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Carrick Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out a comprehensive inspection on 21 July 2015. Four breaches of the legal requirements were found. This was because the arrangements in place for the administration and management of medicines at the service were not robust. Staff had transcribed medicines for five people, on to the Medicine Administration Record (MAR) following advice from medical staff. These handwritten entries were not signed and had not been witnessed by a second member of staff. Prescribed creams had not been dated when opened. There were gaps in the daily recording of the temperature of the medicine fridge, and the temperature readings recorded were above the recommended safe cold storage for medicines of between 2 and 8 degrees. The pharmacist recommendation that the temperature of the room in which the medicine fridge was stored should be recorded, had not been actioned.

The service did not have robust infection control procedures in place. Toiletries were used communally and there were no paper towels available. People were using communal hand towels which did not protect people from the risk of cross infection.

The provider and deputy manager were not clear on the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. Legislative guidance had not been followed appropriately.

There was lack of systems or processes which effectively assessed, monitored and mitigated the risks relating to the health, safety and welfare of people and those that work at the service. One fire door was not closing on activation of the fire alarm as it was hooked open to obstruct access for some people to a staircase. Policies and procedures held at the service required review, some were not dated and some held incorrect information. Records held by the registered manager regarding training and supervision was not comprehensive and did not enable the effective monitoring of staff needs. The Care Certificate was not being used by the service for the induction of new staff. Staff recorded food and fluid taken by people and these records were monitored by the registered manager. There was no evidence of monitoring of these records and it was not clear what action had been taken when gaps were found in these records. Care plan reviews were not always carried out regularly and consistently.

Providers have a responsibility to comply with the Health and Social Care Act 2008 regulations and submit statutory notifications to the Care Quality Commission (CQC) when any event which may impact on their service provision occurs, such as death of a service user or any concerns of abuse that may be raised. The CQC had not received any notifications from the service.

After the comprehensive inspection the registered provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches. Prior to this inspection CQC had received some information of concern which mainly related to issues identified at the last inspection. As a result we undertook a focused inspection on the 10 December 2015 to check they had followed their plan and to confirm 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 Carrick lodge on our website at www.cqc.org.uk

Carrick Lodge is a care home offering nursing care for up to 38 older people who are living with dementia. At the time of the focused inspection on 10 December 2015 there were 23 people living at the service.

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.

At this focused inspection we found the registered provider had taken action to help ensure all handwritten entries on to the MAR were signed by two staff. This helped ensure the risk of any errors would be reduced. Some prescribed creams had been dated upon opening however, many remained undated. This meant staff were not aware of the date after which the cream would not be safe to use. The temperature of the medicine fridge was being recorded daily, including the temperature of the room where the fridge was stored. However, the temperature of the fridge had been recorded between 0.4 degrees and 6 degrees centigrade between the 3 November 2015 and 9 December 2015. This did not ensure the safe cold storage of the medicines held in the fridge as the minimum temperature had been below the recommended 2 degrees centigrade for over a month.

The service had taken action to replace communally used hand towels and provided soap and paper towel dispensers in all bathrooms and toilets for people to use. However, the staff toilet and the nurses station/office continued to provide a communally used hand towel for all staff to use when washing their hands. This did not protect staff and people from the risks associated with cross infection.

The registered manager and the deputy manager had applied to undertake training in the Mental Capacity Act 2005 but this had not yet taken place. However, the registered manager was aware of the legal requirements and had arranged for healthcare professionals to review people living at the service with regard to this legislation. Some people required to have applications made for potentially restrictive care plans to be authorised, had been refered to appropriate health and social care professionals.

The fire door which was previously held open with a hook and prevented from closing in a fire was now closing automatically when necessary. The services policies and procedures had not been updated and reviewed at the time of this inspection. However, the service had applied to obtain an electronic system to keep their policies and procedures up to date and was waiting for this to be installed. There had been a considerable delay in this taking place and the registered manager assured us it would be chased up.

Records held by the registered manager regarding staff training did not enable the effective monitoring of staff needs. The training matrix held a 'YES' next to the subject undertaken with no detail of when this took place and when it would require updating. Supervision was being provided to staff regularly.

The action plan provided by the service stated three staff were undertaking the Care Certificate. The registered manager told us new staff were informed of the need for them to complete the Care Certificate as part of their induction. However, there was no evidence of new staff having completed any part of the Care Certificate. Some staff had been employed for several months and their progress had not been monitored at the time of this inspection. The guidance for completing the Care Certificate is 12 weeks.

Two of the three care plans we looked at had been reviewed and updated recently. However, one care plan had not been updated since 6 October 2015 and did not accurately reflect the person's current needs. Staff recorded some people's food intake due to concerns with their nutritional needs, however there were some gaps seen in these records. There was no evidence that the registered manager monitored these records.

The service had sent in statutory notifications to CQC since the last inspection regarding any event which may impact on their service provision occurs, such as death of a service user or any concerns of abuse.

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 safe. The administration of medicines was safe, however the safe cold storage of medicines could not be ensured.

There were sufficient numbers of staff to meet people's needs.

People living at the service had access to safe hand washing facilities. However staff were using communal towels and this did not protect staff or people from the risk of cross infection.

Is the service well-led?

Requires Improvement

The service was not well led. The training records held by the registered manager did not always support the effective monitoring of staff needs.

The registered manager had not recognised that some concerns raised at the last inspection continued to require action.

Whilst the registered manager referred to external healthcare professionals and family/friends of people who used the service, when there was a concern, they did not always take action within the service in order to meet their immediate needs.

Carrick 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 announced focused inspection on 10 December 2015. This inspection was completed to check that improvement had been made to meet legal requirements after our comprehensive inspection on 21 July 2015. We inspected the service against two of the five questions we ask about services; is the service safe? Is the service Well Led? This is because the previous concerns were in relation to these questions.

The inspection was carried out by two inspectors. Before our inspection we reviewed the information we held about the home. This included the information from the service regarding what steps they would take to meet the legal requirements.

We spoke to the registered manager, the deputy manager, the provider, four staff, three people who lived at the service, one family member of a person who lived at the service, three external health and social care professionals and an external safety professional.

Requires Improvement

Is the service safe?

Our findings

At the comprehensive inspection in July 2015 we found there was a part glazed door with leaded lights, on the ground floor, which had an area of approximately 8 inches of tape across an area of the door where the glass had broken. The provider told us; "It's been like that for years." This door was marked "Fire Exit" we opened this door to find the external door beyond was locked and a key was not available. The light fitting in this area was loose and away from the wall and did not function. We discussed this with the provider who told us this was no longer used as a fire escape even though the signage was still present. This meant people may assume this was a viable "Fire Exit" and attempt to use this exit in an emergency. The area would not be lit at night as the light was not functioning and they would not be able to get out of the building.

We also found a double door leading to the dining room marked as 'fire door to be closed in the event of a fire', were held open by automatic fire closures. However, one of these doors was physically secured across a staircase by a hook preventing it from closing in the event of the fire alarm sounding. There was a sign on this door stating; "Door to be secured at all times." We also found two large windows which were not restricted in their opening and opened very wide. We heard two people, who lived in the service and were standing close to these windows, discussing how they wanted to climb out of them and leave the service. It would be possible for a person to leave via this route if no staff were in the vicinity to prevent this occurring. This was a breach of Regulation 17 of the Health and Social Care Act 2014 (Regulated activities) 2008.

The action plan sent to CQC by the service stated; "Risk assess internal building (fire). Establish monthly audit." At this focused inspection this audit was not available to us as the fire warden was not at work and the provider and the registered manager were unable to access this information. We found no action had been taken to address the concerns raised regarding the door which remained taped up, clearly marked as a fire exit and the exit to the street remained locked. These areas remained unlit. The Fire Safety Officer for the area had issued a deficiency order following their audit on 6 October 2015 detailing this and other concerns at the service. The Officer plans to return to check that all deficiencies have been addressed in January 2016. No action had been taken regarding the two windows next to the front door which continued to open wide out on to the street and were not restricted. The provider contacted us following the inspection and assured us restrictors would be fitted to these windows by the end of the week. We found the service had taken action regarding a further fire door was no longer held open by a hook across a staircase and closed when the fire alarm was activated. A stairgate had been fitted across the bottom of the staircase.

This contributed to the continued breach of Regulation 17 of the Social Care Act 2014 (Regulated Activities) 2008

At the comprehensive inspection in July 2015 we found staff had transcribed medicines for five people, on to the Medicine Administration Record (MAR) following advice from medical staff. These handwritten entries were not signed and had not been witnessed by a second member of staff. Prescribed creams had not been dated when opened. There were gaps in the daily recording of the temperature of the medicine fridge, and the temperature readings recorded were above the recommended safe cold storage for medicines of between 2 and 8 degrees. The pharmacist recommendation that the temperature of the room in which the

medicine fridge was stored should be recorded, had not been actioned. There was no regular audit of the MAR to help ensure people always received their medicines as prescribed. This was a breach of Regulation 12 of the Health and Social Care Act 2014 (Regulated Activities) 2008.

At this focussed inspection we found it was clear from the Medication Administration Records (MAR) people had received their prescribed medicines at the appropriate times. There were hand written entries for one person which had been signed by two staff to help ensure the risk of any errors was reduced. There were regular audits being undertaken by the registered manager regarding the MAR and the two medicine trolleys. We checked the prescribed creams in the rooms of six people. Some creams were dated. However, four people had prescribed creams which had not been dated upon opening, this meant staff were not aware when the cream would expire and become ineffective to use.

The temperature of the medicine fridge had been recorded daily, along with the temperature of the room in which the medicine fridge was stored. There were no gaps in these records. However, the temperature of the medicine fridge had been recorded between 0.4 degrees and 6 degrees centigrade between the 3 November 2015 and 9 December 2015. This did not ensure the safe cold storage of the medicines held in the fridge as the minimum temperature had been below the recommended 2 degrees centigrade for over a month.

The service was now meeting the requirements of Regulation 12 however, we recommend the service follow the guidance in the NICE guidance 'Managing medicines in care homes' regarding the safe cold storage of medicines and the management of prescribed creams.

At the comprehensive inspection in July 2015 we found communally used bars of soap which had been used in a bathroom on the first floor. There were unnamed toiletries which had been used in one bathroom. We found unnamed sponges in two bathrooms. In all toilets, bathrooms and
shower areas there were communally used towels. There were no paper towels available.
This meant people were sharing soap, toiletries, sponges and towels and were not protected from the risk of acquired infections. The policy for infection control in the service was dated 2012 and had not been reviewed. This was a breach of Regulation 12 of the Health and Social Care Act 2014 (Regulated Activities) 2008.

At this focused inspection we found the service had not updated the infection control policy but was intending to commence using an electronic support tool which would help the service keep all their policies and procedures up to date. The service had taken action to remove all communally used toiletries in bathrooms. The service had also replaced the communally used hand towels and provided paper towel dispensers and liquid soap in all bathrooms and toilets for people to use. However, the staff toilet and the nurses station/office continued to provide a communally used hand towel for all staff to use when washing their hands. This did not protect staff and people from the risks associated with cross infection. The laundry floor covering was broken in places above a manhole cover. This meant it was not possible to effectively clean this area where soiled laundry was regularly present. Laundry and domestic staff told us they were aware of infection control issues and had received training. The service was very clean throughout with no malodours present in any area of the service.

The service was now meeting the requirements of the regulation 12 however, we recommend that the service follow the guidance in the Department of Health publication Prevention and Control of infection in care homes: An information resource, regarding the safe handwashing procedures for staff.

One member of staff was found to be working in the kitchen before all their recruitment checks had been completed including the disclosure and barring service checks (DBS). The service had obtained one

reference. This person assured us they did not have unaccompanied contact with any people living at the service and did not carry out any personal care, working only in the kitchen. The provider assured us this was all in progress.

During the inspection we saw people's needs were usually met quickly. We saw from the staff rota there were mostly two or three care staff on duty supported by the registered manager or the deputy manager. Some people living at the service were living with dementia and exhibited behaviours that could challenge staff and other people. Staff were observed to show knowledge and skill in their support of people. Staff told us they felt they were able to meet people's needs and were a good team and worked well together. Staff told us they had received training in how to support people with dementia. The provider told us staffing could "be a bit tight" on occasions, but they felt they had sufficient numbers of staff, were careful to ensure that staff did not cancel any booked leave and did not work excessive hours to cover staff absences.

Staff confirmed they were well supported by the registered manager and the deputy manager with staff meetings, and supervision.

Requires Improvement

Is the service well-led?

Our findings

At the comprehensive inspection July 2015 we found the provider and deputy manager were not clear on the 2014 court ruling regarding the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. The changes to this legislation had not been taken into account when assessing if people might be deprived of their liberty. Applications had been recently made by the registered manager, to the local authority for authorisation of potentially restrictive care plans for every person living at the service. We did not see any evidence of how such a decision had been reached for each person whose files we reviewed. The registered manager and the deputy
manager had not attended updates on the Mental Capacity Act 2005 and the related legislation on Deprivation of Liberty Safeguards (DoLS) since 2008.This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this focused inspection we were told by the registered manager that the management team had been unable to obtain Mental Capacity Act training. However, the registered manager had sought support from external mental health professionals and obtained assessments for any person who was thought to be meeting the criteria for potential DoLS authorisation. Not all the people living at the service were subject to a DoLS at the time of this inspection. We saw evidence in people's care files regarding how decisions were made about people's capacity and evidence of assessments from external professionals were seen.

This meant the service was now meeting the legal requirements of Regulation 11 of the Health and Social Care Act 2014 (Regulated Activities) 2008.

At the comprehensive inspection in July 2015 the services policies and procedures had not been updated and reviewed. Staff records relating to induction, training and supervision did not contain sufficient accurate information and did not support effective monitoring for when specific staff were next due support, training or supervision. This contributed to the breach of regulation 17 of the Health and Social Care Act 2014 (Regulated Activities) 2008

At this focused inspection the service had applied to obtain an electronic system to keep their policies and procedures up to date and was waiting for this to be installed. There had been a considerable delay in this taking place and the registered manager assured us it would be chased up.

Records held by the registered manager regarding staff training were not comprehensive and did not enable the effective monitoring of staff needs. The training matrix provided by the manager after the inspection, held the names of six staff. We were told there were 24 staff at the service. There was a 'YES' marked next to the subject undertaken by each staff member, with no detail of when this took place and when it would require updating. We checked four staff files and found evidence of training that had taken place which was not present on the training matrix. This meant the registered manager was not easily able to monitor when staff required training support. Staff confirmed they received supervision. We saw evidence of some notes having been made during staff supervisions.

The action plan provided by the service following the comprehensive inspection in July 2015 stated three staff were undertaking the Care Certificate. The registered manager told us new staff were informed of the need for them to complete the Care Certificate as part of their induction. However, at this focused inspection there was no evidence of new staff having been provided with any support to complete any part of the Care Certificate. Some staff had been employed for several months and their progress through the induction process had not been monitored by the registered manager at the time of this inspection. The guidance for completing the Care Certificate is 12 weeks, the registered manager was not aware of this until this inspection. This meant the action plan had not been carried out effectively.

At our comprehensive inspection in July 2015 we found care plan reviews were not always carried out regularly and consistently by the registered manager.

At this focussed inspection we reviewed three people's care plans. Two of the three care plans we looked at had been reviewed and updated recently. However, one care plan had not been updated since 6 October 2015. This persons care plan stated they had a long term condition and stated; "carers should be vigilant to significant weight loss" and "check glucose details". This person had been having their food intake monitored. There were some gaps in these records and statements such as; "refused all food" were seen on several occasions over the past month. The registered manager told us this person had a recently decreased appetite and was not eating well. This person had not been weighed, neither had their blood glucose been monitored regularly to monitor the effects of their decreased food intake. Healthcare professionals and family had been informed of this person's change in care needs and had visited regularly to support the care of this person. However, the care plan guidance was not being followed by the service and the registered manager had not ensured the current care plan reflected this person's current care needs.

Staff recorded people's food intake in order to monitor their diet, however there was no evidence that the registered manager had monitored these records, or taken action regarding any gaps seen when meals had not been recorded. The food charts did not record how much was sufficient for each person.

We found the registered manager did not have effective systems and processes in place which were operated efficiently to assess, monitor and mitigate risks to people using the service. The registered manager did not always maintain accurate records in relation to people employed at the service. All the above contributed to the continued breach of Regulation 17 of the Health and Social Care Act 2014 (Regulated Activities) 2008.

At our comprehensive inspection in July 2015 we found the service had not submitted statutory notifications to the Care Quality Commission (CQC) when any event which may impact on their service provision occurs, such as death of a service user or any concerns of abuse that may be raised. This was a breach of regulation 18 of the Health and Social Care Act 2014 (Regulated Activities) 2008.

At this focused inspection the service had submitted such notifications appropriately as required.
This meant the service was now meeting the requirements of this regulation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not established and operated effectively in order to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity Regulation 17 (1) (2)(b) (c)