Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Lavender House

69 Welton Road, Brough, Hull, HU15 1NU

Tel: 01482666013

Date of Inspection: 02 April 2013

Date of Publication: April 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Management of medicines ✓ Met this standard

Details about this location

Registered Provider	Quality Care UK Limited
Registered Manager	Ms. Sarah Warrington
Overview of the service	Lavender House is situated in the centre of Brough and provides accommodation for up to 32 older people, some of whom may have a memory impairment. Most bedrooms are single en-suite. There are two lounges, one with dining space, and four bathroom facilities. A passenger lift gives access to the upper floor and there are bedrooms up or down another set of stairs. The front of the house has gardens and car parking. An extension is in progress.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Lavender House had taken action to meet the following essential standards:

- Management of medicines

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 April 2013 and talked with staff.

We concentrated our assessment on management of medicines.

What people told us and what we found

We had made a compliance action in relation to regulation 13 'management of medicines' at our inspection on 22 January 2013. The provider had supplied an acceptable action plan and we visited the service today to assess compliance with the regulation.

We did not speak with people that used the service about receiving their medication and we were unable to observe medication being administered. However, we looked at medication storage, systems for administering, disposing of and recording of medication and we assessed the secure handling of controlled drugs. We found systems to be very well managed and recorded.

We found that staff had received updated training in medication handling and there had been a major re-organisation of the medication room. This resulted in people having their medication reviewed by their GP, all medication being stored in locked facilities, all excessive medication stocks being returned to the pharmacist and a complete clearance of unnecessary items from the medication room. Staff told us they had found the management of medication much easier and more organised since the clearance of the medication room and the reviewing of peoples' medication needs.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We did not speak with people that used the service at this 'follow up' visit as the visit was carried out to assess compliance with regulation 13 'management of medicines'.

At the inspection on 22 January 2013 we had identified areas of non-compliance with the regulation and had made a compliance action. The provider had sent us an action plan, which stated they would be compliant with the regulation by 14 March 2013. The action plan was appropriate and clearly set out the action that would be taken to ensure compliance was achieved.

The manager was not on duty when we visited, so we spoke with two senior staff members. We viewed the medication room and saw that it had been completely tidied, all excess medication had been returned to the pharmacist and the systems for storing and handling medication had been re-organised. We saw that there were no medicines on view and medicine stocks were either locked in a cupboard, in a medication trolley secured to the wall, or in a new controlled drug (CD) cabinet.

We saw a delivery take place of the following month's medication supply and the senior staff member on duty checked that the storage bags contained security seals and then signed for receipt of the bags. The delivery person left a copy of the delivery sheet.

We looked at the medication held in the trolley to see if there were any occasions when medication had not been administered. We saw for one person that their morning medication had not been given on 9 March 2013. When we asked the staff member why this had not been administered they explained that the person had been ill that morning and so their medicines had not been given. We looked at the medication administration record (MAR) sheets for this person and saw that the correct omission code had been used to denote nausea or vomiting at the time medication should have been given.

We also saw that for three people the commencement of the administration of their medication had been different to that of the rest of the people that lived in the home.

When we asked staff about this they explained that one person's medication had been increased by their GP and extra had therefore been supplied out of synchronisation with the rest. Two other people had been admitted to the home recently and so their medication was also out of synchronisation. The staff said that where possible the manager arranged for changes in peoples' prescriptions to ensure the start day matched with that of everyone else.

We saw that there were no CDs in use, though there was a small supply of CD pain relief that belonged to a person that had recently deceased. This was waiting to be returned to the pharmacist after the required length of time a provider has to keep a deceased person's medication. This was still stored in the CD cabinet and, we were told by the staff, would later be listed with the medication to be returned, as it was a designated night staff member's responsibility to ensure all unused medication was processed for return one evening a week. Systems were known by the staff and they were aware of each person's medication requirements as well as each staff member's responsibilities.

We saw that the medication fridge contained eye drops, which were labelled and dated as opened as well as insulin and supplement drinks. All stores were clean and tidy and well organised. The medication room was well organised and staff were clearly aware of the medication they were responsible for. Staff told us that since the medication room had been tidied and sorted, they had found it easier to carry out the task of administering medicines and that the district nurses that visited the home were able to access their records and peoples' dressings that were stored there.

We asked staff about their medication handling training and they told us that all seniors had completed a training update in March 2013. We looked in three senior staff members' files and saw evidence of this. The training workbooks had been sent to the training assessor and were in the process of being marked and assessed. We were satisfied that the service had completed its action plan and was compliant with the regulation.

Medicines were handled appropriately. Medicines were kept safely, were safely administered and were disposed of appropriately.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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