

Bewick Waverley Limited

Waverley Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 18 and 21 May 2015. Two breaches of legal requirements were found relating to safe care and treatment and staff recruitment. After the comprehensive inspection, the provider failed to write to us to say what they would do to meet legal requirements.

We undertook this focused inspection to check they had made improvements regarding safe care and treatment and staff recruitment, and to confirm that they met the legal requirements. This report only covers our findings in relation to those legal requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Waverley Lodge Care Home on our website at www.cqc.org.uk.

Waverley Lodge is a care home providing accommodation with nursing and personal care for up to 45 people. The service is primarily for older people, including people living with a dementia related condition. At the time of the inspection there were 33 people accommodated there. A registered manager was in post at the time of the 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.

We found the provider was still in breach of the regulations relating to safe care and treatment. Improvements had been made to hygiene and infection control. These included improvements to the first floor sluice room. Staff recruitment information, including verification of relevant qualifications, was also obtained before staff commenced duty.

Medication administration arrangements and records had not improved. We found continued shortfalls relating to the administration of medicines, record keeping, stock control, hygiene and the oversight of staff regarding their competency to administer medicines.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to safe care and treatment and good governance. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Improvements had been made to facilities in a sluice room.

Staff recruitment information, including verification of relevant qualifications, was obtained before staff commenced duty.

Some shortfalls remained in medicine record keeping, stock control and administration practices.

Requires Improvement ●

Waverley Lodge Care Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Waverley Lodge Care Home on 20 January 2016. This inspection was done to check that improvements to meet legal requirements had been made after our comprehensive inspection on 18 and 21 May 2015. We inspected the service against one of the five questions we ask about services: 'Is the service safe?' This was because the service was not meeting legal requirements at the time of our initial 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This inspection was undertaken by one adult social care inspector. Before the inspection we contacted the local council's commissioning team. They raised concerns about the home. During the inspection we spoke with three staff members, including the registered manager and a staff nurse. We looked at medicine storage arrangements and reviewed a sample of care records. These included two people's care plans. We looked at medicine administration records and a staff member's supervision notes. We looked at staff recruitment records for two staff. We looked at notifications made to Newcastle City Council's safeguarding adults team. We discussed our findings with the registered manager.

Is the service safe?

Our findings

At our last inspection in May 2015 breaches of legal requirements were found. These included a failure to ensure suitable arrangements for the safe care and treatment of people using the service. This was specifically in relation to the safe management of medicines and infection control. We also found gaps in the information obtained about staff who had applied to be employed at the home. This was because evidence of relevant qualifications had not been obtained. After the inspection we requested the provider send us an action plan to describe how the standards of the service would be improved. The provider developed their own action plan but they failed to send one, as requested, to the Care Quality Commission.

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

During our previous inspection there were concerns about the way some medicines were managed. During our earlier inspection we found the following shortfalls. In the downstairs trolley we found two pots containing medicines that had been removed from the Monitored Dosage System (MDS). The administration records for these medicines had been signed as administered. Some staff signatures used to record administration were difficult to distinguish from a code used to record non-administration. Hand written entries were either not signed or signed by only one member of staff. Stocks did not correspond accurately to the medicines records in two cases we checked.

On this occasion we again found that in the downstairs trolley there were two pots containing medicines that had been removed from the MDS. These were for two people using the service. The administration records for one person's medicines had been signed as administered. For the other person the medicine records were blank. This practice did not comply with the provider's medicine procedure and increased the likelihood of mistakes occurring. It also meant the staff member had not checked the people concerned were either able and had consented to taking the medicines before them being removed from their packaging.

As found at the last inspection, some staff signatures or coded entries used to record administration were difficult to distinguish from another code used to record non-administration. No additional notes had been completed to explain these omissions. Furthermore, we found some hand written entries were not signed and countersigned to verify their accuracy.

We also found stocks of medicines which could not be reconciled, due to inadequate stock and audit records. This meant these medicines could not be readily verified and mistakes were less easy to identify. We found a person who was prescribed medicines to be administered up to four times a day. However records showed this was only offered to them on three occasions each day. This meant they were not offered their medicines as prescribed.

We found spoons and pots used to help administer medicines were left in or stored next to hand wash basins. This did not promote good hygiene in relation to the consumption of medicines. Checks on a staff

member's competency to continue administering medicines had not been repeated following the last inspection. Supervision meetings for this member of staff had no record or a discussion regarding the practice of potting up medicines, which was found at this and the previous inspection.

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

During our previous inspection we found the first floor sluice room, which contained a sluice disinfectant and was used to store cleaned commode pots and lids. We saw there were other items inappropriately stored there, such as continence pads, examination gloves, a person's topical medication, toiletries and a TV remote controller. The surface material for the draining rack, used to air dry cleaned items, had degenerated, exposing rusty metal and making it difficult to keep clean. During this inspection we found this area did not contain excess storage items and the metal draining rack had been replaced. We found improvements had been made in this area.

During our previous inspection we found one staff member had stated on their application they held a relevant care qualification, however there was no evidence this had been seen as part of the recruitment process, and a copy of this could not be provided to us. On this occasion we found a system was in place to ensure staff held the relevant qualifications they declared on their application form. Although the two staff recruited to the home did not have relevant qualifications, a revised checking process had been introduced to help ensure this information was verified and copies kept if appropriate. We found improvements had been made in this area.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider failed to send the Commission, when requested to do so, any plans for improving the standard of the service provided to service users with a view to ensuring their health and welfare. 17(3)(b).
Treatment of disease, disorder or injury	

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 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The registered person had not ensured the proper and safe management of medicines. Regulation 12(2)(g).
Treatment of disease, disorder or injury	

The enforcement action we took:

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