

Joseph Rowntree Housing Trust

Lamel Beeches

Inspection report

105 Heslington Road
York
North Yorkshire
YO10 5BH

Tel: 01904416904
Website: www.jrht.org.uk

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |

Summary of findings

Overall summary

The inspection took place on the 02 March 2016 and was unannounced.

This inspection was carried out to follow up previously identified breaches from our November inspection and to check that the registered provider had carried out the actions recorded in their action plan dated April 2015. The inspection in November 2015 identified a continued breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regards to the proper and safe management of medicines. There was also an identified breach of Regulation 12(1) and 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as care and treatment was not provided in a safe way. At this inspection on 2 March 2016, we found that the registered provider had implemented sufficient improvements since the November 2015 inspection and that the breaches had been met.

This inspection on 02 March 2016 was a focused inspection to look at specific areas of concern. This report only covers our findings in relation to those concerns. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Lamel Beeches on our website at www.cqc.org.uk. Lamel Beeches provides care and support to 41 older people. At the time of our inspection, the home was providing care and support to 31 people. The home is part of The Joseph Rowntree Housing Trust. Lamel Beeches is situated on the west side of York with an elevated position overlooking the city, with its major transport links. It is set in well-maintained, mature gardens, has car parking on site and has lift access to both floors.

At the time of our inspection, there was an acting manager, supported by senior management from the parent provider. Lamel Beeches did not have a registered manager in post since December 2015. 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. The registered provider told us they were actively advertising to recruit for the post of registered manager.

People spoke positively about the care they received. It was clear from talking to people and looking at care plans that care was person centred. People told us they felt safe and we found that staff knew how to protect people from avoidable harm.

Risk assessments and risk management plans were in place and included the use of bed rails for people. We saw these were reviewed with people and their families in line with people's changing needs and this was documented in their care plans.

The registered provider had implemented a revised policy and procedure for the safe use and management of bed-rails and staff had undertaken appropriate training and were competent in their use. Documented weekly safety and maintenance checks were in place with recorded actions and outcomes.

We saw medication was effectively administered with clear guidelines. Methods of recording, administering and disposing of people's medication were in place. Controlled drugs (CD's) were securely stored with up to date record keeping. People had a medication risk assessment in place and all staff giving medicines had completed appropriate training and had received ongoing assessment of their competence. Some records for fridge temperatures were incomplete and staff did not routinely reconcile people's medicines with their GP on admission to the home. Medicines audits were performed monthly, with clear documented action plans and outcomes where errors or omissions were identified.

The registered provider used a dependency tool to ensure adequate staffing to meet people's needs. We saw the home used agency staff but these were consistent staff.

Staff were recruited safely and relevant recruitment checks were completed before they started work.

At the time of our inspection, the home was clean and smelt pleasant. We saw that checks on the environment were completed and maintenance certificates viewed during our visit were up to date.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Safeguarding policies and procedures were in place and staff recognised signs of abuse.

People received appropriate care and support and were encouraged to live as independently as possible.

Care plans contained up to date risk assessments with action and support plans in place to support people's independence and keep them safe.

Equipment, for example, bed rails, lifts and hoists were safely managed with up to date recorded maintenance and safety checks in place.

Medication was effectively managed, stored and administered by appropriately trained staff. Monthly audits were in place that identified actions and outcomes where any concerns or omissions were recorded

Lamel Beeches

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

This inspection took place on 02 March 2016 and was unannounced. One Adult Social Care (ASC) inspector and one Pharmacist Inspector undertook the inspection. This was a focused inspection to look at specific areas of concern.

We did not request a provider information return (PIR) on this occasion. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of the inspection, we spoke with three people who lived at the home, five members of staff, and deputy head of care, the regional manager, the quality manager and the registered provider. We checked the care records for five people who lived at the home, accident / incident records, quality monitoring records and environmental risk assessments. We observed part of the medication round and observed the processes and procedures for administering medication. We also walked around the premises to assess safety and cleanliness, this included looking in people's rooms and communal areas.



Our findings

People living at Lamel Beeches told us they felt safe. Comments included "Yes, I do feel safe it's lovely" and "Absolutely I do, yes." and "I feel safe here." A care worker told us "We make sure people aren't restricted and that they are kept safe."

During our last inspection in November 2015, we judged the registered provider to be in breach of Regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider did not have appropriate arrangements in place to manage medicines and the registered provider did not have appropriate arrangements in place to implement and manage the use of bed rails. The registered provider had failed to ensure care and treatment was provided in a safe way for people. At this inspection on 2 March 2016, we found that the registered provider had implemented sufficient improvements since the November 2015 inspection and that the breach had been met.

The room used to store medicines was secure, with access restricted to authorised staff. There were appropriate arrangements in place for the management of controlled drugs, including record keeping, and regular stock checks had been carried out. Controlled drugs were stored in a controlled drugs cupboard; access to them was restricted and the keys held securely.

Medicines, which required cold storage, were kept in a fridge within the medicines storeroom. Maximum and minimum fridge temperatures had been recorded daily, but there were gaps in recording. For example, temperatures had only been recorded on 16 out of 31 days in January 2016 and 23 out of 29 days in February 2016. We spoke with the registered manager about this who advised the errors would be picked up and actions implemented as part of the routine audits.

We looked at seven medication administration records (MAR) during the visit and spoke with the senior support nurse who was administering medicines. Medicines had been given correctly as prescribed, and records were clearly completed to show the treatment people had received. Stock balances of medicines were checked and found to be correct.

All people had a medication risk assessment in place, which stated their ability to manage their own medicines, and the level of support or supervision required from care staff. We saw the details of when required medicines were recorded separately, including the number or amount and the time given. Staff did not routinely reconcile (check) people's medicines with their GP on admission to the home, so they could not be certain people were receiving all of their medicines as the doctor intended. The registered provider

told us this would be included and picked up as part of the audit checks.

All staff giving medicines had completed appropriate training and ongoing assessment of their competency. We saw evidence that medicines audits were undertaken monthly, and that clear action plans and outcomes had been documented following negative findings.

Staff we spoke with told us that they had received up to date safeguarding training and they were able to tell us of signs of abuse to look out for and how, and to whom they would escalate any concerns. We looked at staff training and saw that there was a programme in place to ensure all staff had received training in safeguarding. We saw 14 staff had completed the full programme and a further four staff had received face-to-face training and were scheduled to complete the online e-learning. We saw the registered provider had a 'Safeguarding Adults Policy & Procedures' document that provided further advice and guidance. This was in conjunction with the applicable local authority policy and procedure for the home.

Discussion with staff revealed there were no people living at the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there: age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

We looked at people's care plans and we saw that these provided consistent up to date information about their care and support with associated risk assessments and action plans. We saw people's independence was supported in a safe way using risk assessments to identify and work within the capacity of the individual to undertake daily activities in a safe way. We saw risk assessments in place for falls, infection control, and administering of medication for people and that these were reviewed. Personal risk assessments were also reviewed and updated with the involvement of people, families and professionals and we saw associated action and support plans in place to manage any identified risks.

We walked around the home and we saw that some people had bed rails in place to keep them safe. We looked at people's care plans and saw that individual bed rail risk assessments were in place for people.

Care plans contained assessments of the suitability of bed rails for people and these were signed and reviewed. Care plans contained consent forms for use of bed rails by people. The person or a family member signed where the person was unable to sign these. We also saw that equipment was assessed for safety and that this was recorded.

The registered provider showed us a separate 'Weekly Bed-Rail Check list' folder. This contained copies of the individual risk assessments which were in place and reviewed, a copy of the updated 'Safe Use and Management of Bed-Rails' policy and a weekly bed rail checklist with any maintenance concerns highlighted with actions. We spoke with a senior carer who told us they undertook and documented maintenance checks on bed rails once a week. They told us they had received some training about completing these checks.

We spoke with care workers and they told us they understood how to use and ensure people were safe when bed rails were in place. One care worker said, "Yes, I am confident in their use" and another told us "We have done a lot of work to get this [bed rails] right and to make sure people are kept safe."

We saw care plans documented where people needed additional support and night time checks and dependency assessments were documented and reviewed with people. This helped to keep people safe and helped to meet their needs. A care plan contained a mobility support plan for a person. The plan included

information on how much the person could assist independently. We saw details on additional equipment required to assist the person and keep them as safe and as independent as possible. This included the use of a commode, slide-sheet and wheel chair. We saw the person's mobility was reviewed and the person's needs re-assessed.

The registered provider told us accidents and incidents were recorded on an electronic system and were processed and evaluated centrally. We saw an 'Accident, Incident and Near-Miss' form had been completed for a person. The form contained information about the person, the incident, what happened as a result and any witnesses. The form recorded if First Aid was administered to the person. The registered provider showed us an additional 'Accident, Incident and Near-Miss' investigation form. This showed details of the investigation, remedial actions and timescales. We checked the person's care plan and saw that because of the incident it had been updated. This meant the manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed.

We saw risk assessments in people's care files for the environment. These included personal emergency evacuation plans [PEEPs] for each individual person. PEEPs are documents, which advise of the support people need in the event of an evacuation taking place.

We looked at maintenance records and checks. We looked at a sample of these checks, which included electrical and gas safety, the elevator in the building, hoist checks and fire safety checks. All of these checks were up to date and included a regular maintenance programme.

We looked at staffing levels across the home and saw that there sufficient staff to meet people's needs. The registered provider used an electronic staffing dependency tool to work out the appropriate staffing levels to meet the dependency needs of the people using the service. We saw that for the week ending 28 February 2016 the home had provided above average hours of care to people.

The registered provider told us the home had one nurse and six carers in the morning, one nurse and five carers in the evening and one nurse and two carers at night. We looked at rotas for the previous three weeks and saw this was correct. This ensured adequate staffing was available to provide care and support for people's needs.

A care worker told us "The home has ten empty beds at the moment so there is a nice ratio of staff to people" they told us "Staffing should increase if more people move in." Another care worker told us, "They [The registered provider] react more and provide more staff when a person needs one to one care." A further care worker told us "We could always do with more staff especially on Thursday with the Quaker meeting, it gets so busy then." A person we spoke with to said, "I have never not been able to finish a discussion, and if I have then they [care worker] come back to finish it." A person told us "Not enough staff, but they do work hard." Variations in staffing numbers related to the priorities of each shift, such as appointments, activities and other service requirements. We were told management, nursing and care staff were supported by a range of ancillary personnel. This included domestic and kitchen employees and a maintenance team that worked across the organisation's group of services.

We looked at staff recruitment and found that the appropriate recruitment checks were completed. The registered provider undertook pre-employment checks for staff. These included two employment references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. We saw nursing staff registration checks were maintained with PIN numbers, expiry dates and appropriate

qualifications and that these were up to date. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults. It was clear that these checks had been undertaken and that the registered provider had received this information prior to the new employees starting work at the home.

The home was clean and there were no malodours. During a walk around the premises, we saw that toilets and bathroom facilities were clean with liquid soap and paper towels available. Staff told us "Three domestic staff are employed to clean each day and they keep the home fairly clean." We observed staff using personal protective equipment (PPE) i.e. aprons and gloves during our visit. We saw staff had received training in health & safety, infection control and food safety.