

Valentine Lodge Ltd

# Valentine Lodge

## Inspection report

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### Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

We carried out an unannounced focussed inspection of this service on 6 January 2016 and 7 January 2016 to check compliance against the actions required from the comprehensive inspection completed on the 24 August 2015. We found that the provider had not completed the actions as laid out in their action plan to ensure safe medicines management or ensure that there was an effective quality assurance and governance system in place. Two warning notices were issued on 29 January 2016 to the provider. A suspension of placements by the Local Authority had been imposed on 22 January 2016, following our inspection on 6 January 2016 and 7 January 2016.

The Care Quality Commission met with the registered provider on 3 February 2016 and 14 March 2016 to discuss our on-going concerns. Although during these meetings and other exchanges the provider gave assurances that things would improve, information of concern continued to be shared with us from the Local Authority. Despite visits by the Local Authority and local Clinical Commissioning Group to ensure peoples' welfare, they continued to have significant concerns and were not seeing improvements and stability at the service.

We undertook a focused inspection on 30 March 2016 to check compliance with the warning notices and to confirm that the provider now met legal requirements. At the time of this inspection there were 14 people using the service.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by the Care Quality Commission. The purpose of special measures is to:

- ☐ Ensure that providers found to be providing inadequate care significantly improve.
- ☐ Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- ☐ Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action.

On 30 March 2016, in response to the seriousness of their level of concern regarding the safety of the service provided to people, the Local Authority terminated their contract with the registered provider and steps were taken to move people living at Valentine Lodge.

Valentine Lodge provides accommodation, personal care and nursing care for up to 20 older people and people living with dementia.

A registered manager was not in post at the time of our focussed inspection on 30 March 2016. The deputy manager was in day-to-day charge of the service and they were supported by the provider's personal assistant. 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.

This report only covers our findings affecting requirements relating to the medicines management and assessing and monitoring the quality of service provision. You can read the report of our last comprehensive inspection by selecting the 'all reports' link for Valentine Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

The standard of medicines management at the service was not safe and medicines had not always been administered in line with the prescriber's instructions or effectively recorded for the protection of people living at Valentine Lodge. Actions as outlined within the registered provider's action plan received by the Care Quality Commission on 6 November 2015 to ensure safe medicines management had not been addressed and these remained outstanding.

We found that the registered provider's arrangements so as to ensure that an effective system was in place to regularly assess and monitor the quality of the service provided was ineffectual and unproductive. The registered provider was unable to demonstrate how they measured and analysed the care provided and how this made sure that the service was operating effectively and safely so as to ensure good outcomes for people living at Valentine Lodge. The registered provider did not have regard to our previous inspection reports, the information contained within them and the significant improvements required so as to improve the service by learning from adverse events and incidents to establish what caused them.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Action had not been taken to ensure that people who used the service received safe support with their medications.

This meant that the provider was continuing to not meet legal requirements.

### Is the service well-led?

Inadequate ●

The service was not well led.

Action had not been taken to ensure that an effective system was in place to regularly assess and monitor the quality of the service provided.

This meant that the provider was continuing to not meet legal requirements.

# Valentine Lodge

## **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 inspection took place on 30 March 2016 and was unannounced. The inspection was undertaken by two inspectors.

Before the inspection, we looked at all of the information we had received about the service. This included information we received prior to the inspection and notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with the deputy manager, the provider's personal assistant and six members of staff working at the service. In addition, we spoke with two people who used the service. We primarily looked at the provider's arrangements for medicines management and their arrangements for monitoring and assessing the quality of the service provided. We also looked at the care plans for six people who used the service.

# Is the service safe?

## Our findings

At our previous inspection of the service on 6 January 2016 and 7 January 2016 we checked compliance against the actions required from the comprehensive inspection completed in August 2015. We found that the provider had not completed the actions as laid out in their action plan to ensure safe medicines management for people using the service. As a result of this we served a warning notice on 29 January 2016. The date for compliance to be achieved was 29 February 2016. At this inspection on 30 March 2016, we found that compliance with the warning notice had not been achieved and the improvements the provider told us they would make had not been implemented.

The arrangements for the management of medicines were inconsistent and unsafe. Whilst medicines were stored safely for the protection of people who used the service, we identified that five out of 10 people's medication had not been appropriately managed to ensure their safety and wellbeing. The Medication Administration Record (MAR) for two people showed that they were prescribed Warfarin to reduce the risk of their blood from clotting. Whilst people's blood test results issued by the anticoagulant clinic were readily available and recorded the specific Warfarin dose to be administered each day; neither person had received their correct dose. The registered nurses and the provider had failed to recognise that too much or too little Warfarin is dangerous. For example, if a person gets too little Warfarin there is a significant risk of them having a blood clot, which could result in them having a stroke or a pulmonary embolism. If someone gets too much Warfarin they run a risk of bleeding which can place the person at risk of having a stroke. This showed that the registered nurses who administered people's medication had failed to ensure the safe management of medicines and that these were administered safely and as prescribed. We discussed the above findings with the deputy manager. They told us that they were not aware of the discrepancies relating to both people's Warfarin medication until highlighted to them at the time of the inspection on 30 March 2016. This was despite a recent visit by the Medicines Management Team from the local Clinical Commissioning Group on 23 March 2016, whereby concerns relating to irregularities with two peoples' Warfarin medications were recorded.

The MAR forms for two people showed that one of their prescribed medications was to be administered twice daily. The MAR form for the period 17 March 2016 to 29 March 2016 inclusive showed that there were missing signatures on the MAR form at 17:30 for this entire period for one person and there were missing signatures on the MAR form at 17:30 on 11 occasions for the other person. Whilst the medication blister pack showed that this medication had been removed, the medication records were inaccurate and did not provide a true reflection of medicines administered. The MAR form for another person showed that 21 tablets were received. However, the MAR form showed that there were only 19 instead of 21 staff signatures. This suggested that the person did not receive all of their prescribed medication. No information was recorded on the reverse of the MAR form to provide a rationale for the discrepancy and the deputy manager was unable to provide a reason for this when asked. This showed that the registered nurses and the provider had not followed procedures to ensure the safe management of medicines.

The Controlled Drug Register showed that two people were prescribed a medicated patch to be applied to their skin every 72 hours, for the treatment of severe chronic pain. The deputy manager told us that a record

was maintained for each person to record the site of application on the body and to ensure that re-application to the same area of skin was avoided. The deputy manager confirmed that these were kept in people's individual care files. At the time of our inspection the records to evidence this could not be located and the deputy manager was unable to provide a rationale for this. This meant that we could not be assured that people were having their medicated patch applied on a different area of their body and in line with the 'Patient Information Leaflet.'

At our inspection on 6 January 2016 and 7 January 2016 we found that only one member of staff had completed a medication workbook. This workbook supports staff training and competence so as to comply with regulatory requirements and ensure people's health and welfare. At this inspection we found that two medication workbooks for the deputy manager and another member of staff had been completed, marked, but no score recorded. No evidence of a completed medication workbook was available for another permanent member of staff or for the three members of bank staff who administered medication as told to us by the deputy manager. This showed that staff competence to manage medicines safely had not supported and remained outstanding from our previous inspection to the service in January 2016.

This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Is the service well-led?

## Our findings

At our previous inspection to the service on 6 January 2016 and 7 January 2016 we checked compliance against the actions required from the comprehensive inspection completed in August 2015. We found that the provider had not completed the actions as laid out in their action plan to ensure effective quality assurance arrangements were in place to assess and monitor the quality of the service provided for people using the service. As a result of this we served a warning notice on 29 January 2016. The date for compliance to be achieved was 29 February 2016. At this inspection we found that compliance with the warning notice had not been achieved and the improvements the provider told us they would make had not been made or sustained.

The Care Quality Commission met with the registered provider on 3 February 2016 and 14 March 2016 to discuss our on-going concerns. Although during these meetings and other exchanges the provider gave assurances that things would improve, information of concern continued to be shared with us from the Local Authority. Despite visits by the Local Authority and local Clinical Commissioning Group to ensure peoples' welfare, they continued to have significant concerns and were not seeing improvements and stability at the service.

Quality assurance systems and processes which assessed, monitored or improved the quality of the service were not effective. Although some systems were in place, they were ineffectual and had not highlighted the areas of concern we had identified. There was a lack of information to show how the management of the regulated activity was being effectively managed in relation to the planning and delivery of care and treatment provided to people using the service. Additionally, governance arrangements such as audits, reviews and action plans in response to risk and the general running of the service were not robust.

Quality assurance audits were not routinely completed and were not in line with the provider's 'Quality and Quality Assurance Policy and Procedure.' This stated that 'Audit reports will identify action required to achieve compliance.' The last infection control audit for the service was conducted on 29 December 2014. Although a manager's monthly audit for the home environment had been completed in February 2016, this was in 'tick-chart' format and provided limited information. Prior to our inspection on 30 March 2016, the Care Quality Commission was advised that the service's sluice was not operational. We discussed this with the provider's personal assistant and they confirmed that it had not been operational for several months and the registered provider had been made aware of this. No information was recorded in relation to the service's sluice and the repairs required. We were advised that staff were disposing of waste such as incontinence pads in yellow bags. There was little or no evidence to show that the registered provider had taken appropriate action without delay so as to improve the quality and safety of people and others using the service. Effective steps had not been taken by the provider to remedy the problem in the longer term nor had the registered provider risk assessed the current methods of clinical waste disposal to ensure they were suitable.

The deputy manager confirmed that an analysis of clinical issues relating to people's weight loss and gain, pressure ulcers, falls, accidents and incidents had not been undertaken. No evidence was available to show



that actions from the local Clinical Commissioning Group following their visit to the service on 16 March 2016 had been addressed. This meant that there was no system in place so as to analyse and respond to information gathered and received.

Given our concerns at the time of the inspection in relation to medicines management, we asked to see evidence of medication audits undertaken since our last inspection to the service in January 2016. We found that medication audits were completed on 23 February 2016, 15 March 2016 and 23 March 2016. Although these had been completed, they were ineffectual and had not highlighted the areas of concern we had identified. We found that the arrangements for the management of medicines were inconsistent and unsafe and clear procedures were not being followed by staff in practice, monitored or reviewed. Had there been a more effective medication auditing procedure in place, this would have identified the issues we identified during our inspection.

As previously highlighted at our inspection January 2016, the registered provider had not maintained an accurate record in respect of each person relating to their care and treatment. For example, the care file for one person made reference to them having several pressure ulcers. It was initially unclear as to which ones remained in situ and which ones had healed as the care plan relating to skin integrity was last reviewed in January 2016. We discussed this with staff and they confirmed that the person had a pressure ulcer on their sacrum and was nursed in bed. Although a document had been put in place to provide an estimated risk for the development of pressure ulcers, this had not been completed for January 2016, February 2016 or March 2016 and was blank. The care plan relating to pressure area care recorded that the person should have their body repositioned at two hourly intervals. Records for the period 20 March 2016 to 29 March 2016 inclusive showed that there were gaps and that the person did not always have their body repositioned in line with their care plan. For another person, there was no care plan or risk assessment in place in relation to the care and treatment to be provided pertaining to pressure ulcer management. The lack of quality assurance and monitoring showed that actions to mitigate risks to people using the service had not been addressed and this remained outstanding from our previous inspection to the service in January 2016.

Regular audits had not been completed on pressure relieving equipment to ensure staff had placed service users' air mattresses at the correct setting. Inaccurate setting of the equipment could result in greater pressure being put on the person's body and increase their likelihood of pressure area damage. We were advised by the deputy manager that daily checks to the mattress settings, were not being completed. We found that three people's pressure relieving equipment was incorrectly set according to their weight. The lack of quality assurance and monitoring showed that actions to mitigate any risks to people using the service, had not been addressed and this remained outstanding from our previous inspection to the service in January 2016.

There was a lack of managerial oversight both at a local level and at provider level. On 30 March 2016, the provider's personal assistant told us that when the registered manager left the employment of Valentine Lodge Limited on 29 February 2016, they were left to manage the day-to-day running of the service between 1 March 2016 and 10 March 2016, as the deputy manager, was on annual leave. The deputy manager confirmed that when they came back from annual leave they and the provider's personal assistant managed the day-to-day running of the service as there was no registered manager in post. Neither person had received an induction or instruction to undertake this challenging role. The deputy manager told us, "I try to do the best I can whilst I'm here. I could do more if I knew what was expected of me."

Effective arrangements were not in place to seek the views or actively encourage feedback from people who used the service, those acting on their behalf, staff and other stakeholders. Records provided to us showed that only two questionnaires had been received at Valentine Lodge and these were dated 23 January 2015

and 22 October 2015 respectively. This showed that the registered provider had not sought or acted on feedback about the quality of care provided at the service. Had there been more effective arrangements in place, this would have identified a multitude of serious concerns expressed by relatives at a meeting on 17 March 2016, which was facilitated by Essex County Council.

Our findings showed a continued breach of regulations and a complete lack of understanding by the registered provider of their responsibilities under the Health and Social Care Act 2008. The registered provider continued to fail to comply with regulatory requirements and was putting people who used the service at risk of harm as a result. Effective quality assurance systems were not in place to assess, monitor and improve the quality and safety of the services provided. Suitable arrangements were not in place to mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk of the lack of quality monitoring. Accurate records in respect of each person's care and treatment were not being maintained. There was little evidence to show that the registered provider had taken notice of our previous inspection reports or concerns and advice provided by the Local Authority to improve the service, by learning from adverse events and incidents and continually reviewing their practice.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.