.

Further improvements were needed to embed the progress made so far and to develop the safety of the service.

Requires Improvement



Is the service effective?

This was not assessed.

Is the service caring?

This was not assessed.

Is the service responsive?

This was not assessed.

Is the service well-led?

We found that action had been taken to improve the overall record keeping within the service sufficiently to enable the service to evidence the care and support that was being delivered to people.

Further improvements were needed in signing and dating documents.

Requires Improvement



Red Lodge

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Red Lodge on 9 April 2015. This inspection was done to check that improvements to meet legal requirements planned by the registered provider after our 11 December 2014 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and is the service well-led? This is because the service was not meeting some legal requirements.

The inspection was undertaken by an adult social care inspector and a pharmacy Inspector. During our inspection we spoke with six people that used the service, two visitors,

three staff, the deputy manager who was acting as manager, a newly appointed 'deputy head of care operations', the outgoing 'head of care operations' and the organisation's 'head of quality and compliance'.

We looked at the systems used for the management of medication and records in relation to medicines and care plans. We looked at medication administration records for six people and care plans for four people that used the service.

We looked around the service to familiarise ourselves with the premises facilities and to see how people interacted with the staff that supported them.

Is the service safe?

Our findings

We visited the service in December 2014 and found that the registered provider was in breach of regulation 13 of The Health and Social Care Act [Regulated Activities] Regulations 2010: management of medicines [now regulation 12 of the revised 2014 regulations: safe care and treatment]. This meant that people were at risk of receiving the wrong medication because of poor practices. A compliance action was made for this breach. The registered provider wrote to us and told us that they had taken action to address these concerns.

When we visited the service on 9 April 2015 we found that the registered provider had made improvements so that medicines were managed more safely and people received their medicines as prescribed. People were protected against the risks associated with medicines because the registered provider had appropriate arrangements in place to manage medicines.

We spoke with two people who used the service. People told us they received all their prescribed medicines on time and when they needed it. One said “I know what medicines I take and I always get them regularly”. The other person said “Staff seem very confident when they handle my medicines, they know what I need”. We observed medicines being administered to people safely.

People wishing to self-administer medicines were supported to do so. **We recommend that the service considers the current guidance on risk assessments for people who self-administer medicines and take action to update their practice accordingly.**

We looked at the medicine administration records and medicine supplies for six people. We found overall there was good information available about people's medicines to assist staff to safely administer people's medicines.

Care staff had completed further medicines training and there was increased monitoring of medicines handling, which helped to reduce the risk of errors. We saw that since our visit in December 2014 the registered manager had started to work with the local Clinical Commissioning Group, the supplying pharmacy and GP practices to help improve medicines handling and records.

Daily temperature records for the medicine refrigerator showed they were within the recommended storage range

for medicines. However the refrigerator was not locked and the medicines stored for people in the medication room were not stored securely. Staff knew the required procedures for managing controlled drugs. We saw that controlled drugs were appropriately stored and signed for when they were administered.

At our inspection in December 2014 we found there were delays in obtaining some medicines, so people had been unable to take these medicines as prescribed. However, at the inspection in April 2015 staff told us of improvements made to the ordering process for repeat medicines to address this issue. We found there were no stock shortages of medicines at this inspection.

We looked at four care files for people that used the service and saw there had been some improvements in the way care was delivered, because risk assessments had been revised and updated to ensure they included detailed action on how to reduce risk and action plans for care delivery had been reviewed. All care plans were written in a new format and they contained evidence that people received the care and support they required. We discussed care given to people with the staff who told us they worked in sufficient numbers to meet people's needs and listened to what people wanted before they began to assist them.

We discussed general concerns that the newly appointed 'deputy head of care operations' had been identifying that fit with some of the issues we had identified at our previous inspections. The 'head of quality and compliance' had mapped issues against the Care Quality Commission 'Key Lines Of Enquiry' [KLOEs] to highlight the work that still needed doing in relation to meeting requirements of the Health and Social Care Act [Regulated Activities] Regulations 2014. The 'deputy head of care operations' had been revising audits and surveys to reflect the KLOEs as well. There was a general acceptance within the personnel team that we spoke with that the service still had areas to develop in order to ensure people that used the service received good care delivery.

It was agreed that these areas included ensuring there were 'keys' to risk assessment scoring information, so that staff understood how the risk scores had been reached. That clear guidelines on when to make a referral to the health department falls team for a person, for example, were in place and followed, so that people did not wait too long with a health problem before specialist advice and support was obtained. Also that individual fire risk

Is the service safe?

assessments were followed by a written individual 'personal emergency evacuation plan' in cases where people with mobility needs or who were living with dementia required these, to assist them out of the building or remain contained behind a fire safety door in the event of a fire.

We acknowledged that the service had undergone some changes over the last six months, with the registered

manager's absence from work, the issuing of a 'warning notice' and the addition of a senior manager, so that progress and development of the service still needed to be embedded into the everyday delivery of care. We explained that the service would be subjected to a 'full comprehensive inspection' using our new inspection methodology when an overall rating would be issued.

Is the service effective?

Our findings

This was not assessed at this inspection.

Is the service caring?

Our findings

This was not assessed at this inspection.

Is the service responsive?

Our findings

This was not assessed at this inspection.

Is the service well-led?

Our findings

We visited the service on 25 September 2014 and found the registered provider was in breach of regulation 20 of the Health and Social Care Act [Regulated Activities] Regulations 2010: records, which meant people were at risk of receiving inappropriate care and treatment because their documentation was not accurate or up to date. A compliance action was made for this breach.

We visited the service in December 2014 and found that the registered provider was still in breach of regulation 20 of The Health and Social Care Act [Regulated Activities] Regulations 2010: records [now regulation 17 of the revised 2014 regulations: good governance]. This meant that people were still at risk of receiving inappropriate care and treatment because the service had not effectively maintained records relating to people's medication administration and their care plans. A warning notice was issued relating to this breach. The registered provider wrote to us and told us that they had taken action to meet the requirements of the warning notice.

At our inspection on 9 April 2015 we were informed by the acting manager, a newly appointed 'deputy head of care operations' and the quality manager that much work had been started, but more was required to ensure improvements in care delivery and particularly record keeping continued.

The new 'deputy head of care operations' and the quality manager had been supporting the acting manager to identify areas of the service that required improvements and had been looking at ways of implementing changes for improvement with auditing. We saw that there had been a real change in the management structure, operations and team composition, which boded well for the development of the service. The team had implemented regular medication system checks to ensure shortfalls were identified. It had implemented a new format in care planning documentation. It had achieved cohesion as a team.

We looked at six records relating to the use of medication and we looked at four people's care files and their care plans.

We found that appropriate arrangements were in place for the recording of medicines, including the application of

creams and ointments. Known allergies to medicines were fully recorded to reduce the risk of inappropriate medicine administration. We saw regular checks were in place to make sure that records were completed fully and accurately.

We looked at the current medicines administration record [MAR] sheet for one person prescribed a medicine with a variable dose, depending on regular blood tests. Written confirmation of the current dose was kept with the person's MAR sheet. Care staff were able to check the correct dose to give. Staff had recorded that this medicine had been given correctly. Arrangements were in place for the safe administration of this medicine.

We saw that several people were prescribed creams and ointments. Many of these were applied by care staff when people first got up or went to bed. Since our last inspection staff had introduced a system to record when they had applied creams and ointments. This included a body map which described to staff where these preparations should be applied. We saw examples of these records. This helped to ensure that people's prescribed creams and ointments were used appropriately. Staff told us they were still working on improving these records and ensuring they were always completed.

We also looked at four people's care files to assess if their care plans and risk assessment documentation had been completed more accurately and in a timelier manner. We saw that a new care plan format was in use which showed separate sections for each area of care and need. Care plans were written in a person-centred style. They had evidence that people had given their consent for the plan to go ahead and that they had been reviewed.

There were still some areas for development; to ensure every entry in a care plan was signed and dated, as there were isolated omissions. Also that 'patient passports' were introduced.

We recommend the service continues with improvements in record keeping and introduces patient passports.

We informed the service that we would be undertaking a 'full comprehensive inspection' using our new inspection methodology when an overall rating for the service would be issued.