

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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 16 December 2016 and was unannounced. At our last comprehensive inspection in December 2015 we found breaches of regulations in relation to medicines management, staff support and good governance. We carried out a focused inspection in April 2016 to check whether these breaches had been met. We judged that the service had made improvements and was meeting these breaches of regulations.

Eltandia Hall Care Centre provides care and support for up to 83 people and at the time of our visit 75 people were using the service. It has two units on the first floor for people who need personal care and two units offering nursing care on the ground floor. Three of the units provide care for older people and one unit provides nursing care for younger adults with physical disabilities. The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

Medicines management was not always safe. We were adequately concerned that we raised a safeguarding alert to the local authority. Our stock checks indicated people had not received their medicines as prescribed. Medicines records were poorly maintained so the provider did not know the quantities of some medicines they should have in stock. Due to the poor quality of medicines records we could not check stocks of these medicines. Medicines injections were administered late for one person and the provider did not ensure the person received the right support when this occurred.

Other risks to people were generally managed appropriately and people had suitable risk management plans in place. However, staff did not always manage risks relating to bed rails well to keep people safe from the risks of falling out bed or entrapment.

Staff did not always receive regular support and supervision. The registered manager was aware of this and told us she planned to put in place a supervision programme for 2017 for all staff.

Staff did not always use the Mental Capacity Act (2005) properly in assessing people's capacity and in making decisions for them when they lacked capacity. This meant people's rights may not always have been upheld in relation to this.

Records relating to complaints were poorly managed. This meant we could not track how complaints had been handled and whether this was in accordance with the provider's policy.

People were not adequately protected against the risks associated with the management of records because the provider did not have appropriate systems in place. Quality assurance procedures were ineffective in assessing, monitoring and improving the service as they had not identified the issues we found during our inspection.

Systems were in place to safeguard people from abuse. However a small number of staff did not know the different types of abuse or how to keep people safe. The registered manager said she would support staff further in this area.

There were enough staff deployed to meet people's needs. Recruitment was safe because the provider carried the required checks before staff worked with people to ensure they were suitable.

The provider carried out the necessary checks to maintain the home well and to ensure the premises were safe.

Staff received suitable induction and appraisal and a training programme was in place which meant staff received training to help them understand and meet people's needs.

People were positive about the food they received and had choice over what they ate. Although people received the right support in relation to eating and drinking their care plans did not always reflect the support they required. People received access to the healthcare services they required, such as GP, dentist and psychiatrist when necessary.

The service was meeting their requirements under the Deprivation of Liberty Safeguards (DoLS). These safeguards are there to help make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The provider had assessed whether people required DoLS and made the necessary applications as part of keeping them safe.

People were treated with dignity and respect by caring staff. Staff knew the people they were supporting well and people were involved in planning their own care. Although staff reviewed people's care plans regularly, sometimes they did not contain sufficient information about people's needs to be reliable for staff to follow when providing care. An activities officer was in post who offered a range of activities to people through the activities programme in place.

We identified five breaches of the Health and Social Care (Regulated Activities) Regulations 2014 during our inspection. Three of these regulations were the same as those breached in 2015. We identified new breaches of regulations relating to complaints and consent. We are taking further action against the provider in relation to the breaches of regulations in relation to safe care and treatment and good governance. We shall report on this at the back of this report after any appeal or representation is complete.

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. Medicines were not always managed safely as people did not always received their medicines in line with their prescriptions.

Risks to people were generally managed appropriately and people had suitable risk management plans in place although staff did not always manage risks relating to bed rails well.

People were safeguarded from abuse by staff. There were enough staff deployed to meet people's needs. Recruitment processes were robust in checking staff were suitable to work with people in the home. The premises were managed in safe way.

Requires Improvement ●

Is the service effective?

The service was not always effective. Staff did not receive regular support and supervision. In addition staff did not always use the Mental Capacity Act (2005) properly in assessing people's capacity and in making decisions for them when they lacked capacity.

People enjoyed their food and people's dietary needs and preferences were catered for. However, people's care plans did not always reflect the support they required in relation to food and drink. Staff supported people to access health services such as GP, dentist and psychiatrist when necessary.

A training programme was in place and staff were provided with the necessary training to carry out their roles.

Requires Improvement ●

Is the service caring?

The service was caring. Staff were kind to people and treated them with dignity and respect. Staff knew the people they were caring for and supporting and how they preferred to receive their care and acted accordingly. Relatives were able to visit their family members without restriction which helped maintain their support networks.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive. Although people knew how to complain records relating to complaints were poorly maintained which meant we were unable to check how complaints had been handled.

People's care plans were reviewed regularly although they did not always contain sufficient information about people's needs to be reliable for staff to follow. People were involved in planning their own care. An activity programme was in place and people had access to activities they enjoyed.

Is the service well-led?

The service was not always well led. People were not adequately protected against the risks associated with the management of records because the provider did not have appropriate systems in place. The audits in place had not identified the issues we found. There was a registered manager in post who staff felt supported by. There was a clear management structure in place. The registered manager encouraged open communication with people and staff.

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 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 16 December 2016 and was unannounced. It was carried out by two inspectors, a pharmacist inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection, we reviewed the information we held about the service such as statutory notifications relating to allegations of abuse. We also contacted the local authority commissioning team for their feedback on the service.

During our inspection we spoke with 19 people who used the service and spent time observing how care and support was provided to them. We also spoke with four relatives, a GP, a social worker, the registered manager, the regional director, project manager, clinical lead, the chef, three nurses, one senior care worker, and six care workers.

We observed care being carried out and we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at records, which included nine people's care plans and risk assessments, medicines records and records relating to the management of the service.

Is the service safe?

Our findings

In our December 2015 inspection we identified breaches relating to medicines management in relation to the key question 'Is the service safe?'. At our focused inspection of April 2016 we found the provider had taken sufficient action to meet this breach. However at this inspection we identified a breach in this area again. The registered manager was unable to explain why medicines management had deteriorated since the last inspection.

Staff did not always manage people's medicines safely. We identified a number of concerns about people's safety in relation to the safety of medicines management and referred these after our inspection to the local authority safeguarding team. We also requested the provider to take steps to make medicines management as safe as possible on the day of our inspection. During our inspection we found that we were not always able to confirm medicines had been given as prescribed. For some medicines, records of medicines received and carried over each month were not recorded by staff. This made it difficult to carry out audits to check whether people were receiving their medicines as prescribed. Our checks suggested that not all medicines which had been administered had been signed for appropriately, and some medicines had been signed for but not given.

Medicines records were not always clear, such as the dose staff administered of some medicines, such as insulin (a medicine to manage the level of sugar in the body). Staff did not always record administration of topical medicines accurately. This resulted in a person not being administered a topical cream according to prescription.

We found that one person had received their injection to help treat a mental health condition six days late. Although staff were aware this had happened, they had not alerted the person's health care professionals to this error or reported the incident internally to the registered manager. Nor had staff discussed the error with the person themselves who was recorded as having full capacity in relation to their medicines.

Staff had not ensured people's allergies were recorded on their medicine administration records (MAR). This meant they had not taken the necessary action to reduce the risk of people receiving medicines they were allergic to.

'As required' (PRN) protocols were in place for people who were prescribed medicines to be given as required. However we noted when staff administered medicines to people such as paracetamol for pain, records were not always made about the evaluation of the PRN medicines and whether they had been effective. This meant the risk of staff administering PRN medicines to people which were ineffective was not reduced.

Care staff who administered medicines to people had not had their competencies to do so assessed by the provider, although the competency of nurses was assessed. This meant the provider could not be satisfied care staff were competent to administer medicines.

Risk assessments and management plans relating to bed rails were not always in place to ensure bed rails were at a height to prevent people from falling out of bed and to make sure these had been fitted and maintained appropriately to prevent entrapment. The registered manager told us they would address this immediately when we notified them of the issue.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed staff regularly reviewed risks to individuals such as risks of pressure ulcers, falls and in moving and handling. Staff put in place risk management plans based on these risk assessments so that risks to individuals were minimised.

People told us they felt safe at the service. One person said, "I do feel safe, thank you, having these people helping me". Another person told us, "I feel safe here yes, the carers make me feel safe to be honest with you." Our discussions with staff showed most of them understood what abuse was and how to keep people safe. However, a small number of staff did not, despite receiving training in this area. The registered manager told us they would support staff further to increase their understanding of how to keep people safe.

People told us there were enough staff in the home. One person told us, "Well I think there are enough people working here, and I think there are perfectly enough." Rotas also showed, and most staff told us, there were enough staff deployed to meet people's needs.

Staff recruitment was robust as checks were carried out before staff worked with people using the service. These included checks of criminal records, employment history, references from previous employment, the medical history of the applicant and their right to work in the UK.

The premises were safe as they were maintained and checked regularly. This included checks of the heating system, fire and gas safety, electrical wiring and portable electrical appliances. A recent check of the service by the London Fire and Emergency Planning Authority found that fire prevention and fighting arrangements in the service were safe.

Is the service effective?

Our findings

Staff told us, and records confirmed, staff supervision was not regular or frequent to support staff in their roles and to monitor their performance. The registered manager told us that this was something they were aware of and they had been focused on improving other areas of the service since they began employment there. They confirmed they were working towards a more effective supervision programme. These issues meant people were at risk of receiving care from staff whose work and performance were not being adequately monitored because they received insufficient supervision in their work.

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff did not always follow the principles of the Mental Capacity Act (MCA) 2005 appropriately. The 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 Act 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's care plans showed mental capacity assessments were not always decision specific and staff sometimes presumed people lacked capacity in a range of decisions without proper assessment.

Staff did not always follow appropriate best interests making processes when people lacked capacity. For example the decisions to administer medicines to people covertly were not always made by assessing people's mental capacity and best interests making processes. This suggested that people may not be involved in decisions when they had capacity, and appropriate steps may not be taken when people do not. Our discussions with staff showed they did not always have a good understanding of MCA and why this was important to their role.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the provider had made the necessary DoLS applications as part of keeping people safe. However, our discussions with staff showed many did not understand the Deprivation of Liberty Safeguards (DoLS) or know whether DoLS authorisations were in place for individuals. This meant people were at risk of not receiving care which was in their best interests and in line with their DoLS authorisations.

These issues were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People made positive comments about the food they received. One person told us, "The food is good to be quite honest with you, I get enough drinks during the day and the carers know exactly what I like or dislike which makes it a lot easier". Another person said, "Nothing to complain about, the food is really good, and of course they know what I like or dislike". We observed mealtimes on three units and saw most people

received the right support in relation to nutrition. However one person did not receive support in line with their care plan. The person's care plan said they required specialist cutlery due to their health condition and this was not available to them. We observed the person was struggling to eat with the crockery and cutlery provided. When we asked staff about this they told us they did not usually need this cutlery although in the last few days they had deteriorated and so they would obtain it for them. This meant care plans were not always accurate for staff to rely on in providing the right care to people.

The chef and staff were aware which people required their food to be prepared in certain ways, such as those at risk of malnutrition, choking or those with diabetes. Food was prepared according to people's health needs. In addition people received a choice of meals, including vegetarian, Asian and Afro-Caribbean options to meet their cultural needs. Staff monitored people's risk of malnutrition and took appropriate action, such as referring to a dietitian, when necessary. Staff monitored people's food and fluid intake where there were concerns to make sure they had enough to eat.

People told us they accessed the right healthcare support. One person said, "I can see the doctor whenever I want." Staff supported people with their health needs and these needs were clearly documented in people's care plans so staff were aware of them. Records confirmed people regularly saw the healthcare professionals they needed such as GP, dentist, optician, psychiatrists and speech and language therapists.

Staff told us they received the training they needed to understand and meet the needs of the people they cared for. The registered manager ensured a training programme was in place which included topics such as dementia awareness, nutrition, pressure area care and safeguarding. Staff were supported to do further training such as diploma's in health and social care to deepen their knowledge of their roles.

Is the service caring?

Our findings

People made positive comments about the staff who cared for them. One person told us, "The staff are very caring, kind and compassionate towards me". Another person said, "I'm very satisfied to be honest, couldn't ask for anything else". A third person said, "[Staff] are lovely". A fourth person told us, "They are really good, respectful and kind". We observed staff treated staff with kindness. Staff were always visible in the communal areas of the home and the interactions we observed were positive overall.

People told us they were treated with dignity and respect by staff. One person told us, "They do respect my privacy and dignity, they always close the door and the curtain." Another person told us, "Oh yes, staff respect my privacy and dignity." Our observations supported these comments. We saw staff knocked on doors before entering and greeted the person by their chosen name, as indicated in their care plans. Staff also closed doors when providing personal care to people.

Staff supported people with their personal appearance and grooming. Staff helped people to choose matching clothes appropriate for the season and according to people's preferences. People had access to a hairdresser and clothes returned from the laundry were clean and pressed. We observed staff supported people to maintain a good standard of hygiene such as clean their hands before eating their meals.

Staff knew the people they were caring for well including their backgrounds, their likes and dislikes and people who were important to them. They took this into account when caring and supporting people to make sure the care was tailored to each individual.

Relatives told us they were able to visit without restriction which helped maintain people's support networks and make the service inclusive.

People were given the right care and support in relation to their dementia needs and physical disabilities. Our observations showed staff understood the best ways to communicate with individuals, including considering how dementia affected their communication.

Is the service responsive?

Our findings

People knew how to complain and were aware of the complaints policy. People told us they would go to staff or the manager if they had a concern. One person told us, "I don't have any problems, and I think it would be dealt with accordingly [if I did]". However, complaints records were poorly maintained. For seven complaints received since May 2016 there was only evidence of documentation for four of these and in that these were incomplete. Records did not indicate whether complaints were on-going or had been resolved and closed. There was no information recorded as how the complaints had been investigated and the outcomes of these investigations and whether complaints had been upheld. We did not see any records that the provider carried out a monitoring and an analysis of complaints received to identify trends and patterns so they could take appropriate action to prevent reoccurrence.

These issues were a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they were involved in planning and reviewing their care. One person told us, "I know about my care plan yes, but I have not read it, to be honest my family takes good care of that". A relative said, "Yes, we are involved". A social worker told us they visited the care home when necessary to review people's needs and these reviews included the person, staff and family members. We observed staff contacted people's relatives to keep them updated about their relative's progress. People and relatives confirmed staff communicated well with them and consulted with them about changes in care where necessary.

Records showed and relatives confirmed staff assessed people's needs before they came to live at Eltandia Hall. We saw people's care was planned according to their needs with each person having individual plans for each area of need.

Staff found out information about people's backgrounds, preferences and what was important to them and included this in their care plans for staff to refer to when providing care and support to people.

Most people told us there were sufficient activities they were interested in to keep them occupied, although two people felt there needed to be more available. One person said, "I like to read and do sing along, I don't think I get bored here". A relative said, "From what I have seen, they do good activities, just like today we were all dancing". Activity programmes were on display for people to refer to and showed a range of activities each week. An activity coordinator was employed to organise and lead activities across the home.

Is the service well-led?

Our findings

At our last comprehensive inspection in December 2015 we rated the provider 'requires improvement' in the key question 'Is the service well-led?' This was because the providers' governance arrangements to regularly assess and monitor the quality of the service had not identified shortfalls we found during our inspection in relation to medicines and staff training and support. At our focused inspection in April 2016 to check on action taken in respect of breaches found in the December 2015 inspection we found the provider had put in place a number of systems and audits. These had improved the quality of care provided to people. However we could not change the rating for 'well-led' from 'requires improvement' because we needed to see consistent improvements over time.

At this inspection we found the provider had not sustained improvements in areas of the service we identified concerns with at our December 2015 inspection. We also found new breaches of regulations relating to consent and the management of complaints.

The service had experienced a change in management since the last focused inspection. The previous manager left her post in spring 2016 to become the project manager for the organisation. She is still registered jointly with the current manager with CQC. The current manager began her post eight months prior to our inspection. Staff were positive about the new registered manager and told us they were accessible and visible across the service. The registered manager had made some improvements to the service including changing staff shift times so staff could support people to eat breakfast well before lunch was served as previously there was not a sufficiently wide period of time between breakfast and lunch. However, the registered manager agreed the service required more focus to improve in other areas such as those we identified and the change in management may have led to the lack of sustained improvements we had identified.

People were not adequately protected against the risks associated with the management of records because the provider did not always have appropriate systems in place. Descriptions of the treatment of wounds were detailed and regularly recorded. People's care plans said wounds should be evaluated each time they were dressed. In addition, staff did not always evaluate and document the condition of people's wounds each time they were dressed or use tracings as recommended by the National Institute of Clinical and Healthcare Excellence (NICE, 2014) to monitor whether the wounds were healing. Written evaluations including descriptions of the wounds were recorded inconsistently. This meant that recording in relation to people's wounds did not enable the close monitoring of wounds.

Staff used a screening tool to assess people's risk of malnutrition. However this was not always used appropriately to record individual risks to people. This meant for some people their risk of malnutrition was inaccurate and showed some people were low risk when they were actually at high risk of malnutrition. Discussions with staff showed they had determined people who were at risk of malnutrition in other ways such as weight monitoring and observing changes in behaviour at mealtimes. Staff had taken appropriate action to support people who were at risk of malnutrition. However inaccurate records meant these could not be relied upon by staff in monitoring malnutrition risks closely.

Care plans and monthly evaluations did not always contain consistent information, even though they were regularly updated. Some people's care plans did not contain sufficient detail to ensure staff could rely on them when providing care to people. The monthly evaluations of care plans stated tools to assess people's risk of pressure ulcers had been updated when this was not always the case. One person's care plan relating to their diabetes did not detail how staff should monitor their condition, what sort of food they should eat. Most people's care plans were reviewed monthly by staff to keep them up to date. Yet for one person when regular visits from a close relative stopped their care plan was not updated with this information for staff to refer to in supporting them in relation to this issue.

We saw accident and incident forms were not always properly completed with some sections incomplete or not signed off by management. In addition six accident and incident forms from between March and November could not be located at all. Accidents and incidents were also inconsistently recorded in the incident log. This meant the provider did not have enough information to monitor incidents and accidents and to introduce strategies to prevent reoccurrence.

Monitoring of water temperatures took place at hot water outlets to which people had access to, to reduce the risk of scalding. However, records were not always clear as to the location of the outlets being tested. This meant the provider could not be sure that all outlets were being tested regularly to ensure water remained at safe temperatures for people.

There were risks that people would not receive appropriate care and treatment because the provider did not have effective quality assurance processes. The provider had systems in place to assess, monitor and improve the service, including regular audits of medicines. However, these systems had not identified or resolved the issues we found in relation to the management of medicines, consent to care and treatment, staff supervision and the management of complaints.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a clear management structure in the service which helped people and staff understand who to approach for assistance. The registered manager was supported by a clinical lead and team leaders. The regional director and project manager provided further support to the service. Most staff were aware of their roles and responsibilities. When staff were identified as lacking in awareness of their roles and responsibilities the registered manager offered them appropriate support to improve.

The registered manager encouraged open communication with staff and people using the service through regular meetings and annual surveys. The registered manager held daily meetings with team leaders across the home to discuss any issues. In addition staff told us daily handover meetings were useful for discussing people's progress and addressing any concerns. There were also unit meetings and meetings for the whole staff team to share learning and best practice.

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 11 HSCA RA Regulations 2014 Need for consent The provider did not always act in accordance with the 2005 Act when people were unable to give consent because they lacked capacity. Regulation 11(3).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Treatment of disease, disorder or injury	The registered person did not establish and operate effectively an accessible system for recording complaints. Regulation 16(2).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Persons employed by the service provider did not receive appropriate support and supervision to enable them to carry out the duties they were employed to perform. Regulation 18(2)(a).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Care was not provided to people in a safe way through the proper and safe management of medicines, assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks. Regulation 12 (1)(2)(a)(b)(g).

The enforcement action we took:

We issued a warning notice to be compliant by 27 January 2017.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes were not established and operating effectively to assess, monitor and improve the quality and safety of the services provided, and to maintain securely an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided to the person and of decisions taken in relation to the care and treatment provided. The provider also did not always maintain securely records relating to the management of the service. Regulation 17(a)(c)(d)(ii).

The enforcement action we took:

We issued a warning notice to be compliant by 27 January 2017.