

Blyth Star Enterprises Limited

Custom House

Inspection report

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Date of inspection visit:
08 January 2016

Date of publication:
04 February 2016

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 15 and 16 September 2015, at which two breaches of legal requirements were found. These were related to the safe and effective administration of medicines, limited general risk assessments being in place linked to the delivery of care and a lack of effective governance processes at the home. We took enforcement action against the provider and the registered manager in relation to the safe management of medicines and lack of risk assessments. We set a compliance action in relation to the lack of effective governance arrangements.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on 8 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 topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Custom House' on our website at www.cqc.org.uk

Custom House is the only residential establishment run by Blyth Star Enterprises. Blyth Star also operates an outreach service from the same building, which is not regulated by the Commission, because this is outside the scope of the regulations; because this arm of the service does not deliver personal care to people who use it. It also runs a number of work placements and day facilities.

Custom House provides accommodation for up to seven people with mental health issues, who require assistance with personal care and support. People living at the service have their own apartments, which include bathing facilities and a small kitchen area. They also have access to communal facilities. At the time of this inspection there were five people living at the service.

The home had a registered manager who had been registered since November 2013. 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 provider had engaged with the local NHS pharmacy advisor, who had undertaken a comprehensive review of how medicines were managed at the home and made recommendations to improve the administration process. The provider had implemented these recommendations and made significant changes to how medicines were handled at the home. New medicine administration records (MARs) had been introduced which gave full details of the medicines people were receiving. Specific care plans related to the administration of "as required" medicines had been developed and plans and risk assessments were in place to support people who managed their own medicines. Medicines were stored safely in locked cabinets or boxes in fridges. The provider had appointed a specific member of staff to order, monitor and check the appropriate management of medicines at the home.

New risk assessment processes had been developed which covered any risks associated with people's individual care, along with wider environmental risk issues. The manager also showed us additional person centred quality monitoring systems that had been developed. These were based around each individual person living at the home. They covered reviews of care, care records and associated items of risks, such as monitoring electrical appliances in people's rooms and other environmental factors. These checks were carried out on a rolling three monthly programme and were in addition to the more general checks and audits undertaken at the home. Actions and quality reports were also now reviewed by the provider's board or quality assurance group.

At our focused inspection on 8 January 2016, we found that the provider had met the requirements of the warning notice, followed their action plan and met legal requirements.

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.

Systems to ensure the safe and effective management of medicines at the home had been introduced. People had plans in place to support the use of "as required" medicines and any medicines they managed themselves. New risk assessment processes had been developed, which covered risk associated with individual care and wider environmental risks at the home.

Is the service well-led?

Good ●

The service was well led.

New monitoring and audit processes had been developed which were person centred. The checks covered people's care, care records and environmental factors related to their accommodation. These checks were in addition to more general safety checks and audits carried on at the home. Quality monitoring reports were reviewed by the provider's board.

Custom House

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 unannounced focused inspection of Custom House on 8 January 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our 15 and 16 September 2015 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.

The inspection team consisted of one inspector.

As this was a focussed inspection to follow up previous breaches of regulations we did not request provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed the information we held about the home and the action plan sent to us by the provider. We also received a copy of a report provided by the local NHS pharmacy advisor.

We spoke with the registered manager, one care worker and one person about how they managed their medicines. We inspected the property and reviewed documents related to the previous breaches including medicine administration records, care records, risk assessment documents and quality monitoring and audit documentation.

Is the service safe?

Our findings

At our inspection on 15 and 16 September 2015 we found that medicine administration records (MARs) contained limited and incomplete information about the type of medicines being administered. We also found there were no detailed care plans related to the use of "as required" medicines. "As required" medicines are those given only when needed, such as for pain relief. No risk assessments were in place to support people who were dealing with their own medicines. There were also gaps in MARs. In addition, risk assessments related to the care and support offered to people living at the home were not detailed and specific to the person and the service.

The registered manager told us they had now appointed a dedicated care worker, with responsibility for overseeing and managing the ordering, monitoring and management of medicines at the home. The care worker explained the checking and auditing processes they had put in place around the ordering, administration and disposal of medicines. New MAR records had been introduced that identified the specific medicine, the frequency it was taken and the route of administration.

People who were prescribed "as required" medicines had care plans in place which were highly personalised, detailed the circumstances when such medicines may be required and any additional actions staff should take. People who self-administered medicines, such as insulin or inhalers, had plans and risk assessments in place to ensure this was done safely and appropriately. Where people required additional equipment to support self-administration of medicines, such as when using insulin for diabetes, this equipment was stored safely and securely. The care worker told us they were also in the process of updating each person's medicines care plans to reflect these changes.

Proper processes were in place to check medicines when they arrived at the home from the pharmacy. There was a checking system to ensure that any unused medicines were disposed of safely. There were regular audits of medicine records to ensure they were up to date and completed. Where any gaps, omissions or anomalies were noted then action had been taken to correct the error.

The registered manager showed us copies of a newly developed risk assessment process. This covered a range of issues and areas including people's physical and psychological health, along with environmental matters. The risk assessments detailed actions required from the risk assessments, actions to be taken, by whom and the date they would be completed.

This meant that suitable processes were in place to effectively manage the safe administration of medicines at the home. Robust processes to effectively identify, monitor and manage risks had been developed. The provider now met the legal requirements in these areas.

Is the service well-led?

Our findings

At our inspection on the 15 and 16 September 2015 we found that the registered manager was not undertaking any formal checks or audits which had identified deficits in records and medicines administration. Additionally, audit records did not always identify actions to be taken and the date by which any actions would be completed. This had meant suitable processes to ensure the safe and effective running of the home were not in place.

The registered manager showed us a range of audit processes and documentation developed to ensure that care and support were delivered safely and effectively. He explained that reviews would now be person centred, with each individual's care being reviewed approximately every three months. Review process would consider aspects of people's care and support, care records and documentation, including medicine administration, along with environmental factors, such as equipment safety. Any identified actions from the reviews would have an individual staff member responsible for ensuring the action was complete, along with a designated completion date. These person centred reviews would be in addition to wider monthly checks on the home around property and equipment safety and those based around the current Health and Social Care regulations that were already routinely undertaken.

The registered manager also explained that the results of audits and quality checks were now regularly reported and discussed, either at the provider's full board meetings or in the quality assurance group. He said this helped ensure that actions were followed up, but also identified wider issues that may require action at a higher level in the organisation.

This meant that robust processes were in place to effectively audit, monitor and manage the service. Effective systems were in place to ensure actions identified as part of the audit process were completed and checking mechanism had been established to ensure effective oversight by the provider's board. The provider now met the legal requirements in this area.