

Cullum Welch Court

Cullum Welch Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced focused inspection took place on 16 August 2017. This inspection was planned to follow up on the breaches of regulation in relation to medicines and aspects of quality monitoring in relation to the premises, equipment and staff records found at the comprehensive inspection of the service carried out on 20, 22 and 23 March 2017. Following that inspection the provider took immediate action to start to address the issues and sent us an action plan to tell us what further action they were taking to improve the quality monitoring at the home.

Cullum Welch Court Care Home is owned by the charity Morden College and is within the grounds of Morden College and part of its community. The home provides residential, nursing and dementia care for up to 60 older people and respite care to members of its community and the wider local community. On the day of the inspection there were 50 people living in the home.

There was an established registered manager in post who had worked at the home for several years. 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. They were aware of their responsibilities as registered manager.

At this inspection we found considerable improvements had been made. The provider had reviewed their quality monitoring systems and added to them to oversee quality improvements and communication across the charity. The previous concerns in relation to medicine storage and administration had been addressed, the clinical rooms had been refurbished and reorganised. The auditing process strengthened. Medicines were safely managed across the service.

At the last inspection in March 2017 we had found that, although there were some health and safety checks in place, they were not comprehensive to cover all areas of equipment and the premises in order to reduce risk. At this inspection we found the provider had appointed a new maintenance staff member with responsibility for premises and equipment checks. There was a full range of equipment and premises checks completed and where issues were identified these were rectified. An audit of staff files had been completed and action taken in relation to any missing records. There were systems to ensure that new staff records were kept up to date.

The home has a structure to keep an effective overview of risks and safety and there was a culture of learning from mistakes.

In view of the improvements found and that there were no other issues noted at the comprehensive inspection of March 2017 we have changed the rating of the key questions safe and well led to good and this has changed the overall rating to good, in line with our characteristics for providing ratings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The home was safe.

Medicines were safely managed. There were no other concerns in this key question. We have now rated the service good in line with our characteristics for rating services.

Is the service well-led?

Good ●

The home was well led.

Improvements had been made to the quality monitoring processes in those areas identified from the last inspection as in breach of regulation. Systems to monitor staff records, medicines and the safety of equipment and the premises were effectively maintained. There was increased oversight to ensure these changes were sustained.

The provider had used the learning identified to strengthen the oversight across the home.

There were no other concerns in this key question. We have now rated the service good in line with our characteristics for rating services.

Cullum Welch Court Care 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 checked 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 Cullum Welch Court Care Home on 16 August 2017. This inspection was unannounced and was carried out by one inspector. It was carried out to check that improvements to meet legal requirements had been made, by the provider, after our comprehensive inspection on 20, 22 and 23 March 2017. We inspected the home against part of two of the five questions we ask about services: is the service safe and is the service well led. This is because the home was not meeting legal requirements in relation to some parts of those questions at the last inspection.

Before the inspection we reviewed the information we held about the service, this included the provider's action plan, which set out the action they would take to meet legal requirements.

During the inspection we did not speak directly with people living at the home; this was because the issues we had identified at the last inspection concerned records related to the management of the service.

We spoke with the registered manager, the deputy head of care, the head of the dementia unit, a member of the maintenance team, the head of HR, a nurse, a senior care worker and a representative of the provider. We looked at six staff recruitment files and other records related to the management of the service including audits and checks on the quality of the service provided.

Is the service safe?

Our findings

At our last comprehensive inspection in March 2017 we had found that staff had been trained and their competencies to administer medicines checked. Medicines had been safely managed on one floor. However, we found some issues on another floor, as one person had received a controlled drug from an out of date supply. Some medicines had been stored incorrectly and there were also issues about the prompt and safe disposal of some medicines and expired vaccines. Otherwise medicines had been administered as prescribed. The home had taken immediate action at this inspection to start to address the issues found. Disciplinary action had been taken in respect of the medicine error found at the last inspection.

At this inspection on 16 August 2017 we found considerable improvements had been made. Medicines were safely and appropriately stored and the clinical rooms throughout the home had been refurbished. The deputy manager told us that the new rooms helped to ensure that the system for managing medicines was now more streamlined and organised and staff we spoke with confirmed this. We checked and found there were no out of date controlled drugs or other medicines. We saw that medicines and other clinical supplies were promptly disposed of when no longer required. Medicines were safely administered. We checked a sample of medicines administration charts in each clinical room and saw there were no gaps in the records and that any allergies were identified clearly.

Daily and weekly checks were carried out to make sure people received their medicines as prescribed and to ensure medicines were managed safely. The deputy manager told us there had been no medicines errors since the last inspection. There was guidance for staff on when to administer as required medicines.

As there are no other areas in this key question that were identified as requiring improvement at the last comprehensive inspection, we have therefore changed the rating of this key question to good in line with our characteristics for ratings.

Is the service well-led?

Our findings

At our comprehensive inspection of 20, 22 and 23 March 2017 we had found there were some good elements to the quality assurance system at Cullum Welch Court, but, some systems to monitor the quality of the home did not function effectively. There were some checks on equipment for example bed rails and call bells. However, some premises checks had not been routinely made to ensure possible risks were identified. These included, for example, window restrictors and heated towel rails. Hot water checks were carried out but confirmation of any actions that need to be taken to reduce risk had not always been recorded. Staff records were not audited to ensure they conformed to current guidance and we found a small number of missing staff induction records or the absence of a full employment history in three staff files.

The provider took action at the inspection to address the issues found and sent us an action plan to explain what action they had taken to meet the regulation and to ensure that changes were embedded.

At this inspection on 16 August 2017 we found improvements had been made. A new permanent post of maintenance staff member for the home had been appointed to carry out a full range of regular health and safety checks across the nursing home on equipment and the premises. We saw that where any issues were identified they had been recorded and then acted on, to ensure an audit trail. For example where a window restrictor or radiator cover had been found to be loose it was identified on the record and the action taken to repair it recorded. Action taken to reduce the water temperatures was recorded and taken where needed.

The provider had reviewed their recruitment policy and procedure to ensure it conformed to current guidance and the regulations. A full audit of staff files had been completed to identify and address any missing documentation. We looked at the audit completed and checked six staff files which included new staff since the last inspection. We found all the required relevant documentation available. The registered manager and HR department confirmed they had regular contact with each other to ensure documentation was completed and kept up to date.

We found the system for auditing medicines had been fully reviewed. A group of nurses and persons in charge had been trained to complete daily, weekly and monthly audits across all aspects of medicines management. The deputy manager told us it had helped to develop staff knowledge and sense of responsibility for medicines management. Where action had been identified, as a result of an audit, we saw the completed action had been recorded. For example, a mistake in stock count of a medicine had been identified and the error tracked and corrected. Management monitoring and oversight of medicines was carried out through random monthly audits and regular quarterly audits. There was a twice yearly external audit from a local pharmacist to help identify any improvements needed.

The provider told us they had used the feedback from the last inspection and the issues identified as an opportunity to ensure wider learning and review their governance across the home. They had made a number of permanent changes. This included seeking an independent consultant's advice about the governance of the charity and the creation of a new compliance committee. This monitored the quality and safety of the service across the departments and ensured departments worked more effectively together

across the home. We looked at the minutes from the compliance committee meetings and saw they tracked and checked progress with quality and safety across a range of areas to provide additional over sight.

At the last comprehensive inspection in March 2017 we had found that there was evidence of good and effective leadership about other aspects of the management of the home. Feedback from people, relatives, visiting health professionals and staff was positive. The culture of the home included an emphasis on improvement and developing the service provided. The provider had acted quickly to address the issues we had identified and there were established processes that would monitor and ensure improvements continued. We have therefore changed the rating for this key question to good in line with our characteristics for awarding ratings.