

Lifestyle Care Management Ltd

# Eltandia Hall Care Centre

## 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 15 December 2015 and three breaches of regulations were found. This was because people were not always given their prescribed medicines at times they needed them.

Additionally, there was a risk people's needs may not always have been met as staff were not always suitably trained or supported by the provider to carry out the roles they were employed to perform.

We also found the providers' governance arrangements to regularly assess and monitor the quality of the service had not identified these shortfalls, and therefore they were not effective in improving the quality and safety of the service people received.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches described above.

We undertook a focused inspection on the 27 April 2016 to check they had followed their action plan and to confirm they now met legal requirements. This inspection was unannounced.

This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eltandia Hall Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Eltandia is a care home that provides nursing and personal care for up to 83 people. The service is divided into four separate units, Farish, Irvin, Scott and Ivy. Farish specialises in the care and support of younger people with physical disabilities, while the other three units accommodate older people with nursing and personal care needs, some of whom are living with dementia.

At the time of this inspection the service had a registered manager in post. 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.

During our focused inspection we found the provider had followed their action plan. People were receiving their medicines as they had been prescribed. Staff were undertaking training and they were being supported to undertake their role and responsibilities. The provider had also ensured there were systems that were being effectively operated to monitor and assess the quality of service that people received.

Sufficient action has been taken to meet the legal requirements made at the last inspection, although we need to see consistent improvements over time before we are able to change the rating of this service from

'requires improvement'.

## 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 provider had made improvements to medicines storage, recording and administration so that people were now receiving their medicines as prescribed.

We have not changed the services' rating from 'requires improvement' as we need to see consistent improvements over time.

**Requires Improvement** ●

### Is the service effective?

Staff received training which was refreshed regularly so that they were able to better meet the needs of people.

Staff were also able to consider their overall professional development through annual appraisals to enable them to carry out their roles and responsibilities.

We have not changed the services' rating from 'requires improvement' as we need to see consistent improvements over time.

**Requires Improvement** ●

### Is the service well-led?

The provider had put in place a number of systems and audits which were operated to ensure compliance with regulations and to improve the quality of care provided to people.

We have not changed the services' rating from 'requires improvement' as we need to see consistent improvements over time.

**Requires Improvement** ●

# Eltandia Hall Care Centre

## 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 checked 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 unannounced focused inspection was undertaken by an inspector and a specialist pharmacist inspector on 27 April 2016. This inspection was arranged to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in December 2015 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 it well-led?

Before our inspection we reviewed the information we held about the service, this included the provider's action plan, which set out the action they would take to meet legal requirements.

During our inspection we visited the home and looked at records relating to the administration of medicines for 17 people. We also looked at records relating to staff supervision, appraisals and training information. We spoke with the registered manager, clinical lead and three other staff who were on duty the day of the inspection. We also had contact with the local authority's representatives including the safeguarding adults and commissioning teams.

## Is the service safe?

### Our findings

At our last inspection of the service on 15 December 2015, the provider had not ensured medicines were always managed properly and safely in the home.

Specifically we found medicines, including insulin (a medicine to treat diabetes), were not stored at safe temperatures and a prescribed eye drop was not being administered. One medicines administration record was completed in advance of the date, and some medicines administration records were not completed accurately. Therefore we were not assured that medicines were consistently administered as prescribed to all of the people living at the home.

At this inspection we looked at records and information relating to the administration of medicines for 17 people. We saw improvements had been made to the storage, recording and administration of medicines including specific issues noted at the last inspection.

All of the people living at the home relied on staff to administer their medicines to them, as they were unable to self-administer. Arrangements for ordering people's medicines were effective, and all prescribed medicines were available. Medicines administration records (MAR) were now completed clearly, with no gaps, providing assurance that people were receiving their medicines as prescribed.

A comprehensive medicines policy was in place. Staff responsible for medicines, including bank staff, had received medicines training and had their competencies assessed, before they were authorised to manage medicines. Another medicines training session was planned for May 2016.

Air-cooling units had been installed in each of the clinical rooms, and new medicines fridges had been ordered. Daily monitoring records showed that medicines were now stored at safe temperatures. Controlled drugs were stored securely, and stock balances were checked at the end of each shift. We checked all of the controlled drugs held on one unit against the balances in the CD register, and these tallied.

The application of prescribed creams by care staff was now recorded on a topical medicines application record. We noted that staff did not always record the date that they opened a prescribed cream, so we could not check how long containers of creams had been in use since some creams can only be used within a fixed period after they had been opened.

Protocols were in place for medicines prescribed to be given as required or "PRN", so there was information for staff to assist them in administering these safely and consistently.

# Is the service effective?

## Our findings

At our last inspection of the service on 15 December 2015, the provider had not ensured staff were all appropriately trained or supported by their managers. Records showed some staff had not had key aspects of their training refreshed contrary to the provider's own policies and procedures on staff training. We discussed this issue with the registered manager who told us the issue had been compounded by the departure of the home's training manager.

In addition, staff were not always appropriately supported by the home's management. Although records showed staff regularly attended individual and group meetings, staff's overall work performance was not being formally appraised on an annual basis.

We found the provider had taken appropriate steps to follow their action plan and address the staff training and support issues described above. The registered manager was able to tell us about the training package that was in place for new staff members. For example, with regards to manual training we were told about 'blended learning' which combined theory and practice, followed by an observation of practice before a staff member could be considered as having completed the training. The provider had plans for two members of staff to complete a 'train to be a trainer' course specialising in manual handling so they could complete the manual handling training and the observations required with the new training protocol. The home had also purchased two lap-tops so that staff could easily access e-learning the provider had identified as necessary.

The registered manager told us the provider had also recruited a training manager with responsibility for overseeing the provider's regional area. The training manager kept an overview of each home's staff training completion rate, if figures dipped they arranged for the training to be offered. We saw evidence that in the previous two weeks face to face training had been provided for customer care, moving and handling and first aid training. A total of 39 staff had completed the training. In this way the provider was ensuring staff were up to date with current guidelines and best practice so the care offered to people was as safe as possible.

We looked at staff records and saw that care staff continued to receive support via their line manager through supervision sessions. We saw improvements had been made with regard to staff members' opportunities to consider their overall professional development via annual appraisals. For example, on Irving Unit eight out of 10 members of staff had had a recent appraisal; on Scott Unit, eight out of nine had an appraisal with one member of staff being on maternity leave. The registered manager also showed us a plan to ensure all night staff would receive an appraisal in the next six weeks. In this way, the provider was ensuring care staff were suitably supported to develop their skills to appropriately care for people.

## Is the service well-led?

### Our findings

At our last inspection of the service on 15 December 2015, the provider had not always protected people from the risks of unsafe care and treatment because they did not operate effective governance systems or processes to routinely monitor and improve the quality and safety of the service people received. Specifically, we found the services' established quality monitoring systems had failed to identify a number of medicines handling errors. Furthermore, at the previous inspection, the management team had difficulty in locating some of the records we requested as the information was misfiled or missing.

At this inspection we saw a number of processes and systems had been established and were being operated by staff to monitor the quality of the service and to mitigate any identified risks to people. Amongst the checks we saw there were monthly medicines audits being undertaken by Registered General Nurses and action taken if errors were found. There had been audits of bedding, including checks on mattresses and pillows, and where necessary the purchase of new items. There were records of when people fell or had skin tears so any patterns or trends could be identified and action taken to reduce risks of similar incidents happening again. We saw a monthly infection control audit was carried out which clearly monitored whether appropriate practice was in place in relation to the control and prevention of infection.

The provider had recently changed their care record system from Lifestyle Care (the previous provider) to Orchard Care, and new care records were being put place. The new format was clear, comprehensive and thorough. We noted the staff were in the process of transferring information to the new system.