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Beverley Lodge Nursing Home

Inspection report

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Date of inspection visit:
16 June 2016

Date of publication:
29 June 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

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 comprehensive inspection of this service on 1 February 2016 at which breaches of legal requirements were found. We found that safe medicines management processes were not followed, accurate and complete care records were not maintained, governance processes were not robust and the registered manager did not adhere to requirements of their registrations including submitting statutory notifications. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements. They said they would make the necessary improvements by 1 April 2016.

We undertook a focused inspection on the 16 June 2016 to check that they now met legal requirements. This report only covers our findings in relation to this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Beverley Lodge Nursing Home' on our website at www.cqc.org.uk.

Beverley Lodge Nursing Home provides accommodation, nursing and personal care to up to 19 older people. At the time of the inspection 14 people were using the service, some of whom were living with dementia.

A registered manager was in post. The manager of the service had become their registered manager, and the provider had stepped down as the registered manager since our previous inspection. 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.

Whilst improvements had been made since our last inspection, there were still inaccuracies and missing information from people's care records. We saw that care records did not provide accurate and detailed information about people's care needs. We also saw that accurate records about the support provided, and the preventative measures taken to protect people's skin integrity were not maintained. Audits of care records did not capture all aspects of care documentation and did not review the quality of daily records.

Progress had been made and in the main safe medicines management processes were followed. We saw that on the whole records were kept of medicines administered, and correct stocks of medicines were maintained. People received their medicines as prescribed. Audits of medicines management had identified some areas requiring improvement and these had been addressed.

Systems were in place to monitor key events that occurred at the service, and whether a statutory notification needed to be sent to the Care Quality Commission. This included ensuring notifications of serious injuries and the outcome of deprivation of liberty safeguards applications were submitted.

The service continued to be in breach of the regulation relating to good governance. We are taking further

action against the provider in relation to this and will report on this when our action is completed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Medicines management processes had been strengthened and people received their medicines as prescribed. Medicines administered were recorded and accurate stocks of medicines were maintained. Safe practice was followed in regards to the management of controlled drugs.

The registered provider was now meeting the legal requirements they breached at our previous inspection. While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'safe' at the next comprehensive inspection.

Requires Improvement ●

Is the service responsive?

Some aspects of the service continued to not be responsive. Accurate care records were not consistently maintained. Some records did not contain sufficient level of detail about the support people required and some contained conflicting information. Accurate records were not maintained about the daily support provided and preventative measures taken to protect people's skin integrity.

The registered provider continued to be in breach of the regulation relating to good governance, including the quality of care records.

Requires Improvement ●

Is the service well-led?

Whilst improvements had been made some aspects of the service continued to not be well-led. Auditing processes had been strengthened. Medicines audits had identified areas requiring improvement and these had been addressed. However, whilst care records audits had identified and addressed some areas of concern regarding the quality of care plans, it did not review the quality of records of daily support provided.

Statutory notifications of serious injuries and deprivation of liberty safeguard applications were submitted as required.

The registered provider continued to be in breach of the

Requires Improvement ●

regulation relating to good governance.

Beverley Lodge 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.

We undertook a focused inspection of Beverley Lodge Nursing Home on 16 June 2016. This inspection was completed to check that improvements to meet legal requirements planned by the registered provider after our comprehensive inspection on 1 February 2016 had been made. We inspected the service against three of the five questions we ask about services: is the service safe? Is the service responsive? Is the service well-led?

The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the home, this included the registered provider's action plan, which set out the action they would take to meet legal requirements.

During our inspection we spoke with three staff, including the registered manager. We reviewed three people's care records and five people's medicines records. We reviewed records relating to the management of the service and notifications of key events that occurred at the service.

Is the service safe?

Our findings

At our previous inspection on 1 February 2016 safe medicines management practices were not consistently followed. Accurate records of medicines administered were not maintained, and there were discrepancies in the stocks of medicines meaning there was a risk that people were not receiving their medicines as prescribed.

At this inspection we found that on the whole, safe medicines management processes were followed. Medicines were securely stored. Safe practice was followed in regards to controlled drugs. They were administered as prescribed and accurate records were maintained. People received their medicines as prescribed. For medicines prescribed to be taken 'when required' protocols were in place to instruct staff when to give them and at what dose. Medicine administration records (MAR) were maintained. We saw that some gaps had been identified where there were missed signatures on the MAR. These had been identified through the medicines auditing process and addressed with the staff involved. On the whole accurate stocks of medicines were maintained. For all the medicines we checked, apart from one, stocks of medicines were as expected. The registered manager told us they would look into the one inaccuracy to identify what went wrong so they could address any issues.

The provider was now meeting the regulation in regards to safe care and treatment.

Is the service responsive?

Our findings

At our previous inspection accurate care records were not maintained. People's care plans did not contain sufficient detail about people's needs and the level of support they required. This included in regards to mobility support and pressure area care. There was a risk that due to this information not being included in people's care records that staff may not provide people with safe care and the level of support they required.

At this inspection whilst there had been improvements in some areas of the care records they still lacked detail and did not provide an accurate account of people's needs and the support provided. We saw that some records contained conflicting information in regards to people's continence needs and in regards to the equipment that staff needed to use to support people with moving and handling. We saw that some records did not provide accurate instructions about what support and monitoring people required, for example, in regards to night time checks and prevention of pressure ulcers.

A new recording system had been implemented to capture the support provided on a daily basis. However, this was not consistently implemented and there were a number of gaps in recording. This meant we could not be assured that people were being supported to reposition at the frequency required to protect them from developing pressure ulcers and that people's safety was being regularly checked.

The provider remained in breach of the regulation regarding good governance.

Is the service well-led?

Our findings

At our previous inspection we found that governance processes were not robust. Care record audits did not consider the quality of recording. We saw that sufficient action was not taken when improvements were identified as being required, in regards to medicines management.

At this inspection the process to audit and check the quality of care records had been strengthened. We saw that many improvements had been identified and made to care records through this process, however, the audits had not identified all the concerns we identified with the quality of care records. We also saw that the current care records audits reviewed the quality and completeness of care plans and risk assessments, but it did not review the quality of daily monitoring and support records.

Medicine audits had been strengthened and improved. We saw the process was now identifying and addressing areas requiring improvement. A recent audit had been undertaken by the pharmacy and had not identified any areas requiring improvement, demonstrating that the medicines audits carried out by the provider were effective.

Due to our concerns regarding the robustness of the care records audits the provider remained in breach of the regulation relating to good governance.

At our previous inspection we found that the provider had not adhered to all the legal requirements of their registration and had not submitted statutory notifications about serious injuries and the outcome of applications for authorisation to deprive people of their liberty.

At this inspection a process had been implemented to record all incidents and identify whether a statutory notification was required to be submitted to the Care Quality Commission (CQC). We identified that all serious injuries were notified to the CQC as required, as well as the outcomes of the deprivation of liberty safeguard applications and allegations of possible abuse.

The provider was now meeting the regulations in regards to submission of statutory notifications.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Registered persons did not ensure sufficient systems were in place to assess, monitor and improve the quality and safety of service provision. Regulation 17 (1) (2) (a)</p> <p>Registered persons did not ensure accurate, complete and contemporaneous records were kept of each service user was maintained. Regulation 17 (1) (2) (c)</p>

The enforcement action we took:

A warning notice was issued.