

Regal Care Trading Ltd

# Loose Court

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 28 March 2017. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation the breach. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Loose Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Loose Court is a residential home providing accommodation and support for up to 42 people who require personal care. The home is located outside the town centre of Maidstone. At the time of inspection 36 people were 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 our previous inspection on 28 March 2017, the service was in breach of regulation 12 (Regulated Activities) Regulations 2014. This breach was in relation to medicine management. We found that medicine trolleys were being stored incorrectly, gaps in the recording of storage temperatures for medicines, inaccurate amounts of medicine in stock, no protocols in place for medicines prescribed as when required (PRN) and staff not following prescribed guidance for pain relief patches. At this inspection improvements had been made and the service was no longer in breach of the regulation.

People's medicines were being administered by competently trained staff. Medicines were being stored safely and there were PRN protocols in place. However, we found two gaps in people's medicine records that had not been accounted for. We have made a recommendation about this in our report.

People were protected from abuse by trained staff who could identify different forms of abuse and who they could report to. The provider had effective safeguarding systems in place.

The provider had ensured that there were appropriate systems in place to identify and minimise risk for people living at the service. Risks to people's safety had been assessed and actions taken to protect people from the risk of harm.

There were sufficient staff to provide care to people. Staff had safety checks to ensure they were safe to work with adults.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve safety.

Staff were effectively administering people's medicines and these were stored safely. However, we did find gaps in people's medicine records.

People were protected against abuse as the provider had ensured effective safeguarding policies and procedures.

The provider had ensured there were appropriate measures in place to identify and mitigate risk.

There were sufficient staff to provide care safely for people.

Safe recruitment procedures were followed to ensure staff were suitable to work with vulnerable adults.

**Requires Improvement** 

# Loose Court

## **Detailed findings**

### Background to this inspection

We undertook an unannounced focused inspection of Loose Court on 11 August 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 28 March 2017. The team inspected the service against one of the five questions we ask about services: is the service Safe?

This inspection was undertaken by two inspectors.

During our inspection we spoke to five people using the service, four care staff, the deputy manager, the registered manager and the operations manager. At this visit, we looked at the auditing and quality assurance records at the service, six people's care plans, environmental safety documentation and people's medicine records. Before our inspection, we reviewed our previous report and the information we held about the service.

# Is the service safe?

## Our findings

People we spoke to living at Loose Court told us they felt safe living there. One person told us, "I'm never worried about my safety here." Another person told us, "I certainly feel safe."

At our previous inspection on 28 March 2017, the service was in breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We found that medicines had not always been effectively managed, administered or stored safely. This was in relation to medicine trolleys being stored incorrectly, gaps in the recording of storage temperatures for medicines, inaccurate amounts of medicine in stock, no protocols in place for medicines prescribed as when required (PRN) and staff not following prescribed guidance for pain relief patches. At this inspection, the provider had made improvements and was no longer in breach of the regulation.

People were supported with their medicine by trained, competent staff. We observed a medicine round and this was carried out in a kind and caring way. The member of staff took time to engage with people and encouraged them to take their medicines. People were being told what their medicines were for. The storage of medicines was carried out in a safe manner. The medicine trolley was secured to a wall at all times when not being used and after a medicine round was returned to the medicine room. Staff were recording the temperatures of the medicine room and fridge. One member of staff told us, "If the temperature goes to 22 degrees Celsius we put the air conditioning on." There were no gaps in the records for room and fridge temperatures. We checked the amount of medicine held at the service against the amounts that was recorded on people's records and no discrepancies were found.

There were PRN protocols in place for those that required them. The information provided to staff included what the PRN medicine was, what it was for and the time frame between taking them. Staff were recording the times people received their PRN medicine to avoid people receiving a dose above the prescribed amount. The provider had put systems in place to ensure that those who were on pain relieving patches did not have the patch located on the same area of skin when they were reapplied. Body maps identified when and where a pain relieving patch should be located. We went through people's medicine records to identify if there were any gaps in their records. We identified two gaps that had not been reported by staff to the registered manager. We reported our concerns to the registered manager and were told that they would carry out an investigation to find out what had happened. We were told by the operations manager that they would implement a weekly medicine audit so that gaps could be identified sooner. Following our inspection we were sent an action plan that included communications with staff about the incident and what was required from them. We were also shown evidence to show that the weekly medicine checks had commenced.

We recommend that the registered manager ensures that the new systems are fully embedded within the service to ensure that any shortfalls are identified.

People were protected against the potential risk of abuse as staff had received safeguarding training and could identify the types of abuse and how to appropriately react. All members of staff we spoke with could

identify the potential forms of abuse and what they should do with the information. One member of staff told us, "We receive training both online and face to face for safeguarding. There are different types of abuse that include, physical, mental, psychological and financial." Another member of staff told us, "I would report any concerns to the office. I know they would take any allegations seriously. I know I can also report to head office, the local authority or Care Quality Commission." The provider's policy gave staff the information and contact numbers to where they could take their concerns.

All staff had received training on moving and handling. We observed staff assisting people throughout the service and witnessed good moving and handling procedures. People were being supported in line with the guidance in their care plan. Where people were using walking aids these were kept within their reach. People were mobilising independently throughout the home and staff were only assisting when asked to.

Risks to people's personal safety had been assessed and plans were in place to minimise risk. People had risk assessments that were personalised to their needs and these were reviewed on a regular basis and adjusted if a person's needs had changed. Risk assessments were personalised and provided staff with guidance on how to reduce the risk. Risk assessments included moving and handling, falls, eating, drinking and choking.

The provider had ensured that the environment was safe for people to live in. There were up to date safety checks on gas, electricity and water. There had been tests carried out to ensure the safety of equipment at the service that included hoists and slings. A fire risk assessment was completed yearly by a trained competent person and the maintenance team ensured that checks were being carried out for fire safety and that fire drills were taking place. People had personal evacuation plans in place that gave guidance on the support they required in the event of an emergency and how they may act to an alarm.

People who use the service told us that there were enough staff working available to support them. One person told us, "There are enough staff working here. Staff check up on me each night and that makes me feel safe." Another person told us, "At the night the girls (staff) come as quickly as they can." A third person told us, "There are stacks of staff, and they are all lovely." The provider used a dependency tool to identify the amount of hours each person required for care and this was reviewed monthly. The registered manager told us, "Currently there are seven care staff in the morning that includes two seniors. This goes down to six in the afternoon. We have four staff on at night. On top of this we have myself, the deputy manager, the activities coordinator, kitchen staff, maintenance and cleaning staff."

The provider had ensured that staff were safe to work with the people they supported. We looked at three staff files and these included completed application forms, two references and photo identification. There were no gaps in employment history in the checked staff files. Staff records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults.