

Mr & Mrs V M Patel

Cloyda Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 17 November 2015 and a breach of legal requirement was found. This was because the provider did not have effective systems to assess, monitor and improve the quality and safety of several aspects of the service provided to people. This was with particular reference to medicines as there was a risk they may have not been stored safely at the appropriate temperature. Secondly, the provider had not identified an infection control lead to regularly audit the service, which could compromise the welfare of people. Thirdly, police checks to ensure only suitable staff were employed by the service were not updated regularly. Finally, many of the provider's policies and procedures were out of date; this was with particular reference to the complaints and safeguarding adults at risk policies.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to this breach of regulation.

We undertook a focused inspection on the 31 March 2016 to check that they had followed their action plan and to confirm that they now met legal requirements. This inspection was unannounced.

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 Cloyda Care Home on our website at www.cqc.org.uk

Cloyda Care Home provides accommodation and personal care for up to 35 older people, many of whom are living with dementia.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

During our focused inspection we found the provider had followed their action plan. We saw legal requirements had been met as the provider now had systems in place to assess and monitor the quality of the service. New policies and procedures had been written and the provider was taking action to ensure they were being effectively followed.

Although sufficient action has been taken to meet the legal requirements made at the last inspection, we have not changed the ratings for 'well-led' from 'requires improvement' to 'good' as we need to see changes made have been consistently embedded by the provider over time. The overall rating for the service remains as 'good'.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

The provider has improved systems to monitor the quality of the service. Medicines and infection control were being regularly audited in line with newly developed policies and procedures.

Safeguarding adults at risk and complaints policy had also been rewritten so they were up to date and in line with current best practice. The provider had systems in place to ensure all other policies were updated over time.

Applications had been made for all staff to have an updated police records check to ensure their continued suitability to be employed by the service.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require consistent good practice. We will review our rating for this key question at the next comprehensive inspection.

Requires Improvement ●

Cloyda Care Home

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 checked 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.

This unannounced focused inspection was undertaken by an inspector on 31 March 2016. This inspection was arranged to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in November 2015 had been made. We inspected the service against one of the five questions we ask about services: Is the service well-led?

Before our inspection we reviewed the information we held about the service, this included the provider's action plan, which set out the action they would take to meet legal requirements.

During our inspection we visited the home and looked at records relating to the storage of medicines, policies and procedures, audits and other records relating to the running of the service. We toured some parts of the building and spoke with the registered manager.

Is the service well-led?

Our findings

At our comprehensive inspection of this service on 17 November 2015 we found the provider was in breach of legal requirements because the service did not have effective systems in place to assess, monitor, and improve the quality and safety of services provided within the home. There were a number of shortcomings in this area which led to the rating of 'requires improvement'.

For example, people received their medicines as prescribed by their GP. However, there was no mechanism to check the temperature of the refrigerator which could affect the effectiveness of some medicines because of incorrect storage. In addition, there were out of date medical items in the first aid boxes we checked. At this inspection, we saw a new medicines policy had been developed, and that a senior member of staff was using an audit tool every month to ensure people received their medicines safely. The audit tool ensured the refrigerator temperature was checked daily and the findings recorded. Out of date items in the first aid boxes had been removed and there was a system to ensure regular checks were made of their contents.

At the November 2015 inspection we found that whilst the home was clean throughout and free from offensive odours and staff were able to confirm they had all completed infection control courses. We noted the home had not been completing infection control audits in line with the Health and Social Care Act 2008: code of practice on the prevention and control of infections and associated guidance. At this inspection we found the provider had nominated a named clinical lead for infection control. Routine infection control procedures were carried out daily and the infection control lead completed monthly audits which were available to view. The infection control policy had also been updated to reflect current and up to date practices.

The provider had previously completed recruitment checks to ensure only suitable staff were employed by the service, with the exception of the criminal records checks which were completed initially and then not renewed. In some cases this had been 25 and 15 years previously and meant the provider could not assure themselves of the continued suitability of staff to remain employed. We saw at this inspection, applications had been made for the renewal of criminal records checks for all staff members including volunteers. Approximately three-quarters of the criminal records checks had been completed and assured the provider about the continued suitability of staff employed by the service. A further eight checks had been applied for but were pending due to delays with the agency undertaking the checks.

We noted at the previous inspection that some of Cloyda's policies and procedures for areas of work were out of date or inaccurate. For example the policy for safeguarding adults at risk did not mention the local authority and the provider's responsibility to refer any concern to them. In addition, the complaints policy incorrectly stated that complaints should be made to the CQC only, with no reference to other bodies that may have a responsibility to deal with complaints. This may have meant people could be directed to the wrong agency causing unnecessary delay and possible risk. We saw at this inspection both the safeguarding adults at risk and complaints policy had been updated in line with current best practice. There was also a record which showed the date of last review of each policy and a plan to update two policies per month.

The above shows that the provider had made improvements to meet the legal requirements in relation to good governance which they were breaching at our previous inspection.