

Ranc Care Homes Limited

Queens Court Nursing Home

Inspection report

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20 January 2016

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

The inspection took place on the 19 and 20 January 2016 and was unannounced.

Queens Court is registered to provide accommodation for persons who require nursing or personal care, diagnostic and screening procedures and also treatment of disease, disorder or injury. It can provide accommodation for up to 90 people some of whom maybe living with dementia. On the days of our inspection 63 people were using the service.

The service did not have a registered manager in post. 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 our previous inspection on the 6,7,8, October 2015 the service was placed in special measures due to the overall rating being inadequate. This inspection was to assess what measures the service had taken to improve nursing care.

The overall rating for this service remains 'Inadequate' and the service is therefore in 'Special measures'. Although we found that the service had made improvements across the service and care people received, they needed to sustain improvements over time to ensure people's on going safety and good quality care.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

At this inspection we found that risk assessments were clearer and new care plan documentation was in the process of being implemented to inform staff how to best support people.

People were receiving effective pressure area care. Medication management had improved although there were still areas that needed to be improved upon, for example prompt ordering of medication.

People's healthcare needs were met in a timely manner, and staff had received additional training to support people's physical healthcare requirements.

The service had implemented effective quality monitoring processes to have an effective overview of the service; and to monitor its performance or to look for ways of improving the service for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The safety in the service had improved but the rating will not change at this time, this is to allow the service time to embed and sustain safety processes in the service for people.

People had their risks assessed correctly and their care was planned in accordance with these assessments.

Equipment used was being monitored by staff to ensure it was providing the correct support.

Medication practices continued to be reviewed.

Is the service effective?

Inadequate ●

The effectiveness of the service had improved but the rating will not change at this time, this is to allow the service time to embed and sustain effective processes in the service for people.

People's healthcare needs were being addressed.

Staff training in dealing with healthcare needs was on-going.

Is the service well-led?

Inadequate ●

The service was not consistently well led.

The service had not yet appointed a registered manager and was currently being led by the regional manager.

The regional manager was in the process of addressing concerns at the service and this was on-going. They had established a robust quality monitoring system which is guiding the improvements.

Queens Court Nursing Home

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 the 19 and 20 January 2016 was unannounced.

The inspection team consisted of two inspectors. We also had a specialist advisor who was a nurse practitioner.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed the provider's action plan for improvements, safeguarding alerts and information received from a local authority.

We spent time observing care and used the Short Observational Framework for Inspection (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk to us, due to their complex health needs.

During our inspection we spoke with three people and four relatives, we also spoke with the regional manager, both of the floor managers, two nurses and two care staff. In addition we spoke with two visiting healthcare professionals. We reviewed 14 care files and monitoring charts, medication records, audits and policies held at the service.

Is the service safe?

Our findings

At our last inspection on the 6,7,8, October 2015 we identified concerns relating to people being kept safe. This was in relation to people having up to date risk assessments for staff to follow when caring for them. We also found that the service was not using pressure relieving equipment properly which placed people at risk of not receiving the appropriate care to meet their needs. In response the provider sent us information outlining what they had done to address these issues and how they intended to continue and maintain improvements to meet regulatory requirements. At this inspection we found that improvements had been made since our last visit.

At this inspection we found the provider had taken action to ensure people received safe care and treatment for their pressure area care. The service was currently being managed by the regional manager with support from senior management and the provider. The regional manager had taken steps to provide more clinical support to the nursing staff. They had bought in senior staff to manage both floors of the service. This meant they could give direct leadership to the nurses and care staff in terms of how to provide appropriate care for people. The regional manager had also arranged additional training for nursing staff to support them with the skills they needed to support people, for example with use of pressure relieving equipment.

We found that the regional manager had implemented new care planning and risk assessment documentation. This had been rolled out across the service for all people. This documentation was clear for staff to follow and we found that risk assessment documentation had been completed accurately enabling staff to identify how to support people safely, for example where people were at risk of malnutrition or were at risk of developing pressure sores. In addition we found that assessments completed for staff to follow when assisting people with moving were up to date and clear. Both the new floor managers were qualified trainers and were able to directly train staff with moving and handling should they identify any issues with staff practice.

At our previous inspection we found that pressure relieving equipment was not routinely used effectively or monitored to ensure it was providing the treatment people needed, for example, we found seven of the nine mattresses at the wrong settings for people's weight. At this inspection we found the service had put together wound care folders and monitoring records. We saw that staff checked daily that mattresses were on the correct settings for people's weight out of the nine we checked one was on the wrong setting. This was corrected immediately by the nurse.

Where people had repositioning charts, for staff to complete to demonstrate that people had been assisted to move, we found these were mostly all completed however we did note there were still some gaps with recording. This was brought to the floor managers attention and addressed immediately.

We spoke with two external health care professionals; a care home practitioner and a district nurse. The care home practitioner is a professional who attends care homes to support staff and provide individual training. They told us that they attended the service at least twice a month and that they spent time training staff on pressure area care and hydration they also gave advice as requested. On the day of our inspection

they were training staff on how to recognise signs of pressure area breakdown on people with a darker skin colour. They said, "The service is very pro training, and they are moving in the right direction." A district nurse told us, "The home is improving, there is better management and people are receiving appropriate nursing care."

At our last inspection we found there were some poor practices with the administration of medication, for example medication not being given on time, and pain relieving patches not being correctly recorded when administered. At this inspection we found there were some improvements however the regional manager recognised that improvements still needed to be made and maintained. Recording of pain patches and their administration had improved on the three charts we checked. However, we found in general there were still gaps with recording on the Medication Administration Records. We also found that where medication had run out staff had not been proactive in ensuring that this was resupplied quickly meaning people were at risk of not having their prescribed medication.

The regional manager had recognised the issues with medication and was taking steps to address these. They had invited in their medication supplier who provided an up to date audit of issues within the service. In addition they had arranged for the medication provider to come in and deliver face to face training to the staff. The new floor managers were also addressing issues directly with staff through supervision and competency checks on their skills with managing medication.

Although the service has made improvements the provider and regional manager recognised the areas they still needed to address and had a good understanding of these areas. However, the rating remains unchanged at this time as the service needed to demonstrate consistency and that improvement would be maintained; therefore the rating will be reviewed at our next full comprehensive inspection.

Is the service effective?

Our findings

At our last inspection on the 6, 7, 8, October 2015 we identified concerns relating to people having their healthcare needs met in a timely way. This was in relation to people having prompt access to other health professionals. In response the provider sent us information outlining what they had done to address these issues and how they intended to continue and maintain improvements to meet regulatory requirements. At this inspection we found that improvements had been made since our last visit.

The regional manager had taken steps to improve the way staff communicate to decrease the risk of instructions from other health professionals not being followed. For example at our previous inspection staff had four separate ways of written communication with the G.P who would write in a separate folder, nursing would write in another folder, there was also a GP record book and referral form. These were all stored in different places and not linked which led to an increased risk of important information being missed. The regional manager had set up a process where staff kept this information all together in people's care folder so that it easily accessible for all staff to read and keep up to date and to ensure GP instructions are followed.

From care records we saw that people were referred promptly to other professionals such as the dietician and this was recorded with the advice to follow in people's care records. The regional manager has been liaising with continuing health care team to source a new chiropodist for the service. In addition they were also working with them to obtain a review of all pressure area care and treatment from a tissue viability nurse.

At our last inspection some nursing staff did not feel they had the correct skills to provide health care to people. In response to this the regional manager arranged for nursing staff to have training in managing syringe drivers. They had also arranged training for nurses to revalidate their skills in taking bloods, peg and trachea care, pressure ulcer prevention, catheterisation and clinical observation amongst others core skills. This would be in the form of a two day training course in February 2016 and the regional manager were including the regular agency nurses in this training to ensure consistent nursing care quality across the service.

Although the service has made improvements, the rating remains unchanged at this time as the service needed to demonstrate consistency and that improvement would be maintained; therefore the rating will be reviewed at our next full comprehensive inspection.

Is the service well-led?

Our findings

At our last inspection on the 6,7,8,October 2015 we identified concerns relating to the governance of the service and how it was being managed. In response the provider sent us information outlining what they had done to address these issues and how they intended to continue and maintain improvements to meet regulatory requirements. At this inspection we found that improvements had been made since our last visit.

The service is still in the process of recruiting a registered manager, in the interim the regional manager is based at the service and has taken on the day to day management of the service. This has given the regional manager the opportunity to address all the issues we identified at our inspection and they have been working to rectify the areas of concern.

The previous manager had not been following the provider's procedures for monitoring the quality and provision of the service. This had impacted on the quality of service being delivered. The regional manager had taken steps to reinstate the quality monitoring to ensure they had an overview of the service and could implement improvements.

The regional manager had in addition engaged with external providers to gather support in improving the service. This has included working with continuing health care, clinical commissioning groups and the local authority.

The provider had supported the regional manager by providing additional resources, for example they have given extra administration support. This support had helped with reviewing staff files to ensure all staff employed have the appropriate checks in place, they have also completed a complete financial audit of the service to ensure there are no discrepancies. This has helped to reassure people and their relatives that finances are being handled appropriately and invoices such as for newspapers and hairdressers are being paid promptly.

Following our previous inspection the regional manager undertook a complete review and audit of the service in October 2015 to give them a baseline and to identify the issues of concerns. Using the provider audit tool they rated the service a score of 52% which meant they were of major concern. The regional manager used this information to begin addressing the issues at the service. For example they bought in extra clinical support to guide staff, additional training for staff where there were gaps in staff learning, additional administration support, and took steps to appoint a manager to lead each floor. Three relatives we spoke with all felt there had been some improvements since last year. When the audit was repeated in December 2015 the score was 76% which meant the service was still of moderate concern but some areas were improving. The regional manager has in addition implemented a daily audit that the floor managers complete. This gives a snapshot of the larger audit and allows for them to address any issues immediately, for example they will review three medication charts and address any issues with staff. They have in addition implemented better healthcare monitoring for example there are now daily checks on pressure care equipment to ensure airflow mattresses are on the correct settings for people.

The previous manager and regional manager at the service had not been following the providers quality assurance systems this included monitoring people's dependency levels. The provider stipulates that dependency levels for each person should be completed monthly to assist in the calculation of care hours that are needed to be provided. These are now being completed monthly and the information used to calculate the amount staff needed to provide care. The regional manager has been addressing staffing issues at the service this has included disciplinary issues which had led to staff being dismissed from the service where it has been identified they have breached their contract in some way. Due to this the service continues to use agency staff, however the regional manager is using a specialist nursing agency to provide permanent qualified staff. This means that although the service is reliant on agency at this time they are using the same staff, so that people have consistency of care. The service continues to recruit new staff and is planning a week of holding interviews to employ new staff.

Medication management monitoring had improved at the service. The regional manager had asked the medication supplier to come in and complete their own audit of the service and had also asked them to complete face to face medication training with the staff. Audits were now being completed weekly and monthly to identify and address issues. Although there are still issues with medication, for example signing of medication charts and ordering of medication, there had been improvements. For example they had improved the monitoring of transdermal patches to ensure they were being administered correctly. Staff were also completing competency checks to monitor their practice.

Leadership within the service was more visible, the regional manager was based at the service and there was now senior management on site seven days a week as the care managers worked on alternate weekends. One member of staff told us, "There is always a manager around, you even see them at weekends now." The regional manager had set up a number of meetings to be held with people, relatives and staff for the rest of the year. These meetings were advertised for everyone to see and on the days of our inspection meetings were being held. Relatives we spoke with knew of these meetings and discussed with us issues they would be bringing up at the meetings. This meant the service was listening to people's opinions and discussing their experiences with them.

Due to the improvements we no longer find the service in breach of Regulation 17 Governance. However the service needs to ensure it maintains these improvements and management oversight and improvement of the service, therefore the rating will not be reviewed until our next inspection.