

Nellsar Limited

Loose Valley Nursing Home

Inspection report

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Loose
Maidstone
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

The inspection was carried out on 02 March 2017 was unannounced.

Loose Valley Nursing Home is registered to provide nursing care for up to 39 older people. Most bedrooms are for single use, but shared rooms are available. Accommodation is provided on two floors, with a passenger lift providing easy access between floors. It is situated just outside Maidstone town centre, and offers easy access to local amenities and public transport links. There is a garden to the rear of the building. At the time of our visit, there were 29 people living in the service. People had a variety of complex needs including communication difficulties, physical health needs and mobility difficulties.

Rating at last inspection.

At the last Care Quality Commission (CQC) inspection on 10 May 2016, the service was rated overall Good and Requires Improvement in the 'Safe' domain.

Why we inspected.

We carried out an unannounced focused inspection of this service on 10 May 2016. We found a breach of legal requirements. The breach was in relation to failure of management and staff in the proper and safe management of medicines. We asked the provider to take action.

We received an action plan on 14 July 2016 from the provider following the inspection, which detailed what action they would do to meet legal requirements in relation to the breaches of Regulation 12 of the Health and Social Care Act Regulated Activities Regulations 2014 Safe care and treatment. They told us that they would meet the breaches by 30 September 2016. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Loose Valley on our website at www.cqc.org.uk.

At this inspection, we found the service remained good and is now rated good in the 'safe' domain.

Why the service is rated Good.

At this inspection, we found that the service had improved since the last inspection. Medicines had been generally well managed, stored securely and records showed that medicines had been administered as they had been prescribed.

The provider and registered manager had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the provider's whistleblowing policy. They were confident that they could raise any matters of concern with the registered manager, or the local authority safeguarding team.

People's safety had been appropriately assessed and monitored. Each person's care plan contained individual risk assessments in which risks to their safety were identified.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs.

They had robust recruitment practices in place. Applicants were assessed as suitable for their job roles.

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 safe

Medicines were managed safely and appropriately recorded.

There were enough staff employed to ensure people received the care they needed and in a safe way.

The provider had taken necessary steps to protect people from abuse. Risks to people's safety and welfare were assessed and managed effectively.

There were effective recruitment procedures and practices in place and being followed.

Good 

Loose Valley Nursing 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 checked 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 of Loose Valley on 02 March 2017. This inspection was carried out to check that improvements to meet legal requirements after our 10 May 2016 inspection had been made. We inspected the service against one of the five questions we ask about services: is the service Safe. This is because the service was previously not meeting a legal requirement. This inspection was carried out by one inspector.

The provider did not complete a Provider Information Return (PIR), because a PIR was not requested. Prior to the inspection we reviewed other information we held about the service, we looked at the previous inspection report and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke to two people living in the home. we also spoke with the registered manager, deputy manager, registered nurse, one member of care staff and the chef. We observed people with staff in the communal lounge. We looked at three staff recruitment files, three people's healthcare records, medicine records and staff rotas.

We asked the registered manager to send additional information after the inspection visit, which included the staff training record and staff rotas. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

At the last inspection in 10 May 2016, we found a breach of regulations 12. Management and staff failed in proper and safe management of medicines.

At this inspection, we found that improvements had been made to medicine management and we observed that staffing numbers had increased to meet people's needs according to our recommendation.

One person said, "I feel staff are lovely. Staff are wonderful and I feel absolutely safe here". Another person said, "I am very grateful to all the staff because I am very well looked after".

People were protected from the risks associated with the management of medicines. People were given their medicines by trained nurses who ensured they were administered on time and as prescribed. Nursing staff had a good understanding of the medicines systems in place and there was a policy in place to guide staff from the point of ordering, administering, storing and disposal and we observed this was followed by the staff. We observed good practice and procedures for medicines being dispensed to people during the medicines round. Nursing staff told people what medicines they were due to take and checked with people whether they were in pain, offering pain relief to relieve this. The nursing staff member checked each person's medication administration record (MAR) prior to administering their medicines. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. Medicines were given safely. Staff discreetly observed people taking their medicines to ensure that they had taken them.

Medicines were kept safe and secure at all times. They were disposed of in a timely and safe manner. A lockable cupboard was used to store medicines that were no longer required. There was a system of regular audit checks of medicine administration records and regular checks of stock. We completed a stock check of medicine which was boxed, this was correct. These contained information and a photograph of the person and of the medicine they had been prescribed. MAR sheets we looked at had been completed correctly. Medicines were stored correctly and audited at every administration. This indicated that the provider had an effective governance system in place to ensure medicines were managed and handled safely.

The nursing staff who administered medicines received appropriate training and staff we spoke with had a good understanding of the policy and procedures for administering medicines to people. The registered manager assessed each staff members competence to administer medicines once they had completed the training successfully, to ensure they were confident and competent to do so.

At our last inspection, we recommended that the registered manager review their staffing levels in the service to make it safe. This was because we observed that it took longer time for staff to respond to 'call bells'. In one example, we heard the 'call bell' sounded for over seven minutes. The care staff told us at the last inspection that they had only two staff on the floor in the morning. One staff attending to personal care and the other serving breakfast. During this inspection, the registered manager told us that staffing levels had been reviewed and there was adequate staffing to meet people's needs. Through our observations and

discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. 'Call bell' was answered within three minutes every time it sounds. Further, there are now two staff mainly carrying out personal care on the first floor with the registered nurse supporting. The records we looked at such as the rotas and training files confirmed this. The registered manager had developed a dependency tool used to assess the hours of support each individual required each week. This in turn helped the registered manager to assess the numbers of staff she needed to have available on the rota each week to be able to provide the support hours required.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks had been completed. Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment. This meant that people could be confident that they were cared for by staff who were safe to work with them.

People had personal emergency evacuation plans (PEEP's) that were individual to the person and their specific support needs in the event of an emergency evacuation of the premises. The PEEP's had been agreed and signed either by the person themselves or their relatives.

There was a plan staff would use in the event of an emergency. This included an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.