

National Neurological Services Ltd

La Retraite

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Summary of findings

Overall summary

About the service

La Retraite is a care home and was providing personal care to four people with an acquired brain injury at the time of the inspection. The service can support up to 10 people. La Retraite provides accommodation across two floors, with a lift and stairs providing access to both floors. People's bedrooms had a medicines cupboard, wet room, toilet and a small kitchenette. On the ground floor, people had shared use of a kitchen-diner and lounge, there was also level access to an enclosed rear garden. The manager's office was on the ground floor.

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

The provider could not be assured there were always sufficient numbers of suitably trained staff to administer medicines between 8pm and 8am.

A formula was being used to determine the numbers of staff deployed across the service. However, the formula calculated care in hours and did not consider people's individual care needs and the skills and training staff needed to meet these needs.

The provider had worked with local staffing agencies and had improved the numbers of staff working in the home. Staff told us there had been improvements to staffing levels.

Rating at last inspection

The last rating for this service was Inadequate (published March 2020) when we identified seven breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. Following our last inspection, we served a warning notice on the provider. We required them to be compliant with Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 1 November 2019. At this inspection we found some improvements had been made, but further improvements were needed.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Enforcement

We have identified a breach in relation to staffing. This was because the provider could not be assured there

were sufficient numbers of suitably qualified staff to administer medicines throughout a 24-hour period.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated.

Inspected but not rated

La Retraite

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection team was made up of two inspectors.

Service and service type

La Retraite is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four members of staff including the interim manager and care workers. We also emailed the provider's representative.

We reviewed a range of records. This included four people's care records. We looked at four staff files in relation to staff training and a variety of records relating to the management of the service, including rotas

and daily records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

Staffing

- The provider was using a formula to calculate the number of staff deployed across the service. The formula determined the number of staff needed each morning, afternoon and night. The calculations were based on the number of care hours required by each person living in the home. However, the formula did not consider people's specific care needs and the skills needed by staff to meet those needs.
- The provider could not be assured there were suitably qualified staff to administer medicines during the night. For example, one person's medicines care plan stated they often asked for pain medication late at night if they could not sleep. They were also likely to ask for their 'as required' (PRN) sleeping tablet late at night and a medicine for anxiety in the early hours of the morning. This meant staff had to stay beyond the end of their day shift to deliver medicines at 10pm and these PRN medicines would not be available after this time, which meant the person would not be able to safely have their medicine prescribed for pain or anxiety should they require it during the night/early morning. They did this to ensure people were administered their medicines at 10 pm as prescribed, as not all night staff had been assessed as competent to administer medicines.
- The provider had identified two months prior to our inspection that not all staff were trained to administer medicines. However, at the time of our inspection the provider was still unable to confirm which staff working at the service were trained and competent to administer medicines.
- We reviewed staffing rotas and found that staffing levels had increased since our last inspection. The provider was regularly using agency staff to ensure staffing numbers were in line with the requirements produced by their formula. Staff we spoke with confirmed this. Comments from staff included, "Staffing is a lot better. We always have four [staff], if someone is sick, we use agency who have been here before" and, "Generally there is enough in numbers, but not in regular staff."
- The provider contacted us after the inspection and told us they were working to ensure all staff employed by the service were competent to administer medicines within the month after our inspection.