

Central London Community Healthcare NHS Trust

Princess Louise 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?

Good



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

We conducted an unannounced inspection of Princess Louise Nursing Home on 16 March 2015. The service provides care and nursing services for up to 51 adults with continuing health care needs, including adults with dementia. There were 39 people using the service when we visited.

At our last inspection on 28 November 2013 the service met the regulations we inspected.

The service had 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.

The service had a procedure for safeguarding adults from abuse and staff understood how to safeguard the people

Summary of findings

they supported. The manager and staff had received training on safeguarding adults within the last year and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

Risk assessments did not consistently provide enough guidance on people's individual needs. We found some risk assessments did not contain up to date, accurate information.

Staff received advanced life support training and were able to explain how they would respond to a medical emergency which included accurate recording and reporting of matters.

There were enough, safely recruited staff available to meet people's needs. Staffing numbers were adjusted depending on people's requirements.

Medicines were managed safely. Records were kept when medicines were administered, and appropriate checks were undertaken by staff and external pharmacist and pharmacy technician. Records were clear and accurate and regular auditing of medicines was undertaken.

Staff were trained in the Mental Capacity Act 2005 which is a law to protect people who do not have the capacity to make decisions for themselves. Staff demonstrated a good understanding of their responsibilities and applied the principles of the Act to protect individuals who did not have the capacity to consent to their care and treatment. However, people's records did not always clearly document how decisions had been made in their best interests.

We did not see evidence that people and their relatives were consistently involved in decisions about their care and how their needs were met. Some care plans did not include information from people's perspectives about the type of care they wanted and some were not signed by people.

There was an induction programme for new staff, which prepared them for their role. Staff were provided with a range of ongoing training to help them carry out their duties. Staff received regular supervision and appraisal to support them to meet people's needs.

People were supported to eat and drink a balanced diet that they enjoyed and their nutritional needs were monitored. People were supported effectively with their health needs and had access to a range of healthcare professionals.

People told us staff treated them in a caring and respectful way. People's privacy and dignity was respected, but we observed mixed interactions between people and staff throughout our visit. Some staff members did not interact with people when providing them with care.

Staff and people who used the service felt able to speak with the registered manager. They knew how to make complaints and there was an effective complaints policy and procedure in place. We found complaints were dealt with appropriately and in accordance with the policy.

The service carried out regular audits to monitor the quality of the service and to plan improvements. Where concerns were identified action plans were put in place to rectify these. Records audits were completed, however, these had not addressed the issues found during our inspection.

Staff worked with other organisations and healthcare professionals to implement best practice. This included their GP, physiotherapists, dietitians and occupational therapists.

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?

The service was not always safe. Risk assessments did not consistently provide enough guidance on people's individual needs. We found some risk assessments did not contain up to date, accurate information.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected that abuse had occurred.

Enough staff were available to meet people's needs and we found that staff recruitment processes helped keep people safe.

Safe practices for administering medicines were followed, to help ensure that people received their medicines as prescribed.

Requires Improvement



Is the service effective?

The service was effective. Staff demonstrated a good understanding of their responsibilities under the Mental Capacity Act (MCA) 2005.

People were supported by staff who had the skills and understanding required to meet their needs. Staff received an induction and regular supervision, training and annual appraisals of their performance to carry out their role.

People were supported to eat a healthy diet and were able to choose what they wanted to eat.

People were supported to maintain good health and had access to healthcare services and support when required.

Good



Is the service caring?

The service was not consistently caring. Staff did not always socially engage and interact people when supporting them, for example during mealtimes.

People were treated with respect and staff maintained people's privacy and dignity. Staff knew people's life histories and were able to respond to people's needs in a way that promoted their individual preferences and choices.

Requires Improvement



Is the service responsive?

The service was not always responsive. We did not see consistent evidence that people and their families were involved in decisions about their care.

People who used the service knew how to make a complaint. People were confident that staff would address any concerns. There was a complaints policy available and we saw records to indicate that people's complaints were dealt with in line with the policy.

Requires Improvement



Summary of findings

Is the service well-led?

The service was well-led. Systems were in place to assess and monitor the quality of the service people received. We saw evidence of regular auditing. Where improvements were required, action plans were put in place to address these.

Staff had good links with the local community and worked with other organisations to ensure the service followed best practice.

Good



Princess Louise 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 an unannounced inspection of Princess Louise Nursing Home on 16 March 2015. The inspection team consisted of two inspectors, a specialist advisor, a Department of Health observer and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service and contacted a representative at the local authority regarding safeguarding matters to obtain their views of service delivery.

During our inspection we spoke with eight people who used the service and eight members of staff including the Clinical Business Unit Manager, Chief Nurse and Associate Director of Quality. We spent time observing care and support in communal areas on the day of our inspection. We also looked at a sample of eight care records of people who used the service and records related to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living at the service. Comments included, “Yes I feel safe” and “I think this is a safe place for me.” People told us they knew who they could speak with if they had any concerns about their safety.

Despite people’s positive comments we found risk assessments did not consistently provide guidance on people’s individual needs. Some risk assessments covered identified risks, which included those relating to the person’s physical health, personal care and behaviour. These included detailed, practical guidance to staff on how to manage risks. For example, we saw detailed, individual guidance to staff in how to transfer one person and this information was included with their falls risk assessment. However, some information in care records, including risk assessments were incomplete. For example we saw some risk assessments for one person had not been updated within the last month. We also saw another example of a risk assessment that had been incorrectly completed with two different risk ratings written at the end. The nurse in charge was unable to explain why this risk assessment had two separate risk ratings recorded.

We saw two further examples of a person’s blood pressure not being recorded in accordance with written guidance and we saw records of a broken area of skin on one person for which there was no care plan or written guidance for staff in managing this. The nurse in charge told us that this person had been referred to a tissue viability nurse but there was no record confirming this. Therefore, we could not be assured that these people were protected from the risk of unsafe or inappropriate care as there was not an accurate and complete record of each person’s needs and how these should be met.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood how to recognise signs of potential abuse and how to report their concerns. Staff members gave examples of the possible signs of abuse and correctly explained the procedure to follow if they had any concerns.

Staff told us, and training records confirmed that they had completed safeguarding adults training within the last year, and they were aware of the provider’s policy on safeguarding.

We contacted a member of the local authority safeguarding team. They confirmed they did not have any concerns about the safety of people living at the service.

Staff had received advanced life support training. Staff members were able to explain how they would respond to a medical emergency and gave us examples of how they had dealt with medical emergencies in the past. This included reporting incidents to the registered manager and recording any accidents or incidents. We looked at accident and incident records and discussed these with the registered manager. We saw that they contained sufficient detail with clear actions for staff. The registered manager told us and staff confirmed that all accidents and incidents were discussed in team meetings which were held every month and quality team meetings of senior staff every week to identify any further learning to prevent a reoccurrence. Accidents and incidents were also monitored and discussed by senior staff at the provider’s head office.

People told us there were generally enough staff available to meet their needs. Comments included, “There are quite a number of them. Some agency and some new staff,” and “Yes there are enough staff.” Staff also told us that there were enough of them available to meet people’s needs.

The Clinical Business Unit Manager and another senior staff member explained that minimum staffing numbers had been agreed at an internal quality assurance board consisting of senior staff at the service. These staffing numbers included an assessment of the skills mix required for staff and was reassessed every six months by this board. We looked at the staff rota for the last two days before our inspection and for the day of our inspection. We saw that the minimum staffing numbers were adhered to. We also looked at the last audit of staffing numbers and saw that the minimum staffing levels requirement was being met.

We looked at the internal “service employment history and references policy” and saw there was a process for recruiting staff that ensured all relevant pre-employment checks were carried out to ensure they were suitable to work with people using the service. These included

Is the service safe?

appropriate written references, proof of identity and criminal record checks. However, we did not see copies of documentation as these were held at the provider's head office.

Staff followed safe practices for administering and storing medicines. Medicines were monitored and delivered on a daily basis by the local pharmacy who also provided copies of the medicines administration record (MAR). These medicines were checked by the GP and pharmacist who both visited the service every week to ensure that they remained appropriate for the person. Medicines were stored safely for each person in a locked room and delivered to people in a lockable trolley. The current MAR chart was kept with the person's medicine in the trolley and filled in each time medicine was administered. This was checked by the pharmacist every week to ensure safe and appropriate administration.

We saw examples of completed MAR charts for 23 people for the week preceding our inspection. We saw that staff had fully completed these and each record had been

endorsed by the pharmacist. Records indicated that a pharmacy technician visited the service every week to count medicines. These checks did not identify any discrepancies.

We saw copies of monthly checks of medicines trolleys. This included a physical count of medicines as well as other matters including the expiry dates of medicines. The checks we saw did not identify any issues.

The service had a controlled drugs (CD) cupboard which was appropriately secured to the wall. There was only one key for this held by the nurse on the unit and this was held separately from the other drug keys in accordance with good practice.

The CD register was fully completed and legible. Daily stock checks were undertaken of the register and this was countersigned by a second member of staff. Additional weekly audits of stock checks were undertaken by the pharmacy technician. These did not identify any issues.

All staff had completed medicines administration training within the last year. When we spoke with staff, they were knowledgeable about how to correctly store and administer medicines.

Is the service effective?

Our findings

People who lacked the capacity to make decisions were protected as staff applied the principles of the Mental Capacity Act 2005 (MCA). Staff had received MCA training and were able to demonstrate that they understood the issues surrounding consent and how they would support people who lacked the capacity to make specific decisions about their care and treatment. Mental capacity assessments were completed to ensure that people's rights were protected but information was not always documented in people's care records about how decisions had been made in their best interests.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found that the service had policies and procedures in place that ensured staff had guidance if they needed to apply for a DoLS authorisation to restrict a person's liberty in their best interests. Senior staff told us they had been trained to understand when an application should be made and had attended training within the last year. At the time of our inspection there were no DoLS authorisations in place.

People were supported to eat a balanced diet that they enjoyed. People made positive comments about the quality of food such as, "The food is perfectly nice" and another person said "I like the food here."

People's records included information about their dietary requirements and appropriate advice had been obtained from their GP and dietitian where required. Staff demonstrated a good knowledge about people's nutritional requirements and gave examples of the type of food people ate.

People were supported to maintain good health and had access to healthcare services and support. Care records identified people's healthcare needs, which included input from professionals such as physiotherapists, occupational therapists and dietitians as well as their GP and the pharmacist. We saw evidence that people's medicines were reviewed by their GP to monitor appropriate use.

People were supported by staff who had the skills and understanding required to meet their needs. People felt staff understood how to meet their needs. One person told us, "The staff know what they are doing" and another person said "[Staff] know my needs and my likes and dislikes." Staff training records showed that staff had completed training in areas such as safeguarding adults, medicines administration, dementia awareness and emergency procedures. Staff told us and records confirmed that they had completed an induction prior to starting work with the organisation. Staff told us they felt the induction prepared them for their role.

Staff told us they received supervision every six months on an informal basis. The Clinical Business Unit Manager told us and staff confirmed that daily support meetings took place where staff could discuss their immediate needs but longer term goals, learning and development and training opportunities were discussed during annual appraisals.

Staff told us they had received an appraisal in the last year and we saw records to confirm this. Staff told us they had a personal development plan that was reviewed annually and identified areas of future training and development. They said they found this helpful in supporting them to develop their skills further so they could meet people's needs effectively.

Is the service caring?

Our findings

People told us that staff treated them in a caring and respectful way. One person said, "Staff are nice," and another person told us, "Staff are very caring." However, we observed mixed interactions between staff and people who used the service. Some conversations demonstrated that staff knew people well and were friendly. However, during the lunchtime period we observed some staff members carrying out the task of helping people to eat their lunches and not interacting with them. We observed another staff member not interacting with people at another time. They described their role as "watching over" people for that portion of the day and could not explain why they were not trying to interact with people.

Staff demonstrated a good understanding of people's life histories when questioned. They told us that they asked

questions about people's life histories and people important to them when they first joined the service and we saw this detail was recorded in people's care plans. Staff explained the details of some people's life histories.

Staff told us that people had access to advocacy services if required. The manager told us they ensured people's families were involved in decisions regarding their care in the first instance, but where required they had access to an independent advocacy service. At the time of our inspection no one at the service was using an advocate.

Staff respected and promoted people's privacy and dignity. We observed staff knocking on people's doors before they entered their rooms and people confirmed that staff did this routinely. Comments people made included "Staff respect my privacy," and "Staff respect my privacy and dignity."

Is the service responsive?

Our findings

People did not have copies of their care plan and when questioned did not know the details contained within their care plans. One person told us, “Oh that would be good, I would like to have one of those [a care-plan] to know what is happening to me.” Four care plans we read recorded people's likes and dislikes in relation to matters such as their preferred activities, routines as well as their diet. Staff spoke knowledgeably about these matters when questioned.

However, we did not see evidence in the four other care plans we viewed that people were involved in making decisions about their own care and records did not consistently record people's views. Some care plans we read included a pre-typed sticker that read “care plan discussed with resident”, but we did not see evidence of any comments or input from the person or people important to them and some care plans were not signed by the person using the service. Another care record read that the person could not speak English, but there was nothing recorded about how staff communicated with this person. However, we were told that staff used pictures to communicate with this person that were kept in their bedroom. Some care records did not document the type of dementia people had and whilst all care records documented that a review had taken place, there was inconsistent detail about who had participated in the review and what the review had involved.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to engage in a range of activities that reflected their personal interests and supported their emotional wellbeing. Care records described people's hobbies and interests. Staff monitored people's involvement in activities and recorded this in their care records. The service had a weekly activities schedule with a mix of social and recreational events. For example, on the morning of our inspection there was a sing-a-long activity and the residents participating all appeared to enjoy this. We also saw some female residents appearing to enjoy a foot spa session in a purpose built sensory room. The service also had a purpose built sensory garden which was designed to help stimulate people's senses.

People knew how to make a complaint and told us they felt confident that staff would deal with their concerns. People gave us the name of the person they would speak to if they had a complaint and this was usually the registered manager. One person told us “I am highly confident in making a complaint.”

Copies of the complaints policy were available in the service in an easy read format and we saw a copy displayed in a communal area. People were also provided with a copy of the complaints policy on admission. Records showed that the registered manager had taken action to address complaints that had been made. Staff from the provider's head office also reviewed complaints to monitor for trends or to make additional recommendations. The manager told us that complaints were discussed at staff meetings and other staff confirmed this.

Is the service well-led?

Our findings

People who used the service and staff told us the Clinical Business Unit Manager was available and listened to what they had to say. We observed the Clinical Business Unit Manager interacting with people using the service throughout the day and conversations demonstrated that they knew people well and spoke with them regularly.

Monthly 'residents meetings' took place so people could share their views, plan activities and identify any support they needed or issues they had. We read the minutes of the most recent meeting and saw these included timeframes for actions to be taken.

Staff told us they felt able to raise any issues or concerns with the manager. One member of staff told us, "He's very good. I can talk to him easily." The Clinical Business Unit Manager told us monthly staff meetings were held to discuss the running of the service. Staff told us they felt able to contribute to these meetings and found the topics discussed were useful to their role. We read the minutes from the most recent staff meeting. These showed that numerous discussions were held with actions and identified timeframes for completion.

The Clinical Business Unit Manager demonstrated that they understood their responsibilities to report significant matters to the CQC and other relevant authorities. Notifications were submitted to the CQC appropriately.

We saw records of complaints, and accident and incident records. There was a clear process for reporting and

managing these. The Clinical Business Unit Manager told us they reviewed complaints, accidents and incidents at a weekly "quality meeting" to monitor trends or identify further action required. These were also discussed and overseen by senior staff at the provider's head office.

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were outlined in their initial job descriptions which we saw copies of. Staff provided us with explanations of what their roles involved. Staff also explained that they had handovers at the beginning of every shift so they were aware of any new information. We saw copies of daily records that staff were expected to complete and carry with them which included relevant details of people's needs for that day. This ensured that staff had up to date information with them at all times.

The provider had systems to monitor the quality of the care and support people received. We saw evidence of audits covering a range of issues such as infection control, health and safety and medicines checks. Where issues were identified, targets for improvement were put in place with timeframes. Records audits were completed, however, these had not addressed the issues found during our inspection.

The provider worked with other organisations to ensure the service followed best practice. We saw evidence in care records that showed close working with the GP, physiotherapists, dietitians, occupational therapists and other healthcare professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Diagnostic and screening procedures	Systems to maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided were not operated effectively. Regulation 17(2)(c)
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
Diagnostic and screening procedures	Care and treatment was not always designed with a view to achieving service users preferences and relevant persons were not always enabled or supported to make or participating in making decisions relating to the service users care or treatment. Regulation 9(3)(b)(d).
Treatment of disease, disorder or injury	