

Lee Valley Care Services Ltd

# Lee Valley Care Services Limited

## 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

Lee Valley Support Services (LVSS) is a residential care home for older people with mental health needs. The regulated activity is accommodation for people who require nursing or personal care. Lee Valley Support Services is registered to provide support to 7 people. At the time of our inspection there were 6 people using the service.

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

Risks in relation to people receiving treatment and care were not managed appropriately. Medicines were not always managed safely, as guidance for the administration of specific medicines were not available. Quality assurance systems were in place, but these were not effective as they did not identify some of the shortfalls identified during our inspection. The registered manager acted upon feedback from the inspection and were in the process of addressing the issues identified.

People told us they felt safe at the service, and they could find a member of staff to help them. Staff rotas showed shifts were covered. People told us they were kept informed about their medicines and why they needed to take them.

Staff demonstrated they were aware of their safeguarding responsibilities and how to report concerns. Lessons learnt took place at the service after an incident and staff confirmed they took part in meetings to learn from incidents.

Staff were supported in their role and mostly received appropriate training.

People were able to enjoy food they liked and were supported to have enough to drink.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Consent to care and treatment was requested and staff did not force people to do something they did not want to.

The service worked well with external health professionals to ensure people received support when they became unwell.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was good (published 26 June 2019).

Why we inspected

We received concerns in relation to poor management of medicines, poor maintenance of the environment

and poor record keeping. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lee Valley Support Services on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement and Recommendations

We have identified breaches in relation to the management of risk, safe management of medicines and governance within the service.

We recommended that the service sought further guidance from a reputable source around the assessment of needs for people who used the service and training for staff to have the skill and knowledge to support people with specific health care needs.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Lee Valley Care Services Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out over two the days. On the first day of this inspection 2 inspectors carried out the inspection and on the second day of the inspection 1 inspector and 1 pharmacist inspector carried out the inspection.

#### Service and service type

Lee Valley Support Services is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lee Valley Support Services is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people who used the service to provide us with their experiences of receiving care at the service. We spoke with 5 staff including the registered manager.

We viewed 3 care plans and risk assessments, 4 staff recruitment and training records and 4 records in the relation to the management and administration of medicines and various records and documents in relation to the management of the service.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks in relation to people receiving care and support were assessed. However, plans to guide staff to manage identified risks did not always provide sufficient detail to minimise such risks.
- People who used the service had some complex needs. Risk assessments documented that these needs presented a risk to people's health and welfare. For example, one person had a urinary catheter 'in situ' which had been assessed as medium risk by the service. However, information in how to manage this risk lacked detail to guide staff in how to consistently reduce this risk and ensure the catheter was cleaned regularly and what symptoms staff may need to look out for in case there was a blockage in the catheter. We spoke with staff about this, and staff demonstrated understanding of what actions to take.
- Another assessment for a person stated, "I can be aggressive and abusive." However, there was no further information for staff on how to support the person. For example, the triggers which may lead to the person displaying abusive and aggressive behaviour and a plan of how to manage and reduce the risk of such behaviours from happening and escalating.
- People's risk assessments highlighted a number of complex health care issues. For example, diabetes, Huntington disease and the risk of inflicting self-injuries. However, risk management plans provided little detail how this impacted on the person and what actions staff should take to minimise the risk.

We found no direct evidence that people had been harmed as a result of the concerns we found. However, risks to people's health and safety were not always assessed or guidance available to reduce possible risks and maintain people's safety. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found that the fire risk assessment provided had not been reviewed since 3 August 2021 and during the inspection we saw a number of fire doors not closing fully. People's personal evacuation plans (PEEP's) were in place but were not easily accessible to staff in case of an emergency. We discussed these concerns with registered manager who provided assurances following our inspection that the service will take actions to address these.
- We noted that water temperatures in communal bathrooms and toilets were very hot and asked the registered manager to provide signage to make people aware of this. On the second day of our inspection, we saw that the registered manager had displayed signs alerting people that the water is very hot and had provided us with information that all water outlets will be fitted with a thermostatic valve to control the water temperature.

### Using medicines safely

- Medicines were not always managed safely.
- There were systems for ordering, administering, and monitoring medicines. However, we found these were not consistently applied by the service.
- Some medicines were safely secured and stored, and records were appropriately kept. We found that room temperatures where medicines were stored had been appropriately monitored. However, there wasn't a suitable pharmaceutical fridge available to store medicines and the fridge temperature was not monitored.
- During the inspection, we saw several instances where people were prescribed PRN (as required) medicines. However, there were no protocols in place to guide staff when requiring support with 'as required' medicines.
- People mostly received their medicines as prescribed. We looked at 3 people's medicines and found discrepancies in the recording of medicines administered. For example, we found that a member of staff had signed for medicines that were not actually received by the person. We were concerned that people received their medicines safely, consistently, and as prescribed.
- There weren't separate charts for people who had medicines such as patches, ointments and creams prescribed to them (such as pain relief patches) and there was an outdated medicines policy in place. It was therefore not clear to us if people had received these medicines as prescribed.
- Medicines for waste were disposed of regularly. However, no records of these waste medicines were made. There was a risk that without such records medicines could be misused.
- The service had a system to monitor and audit people's medicines on a regular basis. However, we did not find that improvements had been made as a result of this. For example, a three-monthly audit by the service was carried out to ensure medicines were up to date and appropriate for people. However, no actions were identified despite the issues we came across during this inspection.

We found no direct evidence that people had been harmed as a result of the concerns we found. However, medicines were not always safely managed. This is a further breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People who used the service told us that they received their medicines on time. One person said, "They [staff] give me my tablets in the morning and evening."
- Staff were trained and deemed competent before they administered medicines. One member of staff said, "I had training around medicines. I will always check that service users get the correct tablets and sign the records."

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe using the service. A person told us, "I generally feel safe here and if I have an issue, I talk to staff about it."
- There were safeguarding and whistleblowing policies in place to report potential abuse. Staff had completed safeguarding adults training.
- The management team and staff understood their responsibilities in relation to safeguarding and told us they would report any concerns to the local authority and CQC. One member of staff said, "If there were any issues I would go to the manager, and she will sort it out."

#### Staffing and recruitment

- The service ensured that staff were recruited safely.
- Staff recruitment records viewed included proof of the members of staff's identity, proof of the right to work in the UK and two references. The service also obtained an up-to-date DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff deployed to meet people's needs. People who used the service told us that staff



were available when they needed them. One person said, "Usually there are enough staff around and I don't have to wait too long if I need some help and support." Similarly, to people, staff told us that enough staff were available. One staff said, "We work as a team, but we have enough staff and extra staff can be called to cover when colleagues are away."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People who use the service welcomed visitors, friends, and relatives when they wanted to.
- The registered manager was aware of current government guidance on visiting in care homes and the service currently has no restrictions on visitors to the service.

#### Learning lessons when things go wrong

- We were somewhat assured that incidents were investigated properly with appropriate action plans and there were some processes in place to ensure staff learned from these incidents to prevent them occurring again. However, we found for example, medicines related incidents were not recorded in accordance with the provider's policy.
- Staff told us that they would discuss incidents with the registered manager during staff meetings and supervisions to learn from them and take actions to reduce them from happening in the future. One member of staff said, "I will speak to [managers name] when there is an incident and may raise it during meetings so all can learn from it."

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had access to training and received support from their line manager to have the skills and knowledge to meet people's needs.
- Staff had completed an induction programme based on the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for people working in care. Records showed staff had completed training the provider considered mandatory in areas such as safeguarding, infection control and moving and handling.
- However, during conversations with staff, we noted that staff showed little understanding and knowledge around various mental illnesses, their triggers and signs of mental health relapse. We discussed this with the registered manager and explained that as a service supporting people with mental health needs it would be expected that staff had a broader understanding of mental health.

We recommend that the service seeks further guidance from a reputable source on training specific to people's needs.

- Staff received some formal supervision and appraisals to monitor and review staff performance and development. However, records showed these were not done on a regular and consistent basis. For example, one staff member, who started on 19/11/2022 had not received a supervision since they completed their induction. Another member of staff had not received an appraisal since commencing employment in February 2022. A staff member told us, "I have had a supervision, but it is not happening regularly."

We recommend the service reviews their systems to ensure effective support and regular review of staff performance and development.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to admission. However, assessments carried out did not always provide sufficient details around people's needs, behaviours, and health care conditions. This meant that staff did not always have all the information required to meet people's needs.
- We discussed this with the registered manager who was responsible for the assessment of new prospective people and were assured that action would be taken to improve the assessment process.

We recommend that the service seeks further guidance from a reputable source on assessing people's

needs and choices in line with the law.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink based on their individual preferences and needs.
- The service had a menu which had been developed together with people who used the service to ensure it reflects their preferences.
- People told us that they enjoyed the food and meals provided. We observed lunchtime on two occasions and observed that staff asked people what they wanted to eat and provided a healthy home cooked meal.
- At the time of the inspection people who used the service had no specific dietary needs.
- People's weight was monitored and if their weight was fluctuating a referral to health care professional was made and the person was supported with appropriate clinical support to ensure they maintained a healthy weight.

Adapting service, design, decoration to meet people's needs

- The service was in need of redecoration and refurbishment.
- The service acknowledged that work was required to update, redecorate and refurbish the premises.
- During our inspection we saw that redecoration work was underway. Communal areas were in the process of being repainted and the kitchen refurbishment was nearly completed.
- The registered manager told us that this was ongoing and should be completed by the end of July 2023.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when required. The provider worked in partnership with other services, and health and social care professionals such as the district nurses, the local mental health team and GP to deliver effective and timely care.
- One health care professional told us, "I made a number of recommendations to make it easier for [name] and spoke to staff about it. When I came the next time, they [staff] had put my recommendations in place. I communicate very well with staff."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service sought appropriate DoLS authorisations if people were at risk of being restricted of their liberty due to lacking capacity in particular areas. For example, one person required support when accessing the community and an up-to-date DoLS authorisation was in place.
- We observed staff asking people how they wanted to be cared for prior to supporting them.
- Staff understood that some people lacked capacity and some decisions had to be made in the person's best interest. For example, when visiting the doctor when they were unwell.



# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service did not demonstrate a good understanding of managing risks and regulatory requirements within the service.
- The systems in place were not effective in identifying issues, improvement areas and resolving them within a timely manner to avoid potential harm to people. Actions to improve were only taken as a result of the inspection.
- The provider completed audits of care plans and risk assessments for people who used the service. These audits did not highlight or address the shortfalls we found during our inspection. Therefore, people who used the service were placed at risk of receiving care that did not always promote their safety and welfare. This indicated systems for improving the quality and safety of the service had not been effective.
- Some people were prescribed 'when required' medicines. However, the service did not provide agreed individual protocols to support staff when administering 'when required' medicines safely and as prescribed to people. The omission of such guidance put people at risk of not receiving these medicines as prescribed. Audits and checks of peoples' medicines support were not effective because the service did not identify the shortfalls we found during the inspection. This meant people were at risk of not always receiving their medicines in a safe way.

We found no direct evidence that people had been harmed as a result of the concerns we found. The lack of effective quality assurance monitoring systems was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed the issues identified during the inspection with the registered manager. They told us they would review records and ensure the concerns raised were addressed and systems were more robust. A new electronic medicines administration system will be implemented in June 2023 and the service told us they were seeking external support and advice to help drive the improvements. The registered manager was receptive and open to feedback provided to them and co-operated fully with the inspection process.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a deputy manager in post. However, the registered manager told us that they were currently unavailable which has impacted on maintaining records and documents. The service was currently in the process of filling the vacancy to ensure the responsibilities of managing the service can be shared.

- The registered manager understood their responsibility under the duty of candour. We noted that the service notified the CQC and local authority and worked together with local commissioners to make quality improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service took people's views into account through regular 'residents' meetings and feedback from these was used to improve the service. We saw during the meeting in May 2023 topics such as summer holidays and conflicts between people who used the service were raised. The minutes showed that the registered manager responded to the discussion points and provided people with reassurances to address their issues.
- Staff meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had.
- The registered manager explained how they ensured meetings were inclusive by changing times and days to ensure they can be attended by most staff and people who used the service.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals such as the district nurses, GPs, and mental health professionals to provide effective joined up care.
- The registered manager took part in provider network meetings arranged by the local authority to learn and share information.

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
	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
	Risks to people's health and safety were not always assessed or guidance available to reduce possible risks and maintain people's safety.
	People's medicines were not always managed safely and properly.
	Regulation 12 (1) (2) (a) (b) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
	Regulation 17 HSCA RA Regulations 2014 Good governance
	The current quality assurance systems in place were not robust and effective to assess and monitor the quality of the service.
	Regulation 17 (1) (2) (a) (b)