

Mrs Sharon Elizabeth Henderson

White River Homecare

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

We carried out a comprehensive inspection on 10 May 2016. A breach of the legal requirements was found. This was because the arrangements in place for the medicine procedures did not ensure staff had clear guidelines in respect of their responsibility to prompt medicine or administer medicine to people. The service's medicines policy did not reflect medicine management in domiciliary services. Staff training only instructed staff to prompt medicines and did not give enough information about administering and recording medicines. Following the comprehensive inspection the registered provider wrote to us to say what they would do to meet the legal requirements in relation to the breach. As a result we undertook a focused inspection on the 17 January 2017 to check they had followed their plan and to confirm they now met legal requirements.

This report only covers our findings in relation to the question 'is the service safe?'. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for White River Homecare on our website at www.cqc.org.uk

White River Domiciliary Care Agency (DCA) provides personal care and support to people living in their own homes in and around the St Austell area of Cornwall. At the time of our inspection White River DCA was providing support for up to forty three people.

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 training matrix held in the office of all staff training including training for medicines. The registered manager held a record of this training undertaken by staff and when they were due for updates. This meant that the service had a robust process with which to monitor the training needs of all staff.

The registered manager had introduced a revised consent form which took into account people's consent for staff to prompt or administer medicines. Where a person had been deemed as lacking capacity there was acknowledgement of the person's 'best interest' being taken into account with the person's representative.

The service's policy for the management of medicines had been updated. This reflected the safe and effective procedures when providing care and support with medicines in a person's own home. This meant staff had clear guidelines to prompt or administer medicines safely.

At this focused inspection we found the registered provider had taken effective action to meet the requirements of the regulations and the breach had been met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe. Staff training was provided to ensure medicines were being managed safely. Medicine training updates were provided in a timely manner.

Procedures for the safe management of medicines in the community had been updated to reflect this.

People's consent was sought for the administration or prompting of medicines.

White River Homecare

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.

We undertook an announced focussed inspection of White River Homecare on 17 January 2017. This inspection was completed to check that improvement had been made to meet legal requirements following our comprehensive inspection on 10 May 2016. We inspected the service against one of the five questions we ask about services; is the service safe? This was because the previous concerns were in relation to this question.

The inspection was carried out by one adult social care inspector. Before our inspection we reviewed the information we held about the service. This included the information from the service regarding what steps they would take to meet the legal requirements.

We spoke with the registered provider and registered manager. We visited one person in their own home and looked at the records which supported them with medicines. We reviewed the staff training in respect of the safe management of medicines. We looked at the service's medicines policy and procedures and how consent was gained.

Is the service safe?

Our findings

At our previous comprehensive inspection in May 2016 we found medicine procedures and guidance did not ensure staff had clear guidelines, in respect of their responsibility to prompt medicine or administer medicine to people. Staff received training in medicines management. However this only covered prompting people to take their medicines. There were times when staff were required to administer medicines and they told us they were not always clear about how this should be recorded.

The service's policy procedure was not clear about how medicines should be managed in a community setting and did not inform staff of their roles and responsibilities. This was a breach of the Health and Social Care Act 2008.

At this inspection we found the registered manager had put in place medicines training for all staff. It reflected current good practice gave staff the knowledge and skills to administer and record medicines safely in people's homes. This training was monitored by the registered manager and alerted them to when updates were required.

The service's management of medicines policy had been reviewed and updated to reflect the way medicines were managed and administered in the community. There were three main levels of support. For example, level one would include requesting repeat prescriptions from the person's GP and collection of medicines from a pharmacy or surgery. Level two, involved the process of active administration of medicines. This included, making certain of the person's identity, checking the prescription label as well as keeping clear and accurate signed records. Level three, included administering specialist types of medicines including PEG feeding which is a type of administration through a tube. This type of medicine administration could only be carried out by properly trained staff in that specific procedure and under supervision. By making the changes to the medicines procedures it gave staff much clearer guidance as to their roles and responsibilities.

The service had introduced a domiciliary consent form for care. This included specific reference to consenting to being prompted or receiving medicines which were to be administered by the carer. The form also identified where a person lacked mental capacity how the 'best interest' decision was made for the delivery of personal care and support. This meant people did not receive support with medicines without consenting to it and that the service acted in accordance with the mental capacity act 2005 where they lacked the capacity to give consent.

We visited the home a person who was prompted to receive medicines. The records showed staff reported when they had prompted the person to take their medicines. The person told us staff understood when medicines were due and 'always gave a gentle reminder'. The person had consented to having support with medicines. There had been a recent medicines review and where there had been a change this was updated on the main file.

We judged that the service had taken action to meet the requirements of the regulations and the breach was

now met.