

Living Plus Health Care Limited

Living Plus Healthcare Ltd t/a Queen Anne Lodge

Inspection report

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09 May 2016

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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 an unannounced inspection of this home on 14 September and 5 November 2015. Repeated breaches of the legal requirements were found in relation to; the assessment and management of risks associated with people's care and ineffective systems to ensure a quality service was provided. We also rated the key question, is the service well led, as inadequate.

Following this comprehensive inspection we served two warning notices with respect to these breaches, on the registered provider of the service and the registered manager, requiring them to be compliant with the Regulations by 18 January 2016.

We undertook this unannounced focused inspection on the 9 May 2016 to check they had met the legal requirements and made necessary improvements in relation to the safe and well led questions. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Living Plus Healthcare Limited t/a Queen Anne Lodge on our website at www.cqc.org.uk

The home provides accommodation and nursing care for up to 40 older people including those living with dementia. At the time of our inspection 40 people lived at the home.

At the time of the focussed inspection a registered manager was in place. 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.

We found improvements had been made, although further embedding was needed.

Knowledge of people and the risks associated with their care was good. Staff knew the support people required to reduce risks. Most areas of identified need that presented a risk had a plan developed to inform staff of what to look for and how to provide support. However, there were occasions when the care did not meet these plans.

Records had improved since the last inspection, although they were at times long and not all information was kept in a single place making it difficult to track.

Staff said they felt supported by the registered manager and said that this had improved since our last inspection. They said they felt listened to and able to approach the registered manager with any concerns they had. They said they felt the registered manager listened and would take action to address any concerns.

Feedback about the provider was mixed. Improvements had been made to the systems used to assess

quality however, further improvements were required to ensure these were fully effective and embedded. We have made a recommendation about this.

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 always safe.

The assessment and management of risks had improved.

Knowledge of people and the risks associated with their care was good. Staff knew the support people required to reduce risks.

Most areas of identified need that presented a risk had a plan developed to inform staff of what to look for and how to provide support. However, there were occasions when the care did not meet these plans.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Records had improved, although they were at times long and not all information was kept in a single place making it difficult to track.

Staff felt supported by the registered manager who they said listened and would take action to address any concerns.

Feedback about the provider was mixed. Improvements had been made to the systems used to assess quality however, further improvements were required to ensure these were fully effective and embedded. We have made a recommendation about this.

Living Plus Healthcare Ltd t/a Queen Anne Lodge

Detailed findings

Background to this inspection

We carried out this unannounced 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 May 2015 and was completed to check that improvements to meet legal requirements had been completed by the registered provider and registered manager after our comprehensive inspection of the service on 14 September and 5 November 2015. The service was inspected against two of the five questions we ask about services: Is the service safe and is the service well led? This is because the service was not meeting some legal requirements.

The inspection team consisted of one inspector and an expert by experience in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We reviewed notifications of incidents the manager had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with three people who lived at the home and two relatives to gain their views of the home. We observed care and support being delivered by staff in all communal areas of the home. We spoke with the registered manager and nine members of staff including; nurses, care staff, an activities coordinator and other members of the providers team.

We looked at the care plans and risk assessments for six people. We looked at records relating to the

management of the service including numerous audits, meeting records and feedback surveys.

Is the service safe?

Our findings

People were complimentary about the care they received. They and their relatives felt staff were kind, caring and knowledgeable of their needs.

At our inspection in September and November 2015 we found people were at risk of receiving care or treatment that was inappropriate or unsafe because risks associated with their care and treatment were not always assessed, plans were not always developed to reduce risks and staff had not always received training in specific areas of need.

This was a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice to the provider and the registered manager requiring them to be compliant with this regulation by 18 January 2016. At this inspection they had met the requirements of the warning notice but some improvements were still needed.

At this inspection staff knowledge of people and the risks associated with their care was good. They knew the support people required to reduce risks. Most areas of identified need that presented a risk had a plan developed to inform staff of what to look for and how to provide support. However, there were occasions when the care did not meet these plans.

For example, In September and November 2015 we found care records which gave staff instruction about how to reduce risks to people's skin integrity, but there was no clear evidence these plans were followed. At this inspection we found the records of care plans had improved but at times staff had not ensured they were followed. For example, for one person their care plans detailed the level of risk and the equipment used, for example an air flow mattress. The care plan did not detail what this should be set at, this was recorded in a pressure area audit and staff knew this was based on a person's weight. However, when we visited this person's room we found no air mattress was being used. Staff told us this person had moved rooms within the last few days and the mattress had not been moved with them. This was rectified during our inspection but had not been identified until we pointed this out. This placed the person at risk of skin breakdown. For a second person, their records were clear but the mattress had been set incorrectly. The registered manager suggested staff may have knocked this without realising. This was rectified during our inspection but had not been identified until we pointed this out. The registered manager told us that they did not have a system in place to ensure the setting of mattresses was checked daily which would identify these concerns quickly so staff could take action to prevent any further risks to a person's skin integrity. The registered manager said they would implement this.

We found other improvements had been made. For example, in September and November 2015 plans were not in place that gave guidance to staff when a person had a diagnosis of diabetes, placing people at risk of not received the care they required. At this inspection, for one person who had a diagnosis of diabetes a care plan had been developed which gave staff guidance about the type of diabetes, the person's normal blood sugar range and when this should be checked. Information sheets were included which gave staff guidance about the signs to look out for which may indicate complications. The training matrix we were provided with

reflected that only three staff had received any training about diabetes, however the staff we spoke with knew the people who had this condition and knew the signs to look for. Care staff were very clear that any concerns they had they would call for a registered nurse to support.

In September and November 2015 plans were not in place that gave guidance to staff when a person may present with challenging behaviour and we were concerned about an incident which we heard being managed at the time, placing the person and others at risk. At this inspection, for one person a plan had been developed which gave staff information about a person's behaviours. This told staff how they could become challenging, although it did not detail the exact behaviours which could be displayed. This gave staff guidance about potential triggers to this behaviour and how to provide support. Staff spoken to were knowledgeable about this person's needs, wants, likes and dislikes. They ensured they used this information to provide support to reduce the likelihood of behaviours. They were aware of the behaviours that could present and how to manage this.

At our last inspection staff had not received training to support them to manage behaviours which may present risks. At this inspection 25 of 52 staff had completed training in coping with aggression. The member of staff responsible for training told us that 16 staff had been booked to attend a training session in August 2016 and following this a further session would be arranged.

Where people were at risk of choking, risk assessments had been completed and care plans were in place to guide staff about how to reduce the risk. Staff spoken to were aware of those at risk and how to support them. We observed one person supported to eat a pureed meal at a slow pace. Another person's care records gave clear guidance to staff that only registered nurses could support the person to take anything orally. All staff were aware of this.

In September and November 2015 people's Malnutrition assessments were not being completed in line with their care plans. At this inspection we found these were being carried out monthly. In addition a nutritional audit was carried out monthly which identified weight loss and gain, detailed if the person was on supplements and if any referrals had been made. We found that where weight loss was a concern, referrals had been made to the dietician. Whilst their professional feedback was recorded in the care files, the actual care plan had not always been updated.

In September and November 2015 the room number of people's Personal Emergency Evacuation Plans were not reflective of the actual room they were in. The registered manager gave us a document which they said they would provide to the fire service which was also inaccurate; placing people at risk should a fire occur. At this inspection a new fire system had been implemented which matched the door numbers. We asked the registered manager for the document they would provide the fire service and noted that this was slightly inaccurate as a person had moved rooms. They updated this on the day of our inspection. Staff were familiarising themselves with the new room numbers and often referred to these by the previous numbers. However, signs were displayed throughout the building which identified the rooms by both the old and new numbers and staff knew where people resided.

Is the service well-led?

Our findings

At our inspection in September and November 2015 we found care records were unclear, confusing and not always accurate. Information gathered about falls for people was not effectively used to assess risks and the systems used to monitor quality and drive improvement were ineffective. In addition we rated this domain to be inadequate.

This was a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice to the provider and the registered manager requiring them to be compliant with this regulation by 18 January 2016.

At this inspection we found some improvements had been made to the systems used to assess quality however, further improvements were required.

Records had improved since the last inspection, although they were at times long and not all information was kept in a single place making it difficult to track. For example, the care plans folder for one person contained all the information staff would need, however bed rails had been risk assessed and were in use but this was not included in the mobility or falls care plan. The falls care plan detailed how the person used a walking aid, but this had not been recorded in the mobility care plan. Whilst all the information was available and staff knew this person's needs, agency workers or new staff may find it difficult to find all the information they required promptly.

In September and November 2015 we found information gathered about falls people had suffered was not used to review plans of care and ensure the care delivered was effective. At this inspection, falls were being logged and tracked monthly. For one person we saw they had suffered five falls between 12 January 2016 and 29 February 2016. The log recorded the advice the person had been given. The care plans for this person reflected the risk of falls and the support staff should deliver. Staff were able to tell us what they did to reduce this risk and the care plans were an accurate description of this.

At this inspection individual care plan audits had been introduced. These involved the manager reviewing the care plans and recorded any actions for staff to take and the registered manager told us they then followed this up at the next audit.

For one person the audit identified that short term care plans had not been developed and at the time of our inspection, this had been done. For another person the recent audit had identified that the person's nutrition information required updating and the action was required to be completed by the end of May 2016. For a third person we saw how the audit had identified the mobility section of their care records had not been completed. This had been completed at the time of our inspection. However, we noted that this audit had not identified the lack of a specific care plan for one person or the inaccurate room numbers in some people's records. The care plan auditing had improved since our last inspection but required further embedding and review.

The registered manager undertook audits of people's pressure sores, nutritional needs and falls. Where these identified concerns we saw that action had been taken. For example, for one person the nutritional audit had identified weight loss and it had recorded that the person had been referred to the dietician. We saw this had been done and the dietician visited this person at the time of our inspection.

In September and November 2015 we were concerned about the training of staff. A training audit had been introduced and this showed what training had been delivered internally and externally and the courses booked.

In September and November 2015 we found the provider visits to be ineffective at times. At this inspection the role of undertaking these visits had been given to the person employed to manage human resource issues. We noted that the most recent visit reviewed the action of the previous visit. This had recorded how some actions had been started and were in progress while others had not due to a lack of time. It documented progress made, reviews of any issues and contained an action plan. We noted on this report that it documented several times that the person carrying out the audit also had a number of actions. They had recorded their concerns about the lack of time they had to do these things. We could see no review of this by the provider and no plan of how they were going to support this. In addition, this audit had recorded a 'major improvement' to the care plans, whilst we saw improvements we did find some minor issues of concern with the records and this member of staff told us they were unable to assess the quality of care plans as they do not have the skills or qualifications to do this. They told us they "audit the audits" carried out by the registered manager.

The registered manager continued to carry out spot checks on a monthly basis. These sampled three care records although it did not identify whose they were so we were unable to assess if this element of the check was effective. However the individual care plans audits had been changed which identified whose records were audited. The spot checks carried out by the registered manager identified areas that required improvement and recorded the action the registered manager had taken. For example, one record dated 12 April 2016, identified that the sluice was broken. It recorded the information regarding new equipment had been submitted to the provider. In addition this identified a curtain pole required replacing which had also been reported. However, at the time of our visit these had not been repaired or replaced and the registered manager told us they had been chasing this but had not received a response. They showed us emails demonstrating this.

Whilst the auditing undertaken by the registered manager and on behalf of the provider had improved, it was unclear how the provider used these as we were unable to see they had reviewed these or addressed any issues of concerns they would need to support.

We received positive comments from everyone we spoke with about the registered manager. People and their relatives knew who the registered manager was and said they felt comfortable and confident to raise any issues with them.

Feedback had been sought about how well led people, staff and others felt the service was run. Feedback from people was positive, stating that people felt the senior management team enabled them to communicate in private and make suggestions for improvement to the service. A small number of relatives had disagreed that staff and the manager were approachable and receptive to concerns. The registered manager had arranged meetings with people and their relatives following the feedback. The registered manager used this opportunity to feedback on any issues raised. In addition the records of the meetings were on display.

Staff we spoke with said they felt supported and said that this had improved since our last inspection. They said they felt listened to and able to approach the registered manager with any concerns they had. They said they felt the registered manager now listened and would take action to address any concerns.

Feedback about the provider was mixed. Some staff said they would approach them with concerns and felt they were supportive, others told us they did not acknowledge them and some described them as unsupportive. One member of staff said that although they might agree to something in front of them, they would change their mind when they left. We asked the registered manager who undertook their supervisions and appraisal and they told us they had not had one since starting in the role at the beginning of 2015. We asked them if they were able access items as needed. They described concerns regarding the ability to make small purchases, for example, paper, stamps and curtain rails. They said the provider did not give them a budget and they had no petty cash. However, they also told us if people needed any equipment to meet their needs such as mattress, moving and handling equipment they always received this promptly.

We recommend the provider review their involvement in the quality systems within the service to ensure these are fully supported, effective and embedded.