

Parkfield Health Care Limited

Adel Grange Residential Home

Inspection report

Adel Grange Close
Adel Leeds
West Yorkshire
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 20 October 2014 at which three breaches of the legal requirements were found. This was in relation to, management of medicines, recruitment procedures and monitoring the quality of service provided.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on 24 June 2015 to check they had followed their plan and to confirm they now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for "Adel Grange" on our website at www.cqc.org.uk

Adel Grange Residential Home provides care in a building that is listed and retains many original features in North Leeds. Some alterations have been made to make the home more accessible. The home provides care and support for up to 30 older people, some of whom are living with dementia or related mental health problems.

Communal accommodation consists of two lounges and a spacious dining room. Most bedrooms have en-suite facilities and are accessed by a passenger lift. There are some rooms available on the ground floor.

Summary of findings

The home had a manager who has worked in this role since May 2015. This person is not registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

At our focused inspection on 24 June 2015, we found the provider had followed their plan which they had told us they would and legal requirements had been met.

People who used the service told us they were happy living at the home and they felt safe. We looked at the arrangements in place for the storage, administration, ordering and disposal of medicines and found these to be safe. Medicines were administered to people by a trained person.

We found people were cared for, or supported by suitably qualified, skilled and experienced staff. Recruitment and selection were taking place and appropriate checks had been undertaken before staff began work.

The manager told us they monitored the quality of the service by monthly quality audits, daily walk rounds, residents and relatives meetings meeting and talking with people. However we found when we looked around the home more work is required around monitoring equipment and cleaning.

When we looked in people's bedrooms, communal bathrooms and toilets we found some of these areas were not clean. For example, in two people's bedroom's we found faecal matter on their furniture, wall and radiator. We looked at the equipment in place at the home for people to use when they received personal care and we found some of the items were also not clean. You can see what action was taken later in the 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?

We found that action had been taken to improve the safety of the service.

We found the home had arrangements in place which ensured people's medicines were managed safely.

Recruitment process was robust this helped make sure staff were safe to work with vulnerable people.

The provider was now meeting legal requirements.

While improvements has been made we have not revised the rating for this key question; to improve the rating to 'Requires improvement' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Inadequate



Is the service well-led?

Is the service well-led

We found the provider had arrangements in place to monitor the service provision.

The provider was now meeting legal requirements.

While improvements has been made we have not revised the rating for this key question; to improve the rating to 'Requires improvement' would require a longer term track record of consistent good practice.

We will review our rating for well-led at the next comprehensive inspection.

Requires improvement



Adel Grange 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.

After our inspection of 20 October 2014, the provider wrote to us to say what they would do to meet legal requirements in relation to breach of Regulation 12(g) (Safe care and treatment), Regulation 19 (Fit and proper persons employed) and Regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. We undertook a focused inspection to check that they had followed their plan and to confirm that they now met legal requirements.

We undertook a focused inspection of Adel Grange on 24 June 2015. This inspection was unannounced and undertaken by two inspectors. At the time of our inspection there were 22 people living at Adel Grange.

We inspected the service 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 legal requirements in relation to these questions.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements.

At the visit to the home we spoke with 10 people who lived there, 1 visitor, the operations manager, the manager and three care staff.

At the visit we looked at documents and records that related to people's medication, recruitment procedures and the way the service is monitored.

Is the service safe?

Our findings

At our comprehensive inspection of Adel Grange on 24 October 2014, we found medicines were not managed safely; where people had 'as required' medication prescribed there was no guidance in place for staff to ensure they received them when they most needed them and people who had left employment and returned did not always go through the recruitment process. The lack of robust recruitment procedures risked people being cared for by unsuitable staff.

This was a breach of Regulation 12(g) (Safe care and treatment) and Regulation 19 (Fit and proper persons employed) Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At our focused inspection on 24 June 2015, we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 12 and Regulation 19 described above.

We looked at the storage and handling of medicines as well as a sample of Medication Administration Records (MARs), stock levels and other records for people.

All medicines were administered by trained staff. We observed part of the lunch time medicines round. The medicines administration records were completed at the time of administration to each person, helping to ensure their accuracy. Written individual information was in place about the use of 'when required' medicines to assist staff in their decision making when administering medicines.

Staff administering medicines were aware that some people had medicines that should be given at certain times such as, 'before food'. Clear records of GP advice were made when new medicines were prescribed and these were promptly started.

We inspected medication storage and administration procedures in the home. We found that the medicine trolley was secure, clean and well organised.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. We saw that controlled drug records were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff.

We carried out a random sample of supplied medicines dispensed in individual boxes. We found that on all occasions the stock levels of the medicines concurred with amounts recorded on the MAR sheet. We examined records of medicines no longer required and found the procedures to be robust and well managed. This meant people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

The manager explained that various checks were made to ensure medicines were handled safely and that when failings were found they were addressed with the staff quickly to ensure they were learnt from and not repeated in the future.

We found there was a robust recruitment policy in place. Staff we spoke with told us they had filled in an application form, attended an interview and were unable to begin employment until their Disclosure Barring Service (DBS) checks and references had been returned. The DBS is a national agency that holds information about criminal records. These checks helped the provider to make sure job applicants were suitable to work with vulnerable people. We saw evidence of this.

We looked at four staff personnel files which showed detail of the person's application, interview and references which had been sought. This showed that staff was being properly checked to make sure they were suitable to work with vulnerable adults.

Is the service well-led?

Our findings

At our comprehensive inspection of Adel Grange on 24 October 2014, we found the manager was not assessing and monitoring the quality of the service provided. We found the some of the audits were not completed. For example care plan audits, temperature checks of water and the medication audit. The environmental audits were also not up to date.

This was a breach of Regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At our focused inspection on 24 June 2015, we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 17 described above.

We found improvements had been made. This included audits of accidents, falls, complaints monitoring, weight loss action plan, medication, care plans and satisfaction surveys. This was checked by the area manager on a monthly visit to the home. We saw that where issues were identified action plans had been put in place. These included achievable timescales to ensure issues were resolved in a timely manner.

When we carried out a tour of the home, it was apparent that some of the communal areas of the home had been refurbished. This included new chairs and redecoration to walls and a new locked office space had been created for the safe storage of records.

However we found some areas of the home including equipment used to support people were not clean and required updating. When we looked in people's bedrooms, communal bathrooms and toilets we found some of these areas were not clean. For example, in two people's bedroom's we found faecal matter on their furniture, wall

and radiator. We also found faeces on one person's carpet. We looked at the equipment in place at the home for people to use when they received personal care we found some of the items in the home were also not clean. This included a shower chair in a newly refurbished 'wet room'. This item was found to have faeces on it after it had been recently used by one person using the service.

We also saw there were some areas of the home which required updating. These included people's bedrooms, communal bathrooms and shower rooms. In one person's bedroom we saw the vertical blind hanging at their window had four of the 12 blind pieces missing. This meant when the person closed the blind this would not prevent the light coming through. In the newly refurbished 'wet room' we saw the shower curtain was hanging off in places and the hand basin was not fastened to the wall securely. The sealant at the back of the hand basin had also come away from the wall. The extractor fan in the ceiling was dirty and covered with a thick layer of dust. There was no liquid soap available for hand washing and we saw the shower tray in the floor was not sealed around the edge which was black and stained in places.

We asked to look at the cleaning schedules and checklists for the home. We saw that checklists in place for cleaning duties at night had been completed by the staff on duty. However, we found there were large gaps on the documents dated May 2015 and June 2015 for cleaning which took place during the day. The manager told us that the documents had not been properly completed by the domestic staff. We asked the manager if they checked the cleaning schedules. They told us they had not checked them recently. We spoke with the manager and the operations manager about our findings. They arranged for the home to be deep cleaned in three days' time. They also arranged to have meetings with staff at each shift change over the next two days to ensure staff were informed of their responsibilities in relation to cleaning of equipment.