

Regal Care Trading Ltd

Le Moors

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 responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced inspection of Le Moors on 16 and 17 December 2015. Breaches of legal requirements were found. After the inspection, the provider sent us an action plan detailing what action they would take to meet legal requirements in relation to the breaches of Regulation 10, 12, 15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider told us that all actions would be completed by 31 March 2016.

We undertook this focused inspection on 1 June 2016 to check whether the provider had followed their action plan and made the improvements necessary to meet legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Le Moors on our website at www.cqc.org.uk.

Le Moors provides accommodation and personal care for up to eight people, including people with a learning disability and people living with dementia. At the time of our inspection there were seven people living at the service.

At the home bedrooms are located over two floors and a passenger lift is available. There is an open plan lounge and dining room on the ground floor. Bedrooms do not have ensuite facilities. However, there are suitably equipped toilet and bathroom facilities on both floors.

At the time of our inspection the service had a registered manager who had been in post since 2012. 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.

At this inspection we found that the provider had followed their action plan and legal requirements were being met.

People's medicines were being managed properly and safely and the home environment was safe.

The registered manager had submitted appropriate applications to the relevant authority, where people needed to be deprived of their liberty to keep them safe.

Regular audits were being completed by the registered manager and the provider in relation to many areas of the service. These were effective in ensuring that appropriate levels of care and safety were achieved and maintained.

Communication at the service had improved and the handover of information between staff during shift changes was more effective. This meant that staff were able to keep up to date with people's needs.

People were being supported to go out into the community more often. However, there was a lack of variety in relation to where people were being supported to go.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

We found that action had been taken to improve safety.

People's medicines were being managed safely. Medicines administration records had been completed appropriately by staff. Temperatures where medicines were stored were being recorded daily.

The home environment was safe. There were no hazards that could cause accidents or injuries.

We could not improve the rating for 'safe' from requires improvement because to do so requires consistent good practice over time. We will review the rating during our next planned comprehensive inspection.

Is the service effective?

Requires Improvement ●

We found that action had been taken to improve the effectiveness of the service.

Communication between staff at the service had improved, which meant that staff were able to keep up to date with people's needs.

Applications to deprive people of their liberty to keep them safe, had been submitted to the relevant authority.

We could not improve the rating for 'effective' from requires improvement because to do so requires consistent good practice over time. We will review the rating during our next planned comprehensive inspection.

Is the service responsive?

Requires Improvement ●

We found that action had been taken to improve the responsiveness of the service.

People living at the home were being supported to access the community more often. However, more variety was needed in relation to where people were being supported to go.

We could not improve the rating for 'responsive' from requires improvement because to do so requires consistent good practice over time. We will review the rating during our next planned comprehensive inspection.

Is the service well-led?

We found that action had been taken to improve how the service was being managed.

Regular audits of the service were being completed and were effective in ensuring that appropriate levels of safety were being achieved.

We could not improve the rating for 'well-led' from requires improvement because to do so requires consistent good practice over time. We will review the rating during our next planned comprehensive inspection.

Requires Improvement 

Le Moors

Detailed findings

Background to this inspection

We undertook a focused inspection of Le Moors on 1 June 2016. The inspection was carried out to check that improvements had been made following our comprehensive inspection on 16 and 17 December 2015, and that legal requirements were being met. The inspection was unannounced and was undertaken by one adult social care inspector.

Before this inspection we reviewed the information we had received about the service since our previous inspection in December 2015. This included the provider's action plan, which set out the actions they planned to take to meet legal requirements, and statutory notifications received from the service. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with the registered manager and two care staff. We observed staff providing care and support to people throughout the day. We reviewed people's care records and looked at service records including those relating to staff training, medicines administration, policies and procedures and records of audits that had been completed. We looked in people's bedrooms and at all communal areas to check that the environment was safe.

As part of the inspection we contacted a community healthcare professional who had visited the service. They did not express any concerns about the care being provided at the service.

Is the service safe?

Our findings

During our comprehensive inspection of Le Moors on 16 and 17 December 2015, we found that people's medicines were not being managed safely. The keys for the medicines room, which included the keys for the medicines trolley, were often left in the door, which meant that medicines were not stored securely and could be accessed by people living at the home. We looked at the medicines administration record (MAR) charts for two people living at the service. We found that for one person, the information sheet which recorded their room number, date of birth, GP and allergies had not been completed and a photograph of the person was not available. We noted that on both people's MAR charts staff had not always signed to demonstrate that medicines had been given, or recorded that medicines had been refused. This included PRN (as needed) medicines and time specified medicines such as antibiotics.

We found that there were no clear instructions for the application of external creams, such as a description of where the cream should be applied or a body map demonstrating this. We also found that the temperature of the room where medicines were stored had not been checked daily since October 2015. This meant that medicines may have been stored at temperatures above or below the recommended levels, which could reduce their effectiveness.

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

At this inspection we found that the provider had followed their action plan and was meeting the requirements of Regulation 12.

Medicines were being stored securely and the temperatures where medicines were stored were being recorded daily. We reviewed the MAR charts for two people and found that staff had signed on all occasions when medicines had been administered and had recorded when medicines had been refused. A photograph of each person was included in their medicines records to aid with identification. People's allergies and the details of their GP had been documented. There were clear instructions regarding the application of external creams and body maps were provided to demonstrate where they should be applied. We found that the surplus stock of one medicine for one person had not yet been returned to the pharmacy. We discussed this with the registered manager who arranged for it to be returned.

We noted that regular audits of medicines management had been completed by the registered manager and the provider. Action plans had been created and implemented where improvements were identified.

During our inspection in December 2015, we found that some areas of the home environment were not safe. The key code lock on the door to the cellar was broken and the door was not kept securely locked at all times. This meant that when staff were in the cellar, people living at the service were at risk of opening the cellar door and falling down the stairs. Nails were exposed in the toilet and bathroom on the first floor, which meant that people living at the home could have sustained injuries when using these facilities. In addition, the keys to an unsafe part of the building were left in the door making it accessible to people living

at the service. This meant that people living at the service were at risk of injury if they accessed this area. Action was taken to resolve these issues during our inspection.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had followed their action plan and was meeting the requirements of Regulation 15.

We viewed all the bedrooms and communal areas at the home and found the home environment to be safe. The staff we spoke with felt that the safety of the home environment had improved since our inspection in December 2015 and did not have any concerns.

On the first day of our inspection in December 2015, we found that some of the toilets and bathrooms at the service were not clean. We discussed this with the deputy manager and our concerns were addressed quickly. We did not have any concerns about the cleanliness of the home on the second day of our inspection. During this inspection we found that all areas of the home were clean.

Is the service effective?

Our findings

During our inspection in December 2015, we found that there was a lack of effective handover between staff shifts at the service. On the first day of our inspection, there had been a delay in appropriate infection control procedures being adopted due to a lack of communication between the night staff and the morning staff. In addition, there was a 'do not use' sticker on the lift, however, none of the staff were aware of the reason for this. As part of the inspection we had received feedback from a healthcare professional who visited the service. They told us that when the registered manager was not available, sometimes staff were not always up to date with information about people's needs.

During this inspection we found that communication between staff had improved. Hand held electronic devices had been introduced at the home to record the care and support provided by staff when they were on duty. We reviewed the records for two people and found that they were detailed and kept up to date. The registered manager and the staff we spoke with felt that communication between staff at the home had improved significantly. They told us that staff reviewed the records for each person prior to the shift change and when staff returned from leave, they reviewed the records kept during the period of their leave. This helped to ensure that staff were able to keep up to date with people's needs and any risks to their health, safety and wellbeing.

At our previous inspection, we looked at how the service addressed people's mental capacity. 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 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 make 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS)

We found that people's mental capacity had been assessed and as it was felt that they needed to be deprived of their liberty to ensure their safety, applications had been submitted to the local authority in respect of two people living at the service. The manager planned to submit DoLS applications in respect of the other five people living at the service. However at the time of the inspection, this had not been done.

During this inspection we found that DoLS applications had been submitted in respect of all of the people living at the service. This helped to ensure that appropriate action could be taken by staff to keep people safe.

Is the service responsive?

Our findings

During our previous inspection we found that the provider did not have suitable arrangements in place for supporting people to be involved in the community. We reviewed the care records for three people and found that people were being supported to go out less than once a month. By not supporting people to be involved in their community regularly, the service was restricting people's choices and was not supporting them to meet their social needs. The staff we spoke with told us they felt that people living at the service did not go out often enough. They told us there were lots of things that people could do in the community and that people enjoyed going out.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made and the provider was meeting the requirements of Regulation 10.

We reviewed the records of five people living at the service and found that most people were being supported by staff to go out approximately once a week. This was a significant improvement on our findings during our last inspection. The registered manager showed us photographs of people enjoying trips out into the community. We found that community visits included a one day gardening course and a birthday meal at a local restaurant. However, records showed that most outings were to local parks or local shops.

The staff we spoke with felt that people living at the home were going out more often than at the time of our previous inspection, but agreed that more variety was needed in relation to where people were supported to go. We discussed this with the registered manager who agreed to review the frequency and variety of outings with people to enhance their experiences when accessing the community. This would help to ensure that people's social needs were being met.

Is the service well-led?

Our findings

During our inspection in December 2015, we found that the provider did not have suitable arrangements in place for assessing and monitoring the quality of the service and acting on their findings. We noted that audits had been completed however they had not been effective in identifying the issues relating to medicines management and the safety of the environment that we found during our inspection.

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

We took enforcement action against the service provider requiring that they took action to become compliant with Regulation 17 by 14 March 2016 or we would consider further enforcement action. The provider subsequently sent us an action plan detailing the improvements they would make and advising that compliance would be achieved by 10 March 2016.

During this inspection we found that the provider had made improvements and was meeting the requirements of Regulation 17.

We found that the registered manager was completing weekly audits of medicines management and monthly audits of the home environment which included infection control and equipment. In addition, the area manager was completing monthly audits of the home which included medicines management, health and safety, premises and equipment, infection prevention and control, staff training, care plans and other care records and management and leadership. We noted that where improvements were identified, an action plan was in place.

We found that a number of improvements had been made since our inspection in December 2015 and we noted that compliance with the area manager's audit was improving monthly. The audits being completed were effective in ensuring that appropriate levels of care and safety were being maintained.