

MGL Healthcare Limited

Cedardale Residential Home


Inspection report

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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Overall summary

We undertook this focused inspection on 15 July 2015 following concerns raised by a number of sources. The inspection was unannounced. The concerns raised were in relation to people being restricted in their beds by chairs and tables, low staffing levels and a shortage of medicines for people.

At our previous comprehensive inspection which was carried out on 2 February 2015, we identified no breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read the report by selecting the 'all reports' link for 'MGL Healthcare Limited - Cedardale Residential Home' on our website at www.cqc.org.uk.

This report only covers what we focussed on in relation to the concerns.

Cedardale Residential Home is a care home providing accommodation and personal care for up to twenty nine older people who are living with dementia, mental and

physical health needs and mobility difficulties. There were 26 people living at the service when we inspected. The service is located in Maidstone, approximately half a mile from the town centre.

Cedardale is a large detached property with accommodation on two floors in the main building and a spacious single storey extension. A stair lift provided access to the first floor. There is a garden to the rear of the home and off road parking at the front.

There was a registered manager at the home. 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.

New staff recently employed at the home were not always recruited using the procedures designed to protect people. Records relating to recruitment kept at the

Summary of findings

service did not contain the information required under schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and records for some staff were not available in the service at the time of inspection.

Medicines were managed, stored, disposed of and administered safely. People received their medicines when they needed them and as prescribed. However, staff had not consistently followed safe practice around administering and recording medicines given to people. We have made a recommendation about this.

Safeguarding procedures were in place to keep people safe from harm. Staff had been trained in how to protect people from abuse, and discussions with them confirmed that they knew the action to take in the event of any

suspicion of abuse. Staff understood the whistle blowing policy and how to use it. They were confident they could raise any concerns with the management team or outside agencies if this was needed.

Potential risks to people in their everyday lives had been identified, and had been assessed in relation to the impact the risk had on people. The premises and equipment were adequately maintained with a range of security checks in place.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the suitability of the staff employed at the service. You can see what action we told the provider to take at the back of the full version 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?

The service was not consistently safe.

Safe recruitment practices were not always followed for new staff employed at the service.

People were given their medicines as prescribed and as they needed them. However, staff were not consistent at recording the medicines given to people.

The premises and equipment was adequately maintained with a range of security checks in place.

People felt safe and staff received appropriate training and support to protect people from harm and potential abuse.

Requires improvement



Cedardale Residential 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 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.

This inspection took place on 15 July 2015. It was unannounced. The inspection team consisted of one inspector, an inspection manager and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We gathered and reviewed information about the service before the inspection including information we had received from health care professionals, staff and members of the public. We looked at notifications we had received from the provider. This is information the provider is required by law to tell us about.

We looked at every bedroom on arrival and in communal areas of the service. We spent time looking at records, which included four people's care files, 13 staff record files, the staff training programme, the staff rota and medicines.

We spoke with eight people about their experience of the service. We spoke with three care staff, the registered manager, the deputy manager, two relatives and a visiting healthcare professional to gain their views.

We last inspected the service on 2 February 2015 when we found no concerns.

Is the service safe?

Our findings

People told us they felt safe. People said “Oh yes, I do feel safe and staff are there if I want them.” “Nothing makes me feel unsafe.” Relatives told us they felt their loved ones were safe, with one family noting, “I know that she is being looked after when we go home”. Another relative described the service as “A home from home that has warmth about the place”.

Safe recruitment procedures were not always followed. Recruitment files kept at the service did not contain all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Of the 13 files we checked one did not have a full employment history, one did not have an application form, one had no proof of identity and three had no evidence of disclosure and barring service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Without these checks people could not be assured that staff were suitable and safe to work in a care home. The deputy manager and team leader had recently returned to the service and had identified a number of problems with the staff files and were in the process of reviewing them and making any additional changes that were required.

The provider had failed to ensure that only fit and proper staff were employed. This is a breach of Regulation 19 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities).

The recruitment files for staff who had been employed at the service for a longer period of time were comprehensive and contained the correct information that demonstrated they had gone through the appropriate checks before they were employed. The provider followed their staff performance and disciplinary procedures when staff failed to attend training such as moving and handling training to keep people and staff safe.

Staff had not consistently followed safe practice when recording medicines given to people. Staff were observed administering medicines to people. Staff knocked on bedroom doors and waited for an answer before entering, staff told the person what they were doing and what medicines they were going to take. Staff checked that they had the right person before administering any medicines to

people. Once the medicine had been administered the member of staff signed the Medication Administration Record (MAR). However, staff had not consistently followed the procedures for signing the MAR chart once medicines had been given. Six people’s MAR charts were checked. All six MAR charts had signatures missing from 14 July, 17 July, 18 July and 19 July 2015. The team leader said that the medicines had been given but the staff had not signed to confirm that medicines had been administered. Some of the medicines which had not been signed for were relating to applied creams, the team leader told us there had been a record book in place which staff signed once the topical medicines had been applied, but this had been removed by a temporary manager. In order to be sure people had received their medicines as prescribed, staff should sign the MAR chart for medicines, including creams, once they had administered them to people.

We recommend that the provider follows NICE guidance NICE SC1: 2014 for managing medicines in care homes or equivalent best practice guidance.

Systems were in place to ensure medicines were ordered from the pharmacy on a monthly basis. Any additional or urgent medicines required were also ordered through the pharmacy. Staff told us the medicines received each month were checked through against the medicines administration record (MAR), checking that the medicines delivered matched the MAR. Clear guidance was in place for people who took medicines prescribed “as and when required” (PRN). The stocks of medicines were enough for what people needed for the next four weeks until the next batch was delivered. Senior staff were trained to administer medicines, and did so in a safe way. Staff told us they had received training prior to administering medicines.

The provider had taken reasonable steps to protect people from the risk of abuse. Staff received training in safeguarding vulnerable adults. There was a safeguarding policy, and staff were aware of how to protect people and the action to take if they suspected abuse. Staff were able to describe the signs of abuse and what they would do if they had any concerns such as informing the registered manager and contacting the local authority safeguarding team or the Care Quality Commission. Staff told us they were confident that any concerns they raised would be

Is the service safe?

taken seriously and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to external agencies if they felt they were not being dealt with properly.

Before the inspection concerns were raised to us about people being restricted by furniture so they were not able to get out of bed or to fall out of bed. We arrived at the service at 05.15am and looked at every bedroom. We saw that there were no furniture preventing people from getting out of bed. The team leader told us that one person had previously been assessed and required the use of a bed rail when their health had deteriorated. Staff were aware of the risks involved with using a bedrail and the need for an assessment by a healthcare professional.

Potential risks to people in their everyday lives had been identified, such as attending to their personal care, monitoring their health and meeting nutritional needs. Each risk had been assessed in relation to the impact that it had on each person. Control measures and actions were in place to reduce the risks and guidance was in place for staff to follow, about the action they needed to take to protect people from harm. Risk assessments were reviewed and updated if necessary, which meant staff had up to date information to provide care and meet people's needs.

An evacuation plan was in place which included a list of bedroom numbers, the names of people residing in these rooms and the assistance required to evacuate the service in the event of an emergency. Staff knew what to do in the event of an emergency and knew where to access the files which contained the relevant information. People's needs in the event of an emergency had been considered and recorded.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. A maintenance person was available five days a week for any faults or repairs that were required to the building which were

reported by the staff. Safety checks had been completed for the premises. For example the fire alarm, emergency lighting, gas safety checks, and portable electrical appliance testing to make sure it was in good working order. Records showed that safety equipment had been maintained and serviced. These checks enabled people to live in a safe and adequately maintained environment.

People told us if they had any concerns or complaints they would speak to a member of staff who would help them.

Before the inspection concerns were raised to us about low staffing levels. Staff told us there were not enough staff and the use of agency staff was high. One person told us "staff changed frequently". The deputy manager told us a number of staff had recently left the service whilst a temporary manager had been in post. They told us the service was actively recruiting care staff and a number of staff whom had left were now returning to the service. The deputy manager told us a dependency tool had been used for each person which determined how many staff were required to meet people's needs. This had recently been completed which showed five staff were required during the day and three staff were required at night. At the time of the inspection there were five care staff on duty, which included three permanent members of the staff team and two agency staff. The registered manager, deputy manager and team leader were also available on site if they were required. We examined ten weeks of staff rota's which showed between May and June there were between four and five staff on duty, from July 2015 there were five staff on each day shift and three staff during the night. The use of agency staff had been high with at least one shift per day covered by agency staff. The deputy manager told us that whilst recruitment took place agency staff were being used to work alongside permanent staff to meet people's needs and to maintain the right levels of staff. People were being supported by the right numbers of staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

This is a breach of Regulation 19 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities).

How the regulation was not being met: People who use the service were not protected against the risks associated with the recruitment of unsafe staff.