

Mrs Juliette Taylor

Preston Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Preston Lodge provides accommodation and personal care for a maximum of six people with dementia. At the time of our inspection, there were five people living in the care home.

People's experience of using this service and what we found:

Some improvements had been made to training and the support provided to staff members. However, more improvements were still required to ensure that staff members had completed mandatory training and received regular supervisions and yearly appraisals.

Improvements had been made to the quality assurance systems. Checks to monitor service delivery were carried out. The service had introduced various audits in respect of the management of the service and these were completed in May and June 2019.

At this focused inspection on 2 July 2019, the service demonstrated that they had taken some action to comply with the warning notices. However, staff training and support and quality assurance still needed further improvements to fully meet the requirements of the Regulations. We therefore found that there was a continuous breach of Regulation 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Rating at last inspection: Requires Improvement (Report published 28 June 2019)

Why we inspected:

We carried out an unannounced comprehensive inspection of this service on 2 May 2019 and found breaches of legal regulations. For two of those breaches we issued the service with a warning notice. One breach was in relation to staff training, supervision and appraisals. We were not confident that staff members had received appropriate and relevant training to assist them in carrying out the duties they were employed to perform. Another breach was in relation to the service not having effective systems and processes in place to assess and monitor the quality and safety of the services provided, to mitigate risks to the health, safety and welfare of people using the service, and to ensure that records relating to service users were accurate and complete.

We undertook a focused inspection on the 2 July 2019 to check whether the service had met the warning notice and to confirm that they now met legal requirements. We inspected the effective and well-led domain only at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Preston Lodge' on our website at www.cqc.org.uk.

Follow up:

We will continue to monitor the service and we will revisit it in the future to check if improvement have been made. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The home was not always effective.

Requires Improvement ●

Is the service well-led?

The home was not always well-led.

Requires Improvement ●

Preston Lodge

Detailed findings

Background to this inspection

The 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 in relation to the warning notices issued to the service following the comprehensive inspection on 2 May 2019.

Inspection team: The inspection team consisted of one inspector.

Service and service type: Preston Lodge is a 'care home'. People in care homes receive accommodation or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This was an unannounced follow-up inspection.

What we did: We undertook a follow-up inspection of Preston Lodge on 2 July 2019. This inspection was completed to check that improvements to meet legal requirements in relation to the warning notices had been made in respect of staff training and supervision and quality assurance and governance.

We spoke with the registered manager and one member of staff. We also reviewed records relating to staff member's training and support and the management of the home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Our inspection on 2 May 2019 found staff members had not received appropriate and relevant training and support to assist them in carrying out the duties they were employed to perform. The service failed to ensure that staff members were provided with appropriate training, supervision and appraisals and this was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A warning notice was served in respect of this breach and the service was given until the 2 June 2019 to take appropriate action to address this breach of regulation. The purpose of this focused inspection on 2 July 2019 was to check what action had been taken to address the breach of regulation.

Staffing and recruitment

- We discussed with the registered manager and a member of staff what action the service had taken since the inspection in May 2019. The registered manager explained to us that since the previous inspection some staff members had left the home. She confirmed that at the time of the inspection, there were six care workers employed by the service.
- During the previous inspection, the service was unable to provide us with evidence of how they monitored staff member's training. During this follow-up inspection, the service provided us with evidence that they had compiled a training matrix for 2019. At the time of the follow-up inspection, we noted that all staff members were not detailed on the matrix and queried this with the registered manager. She explained that some staff members had recently left and that the training matrix would be updated accordingly. After the inspection, the service provided us with an updated training matrix which detailed the staff members currently employed and what training they had completed and the relevant dates.
- The matrix detailed that three staff members had not received necessary training. There was evidence that another staff member had completed mandatory training in 2017 and two other staff members had completed training with their previous employer in October 2018. We queried the deficiencies and the provider explained that they had allocated training modules via an external online training portal to staff members through the online portal but advised that staff members had not yet completed this. They advised that they would ensure that staff members completed the necessary training over the next few months.
- The previous inspection found that the training file included certificates and information relating to staff members that no longer worked at the home. During this inspection, we observed that the service had reviewed their staff training file and removed information relating to staff members that no longer worked at the home. It was evident that the service had reviewed what training staff members had completed.
- We noted that the registered manager had carried out two supervisions since the inspection in May 2019. The registered manager advised that these would be carried out more frequently and consistently for all staff members.

- We found the service had made some improvements in respect staff training and support. They had reviewed staff member's training needs and had assigned training to some staff. However, it was evident that some staff members who required training had not yet completed mandatory training. This follow-up inspection found that the service had met the warning notice. However, this area of the service provision still needed further improvements to fully meet the requirements of the Regulations.

The above is evidence of a continuous breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Management had made improvements, but further improvements were needed to support the delivery of high quality, person centred care.

Our inspection on the 2 May 2019 found that the service had failed to ensure systems were in place to assess and monitor the quality and safety of the services provided, to mitigate risks to the health, safety and welfare of people using the service, and to ensure that records relating to service users were accurate and complete. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A warning notice was served in respect of this breach and the service was given until the 2 June 2019 to meet this regulation. The purpose of this focused inspection on 2 July 2019 was to check what action had been taken to address the breach of regulation.

Continuous learning and improving care

- Our comprehensive inspection on 2 May 2019 found that the service was unable to provide us with evidence that they consistently carried out checks and audits in order to monitor the quality of the service provided.
- During this focused inspection on 2 July 2019, we observed that the service had carried out various audits and checks since the inspection in May 2019. We noted that a fire safety audit had been carried out in May and June 2019. We previously found deficiencies in respect of fire procedures and fire management in the home. This included a lack of fire drills and fire alarm tests. During this follow-up inspection, we found that the service had carried out weekly fire alarm tests and carried out fire drills since the inspection in May 2019. We also found that the service had placed fire evacuation procedures throughout the home and in people's bedrooms.
- During our previous inspection, the service was unable to demonstrate that they had carried out medicine's management audits. During this inspection, we found that the service had carried out a medication audit in May and June 2019. We also saw documented evidence that an audit had been carried out by an external pharmacy in February 2019.
- Our previous inspection in May 2019 found deficiencies in respect of staff training, supervision and appraisals. During this inspection we noted that the service had introduced an employee audit which checked staff recruitment and training. However, we found that there were still deficiencies in respect of staff training and support. Some staff members had not yet completed mandatory training.
- The service introduced an audit summary in June 2019 which looked at all the audits carried out in the month. The aim of this was to look at the overall running of the service and enabled management to have oversight of this.
- During this inspection we found that the service had introduced some systems to assess and monitor the quality and safety of the services provided, to mitigate risks to the health, safety and welfare of people using the service, and to ensure that records relating to service users were accurate and complete. The service

demonstrated that they had taken sufficient action to comply with the warning notice. However, there were still deficiencies in respect of staff training and support and this area of service provision still needed further improvements to fully meet the requirements of the Regulations. We also need to be sure that the service is able to demonstrate that they are able to consistently meet regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 over time.

The above is evidence of a continuous breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider failed to demonstrate that the home was effectively monitoring their systems and level of care provided over a significant period of time. They were unable to demonstrate that the service was ensuring that people were protected against the risk of unsafe or inappropriate care.</p> <p>Regulation 17(2)(a) of the HSCA RA Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider failed to ensure staff were supported to fulfil their roles and responsibilities through training, supervisions and appraisals.</p> <p>Regulation 18(2)(a) HSCA RA Regulations 2014.</p>