Valentine Lodge Ltd

# Valentine Lodge

**Inspection report**

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Date of inspection visit: 6 and 7 January 2016
Date of publication: 02/03/2016

## Ratings

| Overall rating for this service | Requires improvement |
|---|---|
| Is the service safe? | **Requires improvement** |
| Is the service effective? | **Requires improvement** |
| Is the service responsive? | **Requires improvement** |
| Is the service well-led? | **Requires improvement** |

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 24 August 2015. A breach of legal requirements was found as people who used the service were not protected by safe medication procedures and we found issues around the safe administration and recording of people's medication. We also had concerns with regard to the service's quality assurance systems, as these had not been consistently effective and that the service were not protecting people's rights or following current legislation and guidance on Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

After the comprehensive inspection on 24 August 2015, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach and the improvements they were to make with their quality assurance. We undertook a focused inspection on 6 and 7 January 2016 to check that they had followed their plan and to assess whether they were now meeting the legal requirements.

This report only covers our findings in relation to these requirements. You can read the report of our last comprehensive inspection by selecting the 'all reports' link for Valentine Lodge on our website at www.cqc.org.uk

# Summary of findings

Valentine Lodge provides services for up to 21 people. They provide nursing care, accommodation and personal care and will also support people who need palliative or end of life care. On the day of our inspection they had 20 people living at the service.

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.

On our inspection on the 6 and 7 January 2016 we found that people's medication was still not consistently well managed. Medicines had not been administered or stored safely and effectively for the protection of people using the service.

People could not be confident they would be kept safe. The service did not routinely assess the risks to people's safety and people could not be confident that they could be safely supported with every day risks.

Training for all staff who required Mental Capacity Act 2005 training had been delivered and the provider needed to ensure staff's ongoing understanding of the MCA 2005 and how it applied to their roles. People had not routinely been involved in decisions about their care or how they would like this to be provided. Assessments had not always been carried out and some people did not have a care plan developed around their individual needs and preferences.

The service had introduced new quality assurance procedures, but systems and audits were still not in place. Areas round medication management, care records and incomplete documentation had still not been identified as part of this new process. We found that the provider's audit and governance systems were not effective and did not highlight the areas that were found during this inspection.

We found the service had not met two of the three breaches highlighted in the inspection completed on 24 August 2015 under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Warning notices were issued for Regulation 12 and 17.

You can see what action we have told the provider to take at the back of this report.

# Summary of findings

## 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

The service was not consistently safe.

The standard of medicines management in the home was variable. Medicines had not always been administered or stored safely and effectively for the protection of people using the service.

The provider had systems in place for the management of risk, but these had not routinely been followed.

**Is the service effective?**

Requires improvement

This service was not consistently effective.

Staff had now received training in the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and the provider needed to ensure staff's knowledge for their roles. People could not be sure their rights would be protected.

**Is the service responsive?**

Requires improvement

This service was not consistently responsive.

People received care and support, but they had not routinely been involved in the planning and reviewing of their care.

People did not always receive care that was personalised or responsive to their needs.

**Is the service well-led?**

Requires improvement

This service was not consistently well-led.

Quality assurance systems were in place, but these were not consistently effective.

# Valentine 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 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 Valentine Lodge on 6 & 7 January 2016.

The inspection was undertaken by one inspector on the 6 January and two inspectors on the 7th.

Before the inspection, we looked at information that we held about the service. This included information we received prior to the inspection and notifications from the provider. Statutory notifications include information about important events, which the provider is required to send us by law.

We spoke with the registered manager, deputy manager and proprietor of the service. We also spoke with five staff on duty and eight people who received care and support. Due to not everyone being able to communicate with us verbally we spent time observing care in the communal area. Two relatives were spoken with during their visit to the home.

During our inspection we looked at 10 people's medication records, staff medication training records, medication audits and staff medication competency checks. As part of the inspection we reviewed three people's care records. This included their care plans and risk assessments. We reviewed the service's policies, their audits, the staff rotas, complaint and compliment records, medication records and training and supervision records.

Requires improvement

# Is the service safe?

## Our findings

At our comprehensive inspection of the service on the 24 August 2015, we found a breach in the regulations. This was due to the provider not having safe medication procedures in connection to the safe administration and recording of people's medication. An action plan was submitted by the provider to show how they were going to meet the breach in regulations with regard to the safe administration and recording of medication.

This visit was to check against the plan of action for compliance.

During this inspection we found the standard of medicines management was still variable and medicines had not always been administered or stored safely, or effectively recorded for the protection of people using the service.

The registered manager had advised in their action plan that they intended to be compliant with the breach for medication by 30 November 2015. The action plan stated, "Nurses are currently updating their training with Medicines in Care Homes, which is certified by the National Pharmacy Association." During this inspection we found that only one staff had completed a medication workbook, but this had not been sent to the training company to be marked. The action plan also stated that practical supervisions would be given weekly or more often if required, but there was no record that any had been provided to staff. Also, although concerns had been raised at the last inspection, no further competency checks had been completed for the staff that administered medication.

During this inspection we raised further concerns regarding the administration and recording of medication. No medication audits had been completed since our inspection on 24 August 2015. The deputy manager advised that they had completed one the week before our visit, but this could not be found. On the second day of our inspection three spot check audit forms were provided which had been completed by the deputy manager. These pharmacy spot check forms had been completed on 22/11/15, 17/12/15 and 24/12/15. Each form had the details of two spot checks that had been completed on people's medication records, but the document did not identify whose files had been checked and they only contained limited information. Where issues had been raised on these forms, no action had been recorded to identify how the concerns had been rectified i.e.: missing signatures or missing PRN protocols.

During our last inspection we noted that the medication storage area was not secure and could be readily accessed through the lounge or through the registered manager's office. The registered manager was advised that this needed to be addressed and they provided confirmation that they had taken immediate action They told us that a key pad lock had been fitted to the door and that the room was secure. During this inspection it was noted that the medication door was still not shutting properly and was still insecure and accessible. One staff member spoken with confirmed that the medication door "Never shuts properly." This was brought to both the registered manager's and proprietor's attention for immediate action due to the risks to people. Confirmation has since been received that this area is now secure.

Medication at the service is only administered by trained nursing staff. During this inspection we found a large number of anomalies on people's medication record sheets. Ten individual's medication sheets were viewed and it was noted that many of the daily administration records had missing staff signatures. Medication sheets are used to record and confirm that people's medication has been administered and to assist management with medication audits. When looking at the missing signatures of three of the people's records it was established with the deputy manager that one person was on a weekly pain relief patch and this was still in the medication box and had not been administered. This should have been administered on the 4 January 2016 and this was now the 6 January 2016, giving them two days without any pain relief.

Another person had been prescribed pain relief patches every 72 hours. The care notes for this person stated on 13/11/15, "[Person name] is unwell and is unable to communicate. They now have patches for pain and seems comfortable." It was established from the medication record charts that this had not been administered within the prescribed time frame.

A third person had been prescribed Warfarin. This is a blood anticoagulant which stops the blood from clotting. When people are prescribed this form of medication regular monitoring and checks are made through the health service to ensure the dosage is correct and this can

Requires improvement

# Is the service safe?

regularly change. It was noted that this person should have been administered 2 mg tablets on a Monday and Thursday and 3 mg on a Wednesday (7 mg). Records showed that 3 mg had been given on Monday, Wednesday and Thursday (9 mg); giving the person an extra 2 mg over the four days.

On speaking with the deputy manager regarding the missing signatures it was established that none of these had been followed up by the management or trained nursing staff within the service to ensure people had received their medication as prescribed.

Whilst observing the administration of the lunchtime medication, the staff member was observed signing the medication sheets before each person had received their medicines, and they did not check or confirm if it had been taken. The service's own medication policy stated, "Ensure the person has taken the medication before signing for them." This procedure was not being followed. The policy also stated, "Record any medication not taken and the reason." This was also not being followed by staff. Staff did not have an understanding of relevant professional guidance or the service's medication policies and procedures, which were there to help keep people safe.

During our last inspection in August 2015 it was highlighted to the registered manager that they did not have up to date PRN (as and when required) medication protocols in place. This meant that staff could not be assured that they were providing people with, for example, ad hoc pain relief when required and as prescribed for their specific conditions. During this visit it was noted that these still had not been implemented and staff were observed offering pain relief to people, but they did not check whether the person was in actual pain or needed it.

These failings are a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A Warning Notice was issued to the Provider.

During the last inspection we found that although the service had a procedure in place for assessing and managing risks they had not routinely completed risk assessments. In some people's files it had been recognised that people had the right to take risks and had identified areas of risk such as falls, environment, and the risk of harm, but this was variable. During this inspection it was found that little had been done to improve this information and people could not be sure that they would receive a safe service. Some care plans had risk assessments completed and these included falls and risks relating to people maintaining their independence, but other files did not have any completed risk assessments, even though it was clear that there were risks to staff and people receiving care.

People had not been part of the risk assessment process. The care files of two people who had recently been admitted to the service were viewed. One did not contain any form of risk assessment, although when speaking with the person it was clear that they had moving and handling needs. The other person was noted to be at risk of falling. Staff spoken with regarding these two people were unable to describe what guidance or information they had received or what had been put in place to keep both them and the people receiving the service safe.

Requires improvement

# Is the service effective?

## Our findings

At our comprehensive inspection of the service on the 24 August 2015, we found a breach in the regulations. The service did not have up to date information about protecting people's rights and freedoms and staff did not always understand their role and the law in terms of people's choices and right to consent to care being delivered to them. An action plan was submitted by the provider to show how they were going to meet the breach in regulations.

This visit was to check against the plan of action for compliance.

During our last inspection the service had policies and procedures on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), but these had not been routinely followed. Staff lacked understanding with regard to when mental capacity assessments should be completed and when referrals to local authority should be requested. People's care records did not always contain documentation regarding assessment of people's capacity or identify what day to day decisions they may need help with. One file had an MCA assessment completed, but when looking at the person's care plan it was clear that they were able to make decisions for themselves and did not lack capacity and was therefore inaccurate and not a true reflection of the person's needs.

The action plan submitted stated that the service would be compliant by 30 November 2015. During this inspection we found that although the service had tried to access training and information on the MCA and DoLS, it had not been successful. They had sourced training through a local authority, but only one staff member had been able to attend. Due to this the registered manager had recently purchased a DVD which was used in conjunction with a work book and once completed would be sent away to be marked. No staff had yet completed this form of training. As part of the inspection process we requested that the provider update us on the progress of the previously arranged training, we received confirmation that staff had commenced the training and all staff had now received this training.

Some staff were not able to demonstrate an awareness of the MCA and DoLS and how this helped to keep people safe and protect their rights. One staff member who was asked what their understanding of this went to describe the process of Power of Attorney, which gives someone you trust the legal authority to make decisions on your behalf, if either you're unable to in the future or you no longer wish to make decisions for yourself. Although connected to protecting people's rights it showed that staff did not have up to date information about protecting people's rights and freedoms and staff did not an awareness of the MCA or DoLS. The provider needed to ensure that staff understood the completed training and what it meant for their roles.

The service has made some improvements, but further work was required to ensure that staff had up to date information and understood their responsibilities in terms of protecting people's rights and freedoms.

Requires improvement

# Is the service responsive?

## Our findings

During this inspection we found that people's care needs were not routinely being assessed before moving into the home. This is an important part of the admission process as it helps the service to ensure that they are able to meet individual people's needs and that they have the correct number of staff and equipment that may be needed. On looking at the care folders of people who had recently been admitted we found that there was a lack of information and inconsistencies in the paperwork, and it was of a poor quality. Some folders did not have any form of care plan for the staff to use, which assists them in their role and ensures they are aware of the care and support people need. Records seen did not fully reflect people's care needs and the information was not person centred and did not always cover each person's physical, psychological, social, emotional or diverse needs.

The deputy manager advised they were in the process of changing the format of the care plans, but they had not been able to print these off due to a faulty printer. This had left them with some people who had no assessments or care plan documentation. Some files did have a care plan document, but it was noted that they were mainly blank and had not been completed by staff. One person did have some details in their folder and the notes stated, "[Person's name] needs all assistance with their mobility. They need to be sat down in a chair or on a bed while having a wash and they can take a few steps with one care worker." On speaking with the person they confirmed they had been made to stand for personal care and the agency staff member had not followed the care plan and placed this person at risk. The person's file also identified that they had been identified as having a high risk of falls.

People had not routinely been involved or encouraged to be part of the care planning process. People spoken with stated they would let staff know what they wanted done, but it was noted that the service had a number of people who had difficulties with communicating and would not be able to do this. Relatives had not been involved in people's care plans and staff had not gained information about the person's history and interests.

One area of concern raised with the registered manager was with regard to a person who received their care in bed. It was noted that this person's pressure relieving mattress was set at 72 kg or 73 kg. When looking at the care file it was noted that the last time a record had been made for this person's weight they were 61.2kg. This meant that the mattress was at the wrong setting and not assisting the person with effective pressure relief. The deputy manager advised that they did not have systems in place to check these each day to ensure they were on the right setting. In the person's records in November 2015 it was noted that they had a grade four pressure area. On discussing this with the registered manager on the 7 January 2016 they advised the pressure sore had improved to a grade three, but the person's care records had not been updated or reviewed. This raised concerns on whether the person had been receiving the care they required, due to their change in needs and the mattress set on the wrong setting for their weight.

This person was also on a fluid chart. On looking at the records made between 23 December 2015 – 4 January 2016, limited information had been recorded. There was no total recorded each day to show how much the person had drunk or to help staff identify whether the person had received enough fluid. No records had been documented for the 5, 6, 7 January 2016. On this person's care plan it stated, "[Person's name] needs her weight monitored closely and "MUST" scores completed regularly." The last MUST score had been completed on 1 September 2015 and this was now 7 January 2016. It also stated on 20 November 2015, "[person's name] not eating; only a yogurt now and then but will still have milky drinks." Fluid charts seen from the 23 December 2015 to 4 January 2016 showed that only cold drinks had been documented and offered to this person and they had not received any milky drinks as stated on their nutrition plan. When speaking with the cook to establish what this person had eaten for lunch on the 7 January 2016, we were advised they had eaten a pureed meal consisting of a pork chop, vegetables and potato. This showed that the care plan had not been updated to reflect the nutritional needs of the person.

Although records within the care files were not present or up to date, on speaking with staff they were aware of people's basic care needs and were able to explain what assistance each person required and generally how they liked their care. We observed staff assisting people with their care and support and saw that they spoke with each person to ensure they were comfortable and had received the support they needed.

Requires improvement

# Is the service responsive?

The lack of written documentation meant that if staff were unfamiliar with people they were at risk of providing inappropriate or unsafe care. This absence of appropriate information was due to a lack of management oversight and review of required information that should be available to staff to ensure people's care delivery. The service had not maintained accurate, complete and contemporaneous records in respect of each person, including a record of the care and treatment provided to the person in relation to the care and treatment provided.

Requires improvement

# Is the service well-led?

## Our findings

At our comprehensive inspection of the service on the 24 August 2015, we found a breach in the regulations. This was due to the provider not having effective audit and governance systems in place. An action plan was submitted by the provider to show how they were going to meet the breach in regulations.

This visit was to check against the plan of action for compliance.

The registered manager had advised in their action plan that they intended to be compliant with the breach by 1st January 2016. During this inspection we found that although the provider had purchased new policies and procedures to assist with the running and management of the service, these had not been implemented and the service still did not have an effective audit and governance system. The registered manager had attended training on quality monitoring through the local care home association on the 25 November 2016, but this had not yet been implemented.

At our last visit we found that the service's policies and procedures had not been reviewed and many still related to 'outcomes' and had not been updated to reflect current domains and change in regulations. During this inspection we found that the service had policies and procedures that were in line with the present regulations. This also had samples of forms that could be used to help manage the service and assist the management with quality assurance and governance. On the day of our recent visit the paperwork had not been implemented and the service was unable to print off the new documents, due to printer being out of order. This had been an issue for staff for a number of weeks and due to Christmas holidays it had taken some time to rectify. Due to this staff had been unable to print off the new forms or other important day to day forms used for monitoring, assessments and general everyday use. The printer was fixed on the second day of our inspection.

The service had failed to assess, monitor, and improve the quality and safety of the service provided to people whilst carrying on the regulated activity. They had not maintained an accurate record in respect of each person around their care and treatment. They had not assessed, monitored and improved the quality and safety of the service provided to people. Areas of concern we found were in regards to medication records, lack of care plans, assessments, fluid charts, pressure care records, nutritional records, general audits and lack of monitoring of the service.

The service had not introduced systems to help monitor and improve the standards of care around medication. Areas of concern identified included shortfalls in medication management, lack of medication audits, staff training and general competency checks for medication administration. Audits had not been completed which would have identified the areas of concern before our visit. These concerns were also brought to provider's attention regarding medication administration in August 2015. They had not made any improvements and failed to assess, monitor and improve the quality and safety of the service.

Regular audits had not been completed on pressure relieving equipment, to ensure staff had placed people's air mattresses at the correct settings. We were advised by management that the service did not make checks to the mattress settings, which would have helped to ensure they were on the right setting for the person and ensure the equipment provided the person with the correct pressure and not put them at risk of obtaining further pressure sores. Pressure care had not been regularly monitored and updated.

We identified concerns regarding the quality and details of care records in terms of risks to people's safety and personalised care needs. Records had not been maintained consistently and different formats and processes had been used. People did not have up to date assessments or care plans in place and people couldn't be sure they received the care and support they required.

These failings are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A Warning Notice was issued to the Provider.

This section is primarily information for the provider

# Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Where medicines are supplied by the service provider they need to ensure that there are proper and safe management of medicines.<br><br>Staff must ensure the storage, dispensing, administration and recording of medication is in line with their own policies and procedures and current legislation and guidance. |

**The enforcement action we took:**
Warning Notice was issued.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>Regulation 17(1),(2)(a,b,c,f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider must evaluate and improve their practice in respect of the processing of information referred to in sub paragraphs (a) to (e).<br><br>The provider must ensure they have systems and processes established to assess, monitor and improve the quality and safety of the service to mitigate the risks relating to the health, safety and welfare of service uses and other who may be at risk. |

**The enforcement action we took:**
Warning notice was issued.