

Caring Homes Healthcare Group Limited

Galsworthy House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 24 and 25 May 2016 at which breaches of legal requirements were found. We found that safe medicines management processes were not followed and people did not receive the support they required with the prevention and management of pressure ulcers. We also identified improvements were required around the effectiveness and management of the home. We found staff did not always receive the training and support they required to undertake their role, safeguarding procedures were not consistently followed and actions were not always taken when improvements were identified as required through the provider's quality assurance processes. The service was rated 'requires improvement' overall and in all five key questions. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements. They said they would make the necessary improvements by December 2016.

We undertook an unannounced focused inspection on the 12 January 2017 to check they were meeting legal requirements relating to safe care and treatment, safeguarding, staffing and good governance. This report only covers our findings in relation to this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Galsworthy Nursing Home' on our website at www.cqc.org.uk.

Galsworthy Nursing Home provides accommodation and nursing care to up to 72 older people. The service is split across three floors. The ground floor provides a service for people who need personal care, the first floor provides nursing care and the second floor supports people living with dementia. At the time of our inspection 57 people were using the service.

A new manager was in post and was in the process of registering with the Care Quality Commission. 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 provider had made improvements and was now meeting the regulations relating to safe care and treatment in regards to medicines management and wound care, safeguarding people from abuse, supporting staff and good governance. Staff had worked with the local authority's contracts and safeguarding teams, as well as the community tissue viability nurse to improve their practice and the care provided to people.

Staff were reporting signs of possible abuse to the management team who, in liaison with the local authority's safeguarding team, investigated the concerns to ensure any areas requiring improvement were learnt from and people were protected from further harm.

Staff undertook preventative measures to protect people from developing pressure ulcers and from falling.

They provided appropriate wound care and changed people's dressings frequently in line with advice from the tissue viability nurse. Medicines management processes had improved and people received their medicines as prescribed, including controlled medicines, pain relief patches, topical creams and medicines to be taken 'when required'.

Staff training and supervision processes had improved. An 'in-house' trainer had been appointed who provided additional support to staff when completing their induction and mandatory training. Protected time had been allocated to ensure staff had the time to comply with their training requirements.

The management team regularly reviewed and monitored the quality of service provision. Where areas were identified as requiring improvement action was taken promptly to address the concerns. The manager reviewed key service data to identify any trends and learning to minimise the risk to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Improvements had been made to ensure the safety of people. Staff were reporting signs of possible abuse and liaising with the local authority's safeguarding team when concerns arose so these could be appropriately investigated and learnt from.

Risks to people's safety had been identified and appropriate support was provided to minimise these risks, especially in regards to wound management. Medicines management had improved and people received their medicines as prescribed.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'safe' at the next comprehensive inspection

Requires Improvement ●

Is the service effective?

Improvements had been made to meet the breach of regulation in respect of staff support. Staff training and supervision arrangements had been revised and improved, meaning staff received the support they required to carry out their roles.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'effective' at the next comprehensive inspection.

Requires Improvement ●

Is the service well-led?

Improvements to the quality management systems had been made. The manager had reviewed and improved the processes to monitor the quality of service delivery and where improvements were required these were made promptly.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'well-led' at the next comprehensive

Requires Improvement ●

inspection.

Galsworthy House 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 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.

We undertook a focused inspection of Galsworthy Nursing Home on 12 January 2017. This inspection was completed to check that improvements to meet legal requirements planned by the registered provider after our comprehensive inspection on 24 and 25 May 2016 had been made. We inspected the service against three of the five questions we ask about services: is the service safe? Is the service effective? Is the service well-led?

The inspection was undertaken by two inspectors. Before our inspection we reviewed the information we held about the home, this included the registered provider's action plan, which set out the action they would take to meet legal requirements and the statutory notifications received. These are notifications about key events that occurred at the service which the provider is required to send us as part of their CQC registration requirements. We also spoke with a representative from the local authority to gather their feedback about the service.

During the inspection we spoke with six staff including the manager. We reviewed elements of five people's care records, medicines management processes on all three floors and reviewed records relating to the management of the home, including audits, incident reports, safeguarding records and the staff's teams training and supervision records.

Is the service safe?

Our findings

At our comprehensive inspection on 24 and 25 May 2016 we found potential safeguarding concerns had not been appropriately reported to the local authority safeguarding team and investigated. This included concerns in regards to pressure ulcers and unexplained bruising.

Since our comprehensive inspection representatives from the local authority safeguarding team had met with the service's management team to clarify the procedures that should be followed and what was expected from them as a provider of adult social care to safeguard people from abuse. From the statutory notifications we received, liaison with a representative from the local authority and review of records at this inspection we were now satisfied that staff were reporting potential safeguarding concerns as required. Records showed and staff confirmed that investigations were undertaken when any concerns arose, including any unexplained bruising, to identify the cause and if required implement additional management plans to minimise any further harm. The manager informed us their working relationship with the local authority safeguarding team had improved and they felt comfortable asking them for advice and guidance as and when the need arose.

The provider was now meeting the previous breach we identified at our last inspection in regards to safeguarding people from abuse or improper treatment.

At our comprehensive inspection on 24 and 25 May 2016 we found appropriate action was not always undertaken to manage and mitigate risks to people's safety. We found people were not always supported to regularly reposition to minimise the risk of developing pressure ulcers. Additionally investigations were not always undertaken to establish why a pressure ulcer had developed so this could be learnt from. We also identified people did not consistently receive their medicines as prescribed and some people had received their medicines at a time different to that prescribed. Adequate stock checks were not undertaken and we identified some stock discrepancies meaning not all medicines were accounted for.

Since our comprehensive inspection the staff had improved their practice relating to wound care. The manager informed us, and nursing staff confirmed, no-one had a pressure ulcer at the time of our inspection but some people had other wounds including leg ulcers and diabetic foot ulcers. We saw from people's care records they received appropriate wound care and staff regularly reviewed the wound to assess for any signs of infection and to ensure the wound continued to heal. Staff changed people's dressings regularly and in line with advice given. We saw from the records viewed that preventative measures were followed for those at risk of developing a pressure ulcer, including regular repositioning and ensuring pressure relieving equipment was at the correct setting for the person. A nurse had been nominated as the skin integrity lead for the service and they told us staff kept them informed of any changes in people's skin integrity so prompt support could be offered. The team liaised with the tissue viability nurse when required to obtain further advice and guidance.

Medicines management processes had improved and people received their medicines as prescribed. Staff maintained accurate records of the medicines administered. There were processes in place to manage

stocks of medicines and the stocks of medicines we checked were as expected. There were protocols in place instructing staff when and how to administer 'when required' medicines. Staff maintained accurate records for the administration of topical creams. Safe processes were followed in regards to the management and administration of controlled drugs. People who required pain relieving patches received these as prescribed. Staff used a pictorial pain scale to assess whether those who could not communicate verbally were in pain and ensure people received their pain relief when they required them. Medicines were stored safely including controlled medicines and those requiring refrigeration.

The provider was now meeting the breach of regulation we identified at our previous inspection in regards to wound care and medicines management.

During this inspection we also reviewed processes regarding falls prevention and management due to some concerns received since our comprehensive inspection. We saw from the care records viewed that staff regularly assessed those at risk of falls and people were provided with mobility aids suitable for their needs. There was clear instruction to staff about how to support people at risk of falling, without compromising their independence. In the event that someone did fall, staff supported the person appropriately and care records were updated promptly to ensure any changes in a person's support needs were identified and cared for.

Is the service effective?

Our findings

At our comprehensive inspection on 24 and 25 May 2016 we found that staff were not up to date with their mandatory training and some staff had not received regular supervision. This meant there was a risk that staff did not have up to date information and the necessary support to carry out their duties effectively.

Since our comprehensive inspection the provider had improved their processes to support staff to undertake their training and to monitor compliance with the provider's mandatory training requirements. The provider had appointed a member of staff to be an 'in-house' trainer. This staff member was allocated two days a week to support new staff with their induction, completion of the Care Certificate and monitoring staff's compliance with their mandatory training. Due to the appointment of the 'in-house' trainer, Galsworthy had been nominated as one of the provider's training hubs meaning more training was delivered from Galsworthy giving staff easier access to courses. Staff were allocated protected time to complete their mandatory training, including their e-learning. The trainer and manager informed us this allocated time had improved staff's compliance with training requirements. From the training records we viewed we saw that the service was still not meeting the provider's target of 90% completion of mandatory training. However, there were regular meetings between the 'in-house' trainer, the manager and the provider's regional trainer to discuss staff's training needs and compliance with mandatory training had improved since our last inspection. In addition to the mandatory training staff were encouraged and supported to complete additional training, including National Vocational Qualifications in health and social care.

The manager had reviewed supervision arrangements. Since our last inspection the majority of staff had been supervised. Including formal one to one meetings and on the job supervision for newly appointed staff or staff needing additional support. The manager had also developed a schedule to ensure all staff received regular supervision going forward.

Staff told us they felt well supported and access to training had improved. The provider was now meeting the breach of regulation we found at our last inspection in regards to staff training and support.

Is the service well-led?

Our findings

At our comprehensive inspection on 24 and 25 May 2016 we found that a range of audits and checks had been undertaken to review the quality of service delivery. However, these processes had identified a number of improvements were required to ensure people received high quality care and these improvements had not been carried out.

Since our comprehensive inspection we saw that the management team continued to undertake regular audits and checks on the quality of service delivery. This included in relation to care records, medicines, care provided at night, mealtime experiences, health and safety processes and maintaining people's dignity. In addition, a full medicines audit had been undertaken by the pharmacist. The records we viewed showed that when improvements were required this was identified and actioned promptly. The manager met and discussed with the relevant staff members the findings of audits so that areas requiring improvement could be addressed and staff understood the reasons why the improvements were required. The manager also reviewed key service data including incidents, complaints and safeguarding concerns to identify trends and any learning. They had plans to further improve their quality reviews by introducing a clinical meeting to review falls at the service and identify any proactive steps the staff could take to reduce the risk of people falling. This had already been introduced for one person who regularly fell when getting up at night. The manager had identified that this tended to occur at a similar time of night and therefore staff were instructed to go to the person before this time to ask them if they needed any support or assistance.

The manager undertook daily walks around the service to visit people using the service and to get daily feedback on their experiences. They had also met with the staff member in charge of each floor daily to discuss people's needs and identify any changes in people's health and support needs as and when they arose.

The manager and the provider's senior management team held meetings with people's relatives. These meetings gave relatives the opportunity to feedback about their experiences of the service. We saw from minutes of the meetings that relatives had raised some concerns about the quality of the service. The manager informed us some changes had already been made in response to the concerns raised by relatives, including employing a weekend receptionist and employing a staff member to concentrate on hospitality to make relatives feel welcomed.

The provider was now meeting the breach of regulation we identified at our last inspection in regards to having effective systems to monitor and assess the quality of service provision.