

The Island Residential Home Limited

The Island Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection was carried out on 29 August 2017. The inspection was unannounced.

The Island Residential offers accommodation and long term care and support to up to 34 people. Some were older people living with dementia, some had mobility difficulties, sensory impairments and some were younger adults. Some people received their care in bed. Accommodation is arranged over two floors. There was a passenger lift for access between floors. There were 28 people living at the home on the day of our inspection.

The registered manager of the service had left. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run. The new manager assisted us during the inspection. They were in the process of applying to become the registered manager. The new manager is referred to as 'the manager' in our report.

At the last comprehensive inspection, the service was rated requires improvement overall and inadequate in the 'Safe' domain.

We carried out an unannounced comprehensive inspection of this service on 05 June 2017. Two continuous breaches of legal requirements were found in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and two other breaches were found in relation to Regulation 11 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served the provider warning notices in relation to Regulation 12 and Regulation 17 and asked them to meet the legal requirements by 11 August 2017.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of Regulations 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider told us they would meet these two regulations by 30 September 2017.

We undertook this focused inspection to check that the provider had met the warning notices. We checked to see if the service was safe and well led. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Island Residential Home on our website at www.cqc.org.uk.

At this inspection, we received positive feedback from people and staff.

Medicines practice had improved. However further improvements were required to ensure that topical medicines were appropriately administered and recorded. Protocols were not in place for all 'as and when

required' medicines. Medicines were stored effectively in a temperature controlled environment. This evidenced the provider had complied with their warning notice, however topical records needed to be improved.

Risks to people's safety and welfare had been managed to make sure they were protected from harm. Risk assessments had been reviewed and updated when people's needs changed. People with diabetes were appropriately supported by staff to monitor their blood sugar levels and relevant action was taken when people's blood sugar levels were high. This evidenced the provider had complied with their warning notice.

There were suitable numbers of staff deployed on shift to keep people safe. Effective recruitment procedures were in place to ensure that potential staff were of good character and had the skills and experience needed to carry out their roles before they were employed.

Systems to monitor the quality of the service were embedded. Audits picked up a number of issues and concerns which the management team had worked through. Audit tools were continuously updated to ensure that they captured the full picture of what was happening in the home. This evidenced the provider had complied with their warning notice.

The home was in the process of being decorated; the majority of the redecoration within the home had been completed. The home was clean and smelt fresh. Personal protective equipment was in place to protect people and staff from the dangers of cross infection.

Staff knew and understood how to protect people from abuse and harm and keep them safe. The home had a safeguarding policy in place which listed staff's roles and responsibilities.

Staff were positive about the support they received from the management team and the provider. They felt they could raise concerns and they would be listened to.

Communication between staff within the home was good.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Medicines practice had improved. However the recording and documentation of topical medicines needed further improvement. Protocols were not in place for all 'as and when required' medicines.

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

Risks to people's safety and welfare had been assessed and managed effectively.

Staff had a good knowledge and understanding of how to keep people safe from abuse.

Effective recruitment procedures and practices were in place and being followed.

Is the service well-led?

Good 

The service was well led.

Systems to monitor the quality of the service were embedded. Audits picked up a number of issues and concerns which the management team had worked through. Some actions were in the process of being dealt with.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

Staff were positive about the support they received from the management team.

The service had a clear set of values and these were being put into practice by the staff and management team.

The Island 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.

This focused inspection took place on 29 August 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed previous inspection reports, the provider's action plan and notifications. A notification is information about important events which the home is required to send us by law. We also reviewed information supplied to us by the local authority following a contract monitoring visit.

We spent time speaking with three people. We observed staff interactions with people and observed care and support in communal areas. We also spoke with six staff including care staff, senior care staff, the deputy manager, the manager and the provider. We asked health and social care professionals for feedback about the service. These included local authority commissioners and the local authority safeguarding team.

We looked at records held by the provider and care records held in the home. These included nine people's care records, medicines records, risk assessments, staff rotas, two staff recruitment records and a selection of meeting minutes, quality audits, policies and procedures.

Is the service safe?

Our findings

At our last inspection on 05 June 2017, we identified breaches of Regulation 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not deployed sufficient numbers of staff to meet people's needs. The provider had not ensured that medicines were suitably stored, administered and recorded and had not assessed or mitigated risks to people's safety effectively. We issued one warning notice in relation to management of medicines and management of risks and told the provider to meet Regulation 12 by 11 August 2017. We also asked the provider to take action to make improvements in relation to deployment of staff to meet people's needs. The provider sent us an action plan which stated they would meet Regulation 18 by 30 September 2017.

People told us that they felt safe. One person told us, "I'm very, very happy. I have never been so happy. I feel safe, they treat me like a king". We observed people were supported to move around the home safely. Staff prompted and reminded people to take their walking frames or walking sticks with them when they were mobilising.

At this inspection we found that improvements had been made to ensure that suitable numbers of staff were deployed. Risks to people's health and safety had been suitably managed. Medicines practice had improved which meant that medicines were stored appropriately and people received their medicines as prescribed. Further improvements were needed to ensure that topical medicines were recorded and administered as per the prescriber's instructions.

Records of topical medicines such as lotions and barrier creams had improved in most cases. However, gaps were found in relation to applying barrier creams for some people. For example, one person was prescribed Diprobase cream, it was detailed on the chart to be applied three times a day. The person had only received their evening application of the cream five times in 19 days. Another person was prescribed Proshield spray and Proshield foam. The topical chart had been signed consistently for the morning applications but had not been signed for since the 22 August 2017 at tea time or in the evening. We spoke with the manager about this and they felt this was a recording issue rather than the person not receiving the cream as prescribed.

The policy also stated that 'as and when required' (PRN) medicines administration, should only take place within a protocol agreed with the person's doctor. We checked people's protocols and found these were in place for most PRN medicines. Four people did not have protocols in place for one medicine they had been prescribed. We spoke with the manager about this and they agreed that they would ensure these are put in place immediately. During the discussion the manager and the deputy manager told us that all protocols had been put in place after the last inspection. The medicines had started a new cycle and they felt that some of the protocols may have been removed from the medicines records when the new medicines administration record (MAR) started. We looked for the protocols and did not find them. This meant that staff did not have all the information they needed to safely administer the medicines on a PRN basis.

We checked the medicines auditing records to see if this had been identified. We found that the medicines audit tool hadn't included checks of topical medicines records or PRN protocols so the issues hadn't been

picked up through this route. The manager and deputy manager immediately addressed this and advised that these areas will be added to the auditing tool.

Although the provider had made improvements to most areas of medicines practice. Further improvements were required to ensure that medicines were administered and recorded appropriately. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines practice had improved. Daily checks were made of the medicines in the home to ensure that people had received their medicines as they had been prescribed by their Doctor. MAR charts had been completed appropriately to record when people had received their medicines. Medicines stock records tallied with the amount of medicines in stock. Medicines were stored appropriately to ensure they were stored at the correct temperature. The medicines storage upstairs had altered which meant that staff had more space to work in and the room could be temperature controlled. The temperature of the medicines storage areas had been checked daily, action had been taken when temperatures were near or had exceeded the manufacturers recommended maximum temperatures. This meant medicines were stored adequately. Staff were clear about the process for recording medicines that had been administered and the process for reporting and documenting medicines errors.

We observed that staff administering medicines did so in a planned and methodical way. The staff member wore a tabard which told others that they were administering medicines and they should not be disturbed. The staff member checked the MAR and the medicines container to check that the correct medicine was being given. When they gave each person their medicines they clearly told the person what medicine it was and why they needed it, they encouraged people to drink plenty of water. After they had administered the medicines staff completed the relevant records.

New procedures had been put in place to dispose of individual medicines containers once the medicine had been dispensed from the dossett box, as the containers were labelled with personal information. We observed staff following these procedures to ensure that people's personal information was disposed of correctly. Procedures had also been put in place to ensure that people who had pain patches applied to the skin had these applied to different areas of the body as recommended by the manufacturer. This reduced the risk of skin irritation from pain patches repeatedly administered to the same site. Risk assessments were in place for people who had been assessed as capable of administering their own medicines.

Risk assessments had improved. People were protected from the risks of harm within their home and the local community. Action had been taken to ensure all risks associated with people's care and support were assessed and steps were recorded of action staff should take in order to keep people safe and in good health. For example, risk assessments were in place relating to maintaining skin integrity, diabetes, maintaining safety when accessing the community, epilepsy, choking and use of specific equipment such as wheelchairs. Monitoring of people who were diabetic had improved. Records evidenced that people's blood sugar levels were checked by staff as per guidance provided by health care professionals. Where a person's blood sugar level had been high staff had taken action and reported this to the diabetic nurse and sought advice.

Individual incidents and accidents had been recorded by staff. The manager had looked at the records and investigated each incident to see if they could be avoided in the future. Action had been taken when issues arose.

The provider continued to follow safe recruitment procedures to ensure that staff employed to work with people were suitable for their roles. Records showed that staff were vetted through the Disclosure and

Barring Service (DBS) before they started work and records were kept of these checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked.

We observed there were suitable numbers of staff on shift to meet people's needs, meal times were relaxed and calm. The staffing rotas showed that there were plenty of staff. Additional support at key times such as meal times was in place Monday to Friday each week. The support was provided by the management team and activities staff. Additional staff were being recruited. The manager explained they were working on a new staffing model to explore increasing staffing on the ground floor of the home. The manager had resourced a dependency tool to help the provider and the manager assess staffing levels according to people's needs. This was still in the early development stages. The provider planned to have this implemented by 30 September 2017. Staff told us that the staffing levels were appropriate to meet people's needs.

People continued to be protected from abuse and mistreatment. Staff had completed safeguarding adults training. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. All the Staff we spoke with told us they were confident that any concerns would be dealt with appropriately. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The manager knew how to report any safeguarding concerns and had done so in a timely manner.

The home smelt clean and fresh. The home was clean and tidy, housekeeping staff were seen undertaking cleaning tasks throughout the inspection. Redecoration of the home was still in progress in some parts of the home. A contractor installed a new gate to the garden of the home during the inspection to meet The Regulatory Reform (Fire Safety) order 2005. Fire drills had been carried out to ensure people and staff knew what to do in the event of a fire. Regular fire alarm testing had also taken place, the last test had taken place on 25 August 2017. People had personal emergency evacuation plans (PEEPs) in place to detail how staff should help them evacuate in the event of a fire. This meant people were protected from the risks of fire in the home. Bathrooms had pedal bins in place to ensure people did not have to touch the bin lid to open the bin; this decreased the risk of contamination. Staff used personal protective equipment (PPE) to protect themselves and people from the risks of cross infection when supporting people with their personal care. There was plenty of PPE in stock in the home. Checks had been completed by qualified professionals in relation to legionella testing, pest control, asbestos, moving and handling equipment, electrical supply, gas appliances, the lift and fire equipment to ensure equipment and fittings were working as they should be.

Is the service well-led?

Our findings

At our last inspection on 05 June 2017, we identified breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to operate effective systems and processes to monitor the quality of the service. We issued one warning notice in relation to this and told the provider to meet Regulation 17 by 11 August 2017.

At this inspection, we found there had been improvements to the quality monitoring processes in the service.

People told us that they were happy with the way the home was managed. We observed the provider and manager knew people well. People approached the manager in their office when they wanted to. The management team responded to requests and responded to call bells if they went off. One person told us "[Provider] is a miracle worker". A health and social care professional told us, 'The new manager seems to be working to make improvements and changes and this has been observed by colleagues who have recently visited'.

The audit systems that were in place at the last inspection had been reviewed and amended to ensure that the management team had a good understanding of what was happening in the home. Weekly auditing was taking place. The manager produced a weekly action plan for the provider to detail what actions had been taken. The action plans clearly showed that work had been completed and new issues and areas to improve had been added when they had been identified. For example, medicines audits had highlighted issues with missed signatures and these issues had been addressed accordingly. The audit tools were continuously reviewed to ensure they were fit for purpose. Following the discovery of the inconsistencies in topical medicines records and protocols for as and when required medicines the manager and deputy manager agreed they would amend the medicines audit to include these areas. The provider and management team had an understanding of what was going in the home and what further improvements were required.

The provider continued to utilise the help and support of an external company to carry out comprehensive audits of the home. The company had completed an audit in July 2017. The feedback sheet showed that they had put an action plan together in relation to the CQC report which had been published and the warning notices which had been served on the provider. The manager's action plan showed these had been added to the list of required tasks and progress had been made to complete these. Some of these were outstanding, but were in hand.

The management team had a good understanding of their roles and responsibilities in relation to notifying CQC about important events such as injuries and safeguarding. Any notifications made by the management team had been made in a timely manner.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the

reception area and on their website.

The manager kept up to date with events, changes and information relating to the health and social care sector by receiving weekly communications from the provider and CQC newsletters. They had developed a CQC file which contained copies of the relevant regulations and guidance about how to meet the regulations.

The provider's website stated the aim 'Is to offer our residents the opportunity to enhance their quality of life by providing a safe, manageable and comfortable environment. In addition, support and simulation are given to help maximize residents' physical, intellectual, emotional and social capacity. In order to achieve our aim we recognise the following as basic values that contribute to the quality of life for our residents'. They listed the values as privacy, dignity, independence, choice, rights and fulfilment. We observed good practice from the staff providing care and support and saw that the values were deeply embedded into their work, staff were friendly, kind and caring. We observed staff fully encouraging and supporting people to be as independent as possible.

Policies and procedures were in place for staff to refer to. The policies and procedures were up to date and relevant.

Staff told us that communication between staff within the home was good and they were made aware of significant events. There were various meetings arranged for staff. These included daily shift hand over meetings. The staff meetings were recorded and shared. Staff also confirmed that they attended team meetings and handover meetings. Staff felt that they could speak up at meetings and that the manager listened to them. One staff member shared how they had fed back concerns during their induction period which had been listened to and the management team had since made improvements.

Staff were complimentary about the support they received from the manager and provider. They all told us that the provider and the manager were approachable and friendly and they felt comfortable talking to them about work and personal matters. One member of staff told us, "I feel well supported. [Manager] is very good, he has made lots of changes". The manager explained that they had good support from the provider. Employee of the month awards had been given to staff. Nominations were made from people, relatives or other staff. One staff member who had been nominated for the award said, "It was really nice to feel appreciated".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider is required to make further improvements to ensure topical medicines are appropriately administered and recorded. Regulation 12(1)(2)(g)