Haydon Park Lodge Limited

Haydon Park Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out a comprehensive inspection of this service on 21 July 2015 at which breaches of legal requirements were found. The provider had not ensured; medicines were managed properly, checks had been undertaken on new staff to ensure they were suitable and fit to work, there were effective systems in place to assess and monitor the quality and safety of the service and records were accurate and up to date. After the inspection, the provider wrote to us with a plan for how they would meet the legal requirements in relation to these breaches.

We undertook this unannounced focused inspection of Haydon Park Lodge on 22 December 2015. We checked the provider had followed their plan and made the improvements they said they would to meet 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 Haydon Park Lodge on our website at www.cqc.org.uk

Haydon Park Lodge is a small family run care home which provides personal care, support and accommodation for a maximum of thirteen adults. People using the service have learning disabilities and/or sensory impairment. There were twelve people living at the home at the time
of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At this inspection, we found the provider had followed their action plan, and legal requirements have been met. People's medicines were managed properly and safely. Staff maintained appropriate records in relation to people's medicines. Controlled drugs were stored securely and a register was maintained each time these had been administered. Medicines no longer in use were disposed of appropriately. The provider and registered manager ensured medicines were checked regularly to ensure people received these as prescribed.

The provider had arrangements in place to ensure staff's suitability and fitness to work at the home was checked and staff records contained evidence of these checks.

The provider had a system in place to assess and monitor standards within the home. These checks covered key aspects of the service. Prompt action to address any gaps or shortfalls was taken where these were identified. Our checks of records maintained by the service, such as people's care records and staff files showed these had been reviewed to ensure these were accurate and up to date. Confidential information about people was now stored securely in the home.

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

We found that appropriate action had been taken by the provider to ensure the service was safe.

People received their medicines as prescribed. Staff maintained accurate records when medicines had been administered. Controlled drugs were kept safely. Medicines no longer in use were disposed of appropriately.

The provider had arrangements in place to check new staff's suitability and fitness to work at the home.

Although improvements have 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 in relation to the safe management of medicines and staff recruitment

We will review our rating for safe at the next comprehensive inspection.

Is the service well-led?

Requires Improvement

We found that appropriate action had been taken by the provider to ensure the service was well led.

The provider had systems in place to assess and monitor standards in the home.

Records relating to people, staff and to the management of the home had been reviewed to ensure these were up to date and accurate.

Although 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 in relation to the service's quality monitoring arrangements and maintenance of records.

We will review our rating for well led at the next comprehensive inspection.

Haydon Park Lodge

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 checked 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 unannounced focused inspection was undertaken by a single inspector on 22 December 2015. It was done to check that improvements had been made by the provider after our comprehensive inspection on 21 July 2015. This is because the service was not meeting legal requirements at the time of that inspection. We inspected the service against two of the five questions we ask about services: Is the service safe? Is the service well led?

Before the inspection we reviewed the information we held about the service. This included the written report we asked the provider to send us, setting out the action they would take to meet the regulations they breached at their last inspection.

During our inspection we spoke with the provider and registered manager. We looked at records relating to the management of medicines, staff recruitment and quality assurance.

Requires Improvement

Is the service safe?

Our findings

At our comprehensive inspection of this service on 21 July 2015 we found the provider was in breach of the regulations as they had not ensured people's medicines were managed properly and safely. We identified concerns with how some prescribed medicines had been administered and the way information was recorded. There was no guidance for staff on people's records as to how, when and why some medicines should be administered. We also found medicines were not properly disposed of and a controlled drug was not stored safely. The provider sent us an action plan in September 2015. They told us they had completed all the actions needed to meet the requirements of the regulation by the end of November 2015.

At this inspection we checked whether the provider had taken all the action they said they would in their action plan. We found that improvements had been made to the management of medicines in the home to meet the requirements of the relevant regulation. The provider and registered manager had undertaken a review of the way medicines were managed at the home. They had obtained advice and support from the pharmacy that supplied medicines to help them identify the improvements that needed to be made. We found new processes had been introduced and were in use at the time of this inspection. These included records being maintained of all medicines received, returned and where any discrepancies with stock supplied by the pharmacy had been identified. There were appropriate arrangements to ensure medicines no longer in use were disposed of properly.

People's medicines administration records (MARs) showed these had been signed by staff each time people were supported to take their medicines. Our checks of stocks and balances of medicines confirmed these had been given as indicated on people's individual records. Guidance was available to staff on how and when to administer 'as required' medicines. 'As required' medicines are medicines which are only needed in specific situations such as when a person may be experiencing pain. When these were administered, staff kept detailed records of why this had been done. The registered manager told us this enabled them to review staff's understanding and awareness of when and why this type of medicine should be given. Controlled drugs were stored safely and a controlled drugs register was being maintained by staff when these were administered.

The pharmacist was due to deliver refresher training to all staff responsible for administering medicines. Arrangements were in place for this training to be delivered at regular intervals. The provider and registered manager carried out regular checks of medicines to ensure that people had received these as prescribed.

At our last inspection of this service we also found the provider had not carried out the necessary checks on new staff to ensure they were suitable and fit to work at the home. The provider told us in their action plan they had completed all the actions needed to meet the requirements of this regulation by the end of November 2015.

We found improvements had been made to the recruitment of new staff to meet the requirements of the relevant regulation. The provider had reviewed the service's recruitment processes. They had made

arrangements to ensure staff files contained evidence of the checks undertaken of their suitability and fitness to work. Our checks of staff files indicated these had been undertaken. The provider had also made arrangements to ensure regular audits of staff files took place to check these were up to date, accurate and contained the appropriate information and evidence of staff's suitability to work.

Requires Improvement

Is the service well-led?

Our findings

At our comprehensive inspection of this service on 21 July 2015 we found the provider was in breach of their legal requirement to operate an effective system to assess and monitor the quality and safety of the service and maintain up to date, accurate records relating to people, staff and to the management of the service. The provider sent us an action plan in September 2015. They told us they had completed all the actions needed to meet the requirements of the regulations by the end of November 2015.

At this inspection we checked whether the provider had taken all the action they said they would in their improvement plan. We found that improvements had been made by the provider to improve their quality monitoring arrangements and to ensure records maintained were up to date and accurate, to meet the requirements of the relevant regulation.

Records showed the provider and registered manager carried out regular audits and checks to assess and monitor standards within the home. These checks covered key aspects of the service such as people's care records, staff files, cleanliness and infection control, health and safety in the home and medicines management. Prompt action to address any gaps or shortfalls was taken where these were identified.

Our checks of records maintained by staff about people's medicines showed these were maintained appropriately. It was also evident that the provider and registered manager had reviewed people's records and staffing records to ensure these were accurate and up to date. Confidential information about people was no longer accessible in a communal area of the home as the provider had purchased a suitable lockable cupboard to store this information.