

Newcastle-upon-Tyne City Council

Care at Home Service, Allendale Road

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 5 and 9 February 2015. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the management of medicines.

We undertook this focused inspection on 5 January 2016 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 these requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Care at Home Service, Allendale Road on our website at www.cqc.org.uk.

Care at Home Service, Allendale Road provides personal care to adults in their own homes who need support to help them live independently. It provides reablement services, usually for up to six weeks, for people who have been discharged from hospital or whose needs have changed.

The service had 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.

We found the provider had met the assurances they had given in their action plan and were no longer in breach of the regulations.

Improvements had been made to ensure care plans were in place which described the support people needed with their medicines. Accurate records were now kept of the directions and administration of medicines. Action had been taken to improve the auditing system to check that people's medicines were being handled safely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Arrangements for the management of medicines were now more robust. The support people needed with their medicines was thoroughly assessed and planned. Records of medicines administration and the auditing of medicines had improved.

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

Requires Improvement ●

Care at Home Service, Allendale Road

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook an unannounced focused inspection of Care at Home Service, Allendale Road on 5 January 2016.

This inspection was done to check that improvements to meet legal requirements planned by the provider had been made after our comprehensive inspection on 5 and 9 February 2015.

We inspected the service against one of the five questions we ask about services: 'Is the service safe?' This was because the service was not meeting a legal requirement at the time of our comprehensive inspection.

This inspection was undertaken by one adult social care inspector. During the inspection we talked with the registered manager and a team leader. We reviewed eight people's medicines records, staff communication records relating to medicines and audits of medicines management.

Is the service safe?

Our findings

At our comprehensive inspection in February 2015 we found a breach of legal requirements in relation to the management of medicines. The provider sent us an action plan following our comprehensive inspection that gave us assurances about the action they were taking to make improvements. This included changes to the medicines assessment and care planning documentation; further training for staff in the new documentation and medicine error reporting; and a revised auditing process for checking the management of medicines.

During this inspection we found that the new medicines documentation had been introduced and was being used for all people using the service. This provided an all-in-one record encompassing an assessment, the level of support required, a medicines care plan and detailed information about the medicines prescribed. It included a list of each person's medicines clarifying those which were held in compliance aids, original boxes and bottles, topical medicines such as creams, inhalers, ear and eye drops.

The records we examined gave clear descriptions of the person's needs, the extent of support that staff were required to provide and the individual's medicines regime. They showed for example, where a person had needed different levels of support in helping them to become familiar with using a compliance aid and in managing their medicines independently. Where people self-managed their medicines or were supported by their family to do so, this was stated.

We observed that records of medicines administered were accurate. Details of changes in medicines and new medicines prescribed during the course of people's services were being recorded. We noted the quantities of medicines in one person's record were not specified and in another record changes to the dosage had been scored through rather than rewritten. These matters were brought to the attention of the registered manager to follow up.

There was evidence that staff had taken appropriate action when there were issues with people's medicines. For instance, records demonstrated the service had consulted with a GP around the need to keep medicines in a safe place in a person's home to ensure this was in their best interests. On other occasions staff had sought advice from pharmacists and where necessary returned surplus medicines to avoid the risk of errors. The registered manager told us that staff continued to be vigilant in reconciling medicines and often contacted GP's and pharmacists to ensure information about people's current medicines was correct. They also showed us there had been rigorous responses to any medicines errors that had occurred.

An improved auditing system was now in place. This consisted of a series of audits being conducted throughout the period that people received the service. These were carried out at the initial visit to the person by staff and thereafter at fortnightly intervals. The registered manager told us the audits were done for every person, regardless of whether they had initially needed support with medicines, to check if there had been any changes. Once services had ended, an overall audit was carried out of a sample of people's records. We saw that this was thorough and included all areas of medicines documentation and checks against the audits previously conducted. Recent findings of 70 records audited indicated there had been

between 97-100% compliance and that people's medicines had been managed safely.

We concluded that the management of medicines had improved and that the provider was no longer in breach of the relevant regulation.