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Grasmere Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 19 October 2015 and was unannounced. At our last comprehensive inspection on 2 and 13 July 2015 we found the provider was not meeting legal requirements in relation to safe care and treatment and good governance. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check the provider had followed their action plan and to confirm that they now met legal requirements and had addressed the areas where improvement was required. We found the provider had not taken all the necessary action to improve the service in respect of the breaches we found which meant they were still in breach of regulations.

This report only covers our findings in relation to those requirements and some other areas where the provider

told us they would make improvements, such as supporting people in relation to their risk of falling and risk of developing pressure ulcers. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grasmere Rest Home on our website at www.cqc.org.uk.

Grasmere provides accommodation for up to 25 older people some of whom had dementia. During our inspection there were 22 people using the service.

There was no registered manager in post although the new manager who had started in March 2015 had started the process to register with CQC. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

Although the provider had made some improvements to medicines management systems, we found that the provider was not adequately the risks associated with medicines. Our stock checks indicated people may not always have received medicines as prescribed. Accurate records of medicines received and carried over into a new cycle were not always made which meant the service could not always be sure of their stock balances. Daily checks of medicines administration and monthly audits of medicines systems were in place, but these were ineffective as they had not identified the issues we found.

The provider had installed air conditioning in the medicines storage room with daily temperature monitoring which meant medicines were stored at a safe temperature. Protocols to guide staff as to when to administer as required medicines were mostly in place for staff to follow in administering these medicines safely, the manager was in the process of completing the last protocol. The manager had introduced a competency assessment to check staff administered medicines safely.

The provider did not always assess people's risk of developing pressure ulcers accurately as they were not using an assessment tool properly. This meant people may not be receiving the right support in relation to their actual risk of developing pressure ulcers.

The provider had updated their falls policy to incorporate best practice guidelines on identifying why people were

experiencing falls and address environmental hazards more clearly. Records relating to people's falls were clearly made and most people received the right support in relation to falls. However, one person may not have received the right support in relation to falls as advice from the falls team who had supported them was not recorded in their management plans, or information about their observed behaviour in relation to falls.

A range of health and safety checks were in place and the provider had recently had a Legionella risk assessment carried out which identified several high risks in the home. The manager confirmed an action plan was in place to address these issues to reduce the risks to people. Regular checks of the environment were in place including checking window restrictors remained suitable so people were at reduced risk of falling from height.

The provider had introduced a monthly manager's audit since our last inspection. The manager checked various aspects of the home and reported concerns to the provider. However, records of a number of these audits could not be located by the manager. In addition, we saw that this audit was not comprehensive and had not identified the issues we found.

At this inspection we found a breach of regulation in relation to safe care and treatment. You can see the action we told the provider to take at the back of the full version of this report. We also identified a breach of regulation in relation to good governance. We served a warning notice in relation to this breach for the provider to be compliant by 28 December 2015.

Summary of findings

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 always safe. While the provider has made some progress since our last inspection, medicines were still not always managed safely to make sure people received their medicines in line with their prescription.

Risks to people were generally managed appropriately, but some aspects of risks management were still lacking which meant people were not always protected against the risk of harm happening to them.

Requires improvement



Is the service well-led?

The service was not always well-led. There was no registered manager in post but the provider had plans to address this. The quality assurance systems were not robust enough to ensure people were protected against the risks of unsafe and inappropriate care.

Requires improvement



Grasmere Rest 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 19 October 2015 and was unannounced. It was undertaken by a single inspector. This inspection was completed to check that improvements to meet legal requirements planned by the registered

provider after our comprehensive inspection on 2 and 13 July 2015 had been made. We inspected the service against two of the five questions we ask about services: is the service safe? Is the service well-led? This is because the service was not meeting legal requirements in relation to those questions at that inspection.

Before our inspection we reviewed information we held about the service and the provider. During the inspection we spoke with two people using the service, one relative, the manager and one care worker. We looked at six people's care records, medicines records and records relating to the management of the service including quality audits.

Is the service safe?

Our findings

During our last inspection 2 and 13 July 2015 we found some aspects of medicines management were not safe. Medicines were not always stored at a safe temperature to avoid damage due to high temperatures. Medicines records were not all accurate and we could not confirm people had received medicines as records indicated. The amounts of medicines in stock were not always known as balances carried forward from the previous cycle were not always recorded clearly. Guidance was in place for staff to follow for some but not all 'as required' medicines and guidance had not been updated for over a year. This meant staff may not have known when people required these medicines. Although the provider told us they assessed staff were competent to administer medicines there were no records to verify this. After the inspection, the provider wrote to us with their action plan setting out how they would improve the management of medicines.

At this inspection we found some improvements had been made, but the provider was still not managing people's medicines safely. We carried out stock checks for six medicines and were not able to confirm people received medicines as prescribed for two medicines. For one course of antibiotic, there were more signatures to show the medicine had been administered than was possible due to the amount of medicine received. For another medicine the balance brought forward from the previous cycle had not been recorded so the amount of medicine expected in stock was unknown. We saw that for several other medicines the amount of medicines carried forward from one cycle to the next was not always recorded on the medicines administration record (MAR) to provide a clear audit trail of medicines in the home. Staff inconsistently recorded this information on medicines boxes, although these boxes would eventually be destroyed and this information would not always be retained for auditing purposes.

One person had fallen nine times since June 2015 and we could not be sure they received the right support in relation to this. Staff told us this person had been referred to and reviewed by the falls team in the past year. However, the outcome of the assessment by the falls team and guidance for staff in supporting the person was not documented in their care plans so someone reading the care plan would be clear of the action to take to minimise the risk of the

person sustaining harm through falls. The manager told us they would re-refer them to the falls team and ensure their care plans contained the necessary guidance for staff to support them safely.

At our last inspection we found that care staff did not always use a tool to assess people's risk of developing pressure ulcers correctly. The manager explained this was a new task for staff to complete and further training was planned to improve staff abilities to use the tool. At this inspection we found staff had received further training in using this tool. However, we found staff were still using the tool inappropriately. This meant the provider could not be sure they had identified those people at risk of developing pressure ulcers accurately and put the right support in place to minimise this risk. The manager told us they would review processes to ensure the tool was being used properly in identifying risk.

The above shows that the provider was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found that when falls occurred the provider carried out a root cause analysis, including checking if people had underlying health conditions and arranging medicines reviews. However, these investigations did not always follow a standard format which meant some potential root causes for falls may not be identified. At this inspection we found staff had received training in checks to carry out if a person sustained a fall as part of the root cause analysis. The provider had also updated their falls policy to include guidance on carrying out a root cause analysis with a standard form to complete as part of this. Staff recorded information clearly on accident and incident forms about falls and we saw people were checked appropriately, receiving medical assistance where necessary when they fell.

People identified as at risk of pressure ulcers had management plans in place to reduce the risk. For people identified as at high risk, pressure relieving equipment such as mattresses and cushions were provided and some people received regular support from district nurses in managing this risk. The manager liaised with visiting district nurses for advice if they were concerned people may be developing pressure ulcers.

After our last inspection the manager had reviewed guidance in place for staff to follow in administering 'as

Is the service safe?

required' medicines and we saw guidance was appropriate and useful for staff to follow in checking the signs people required these medicines. We checked records for ten people and found guidance lacking for one person's 'as required' medicine, a paracetamol, although the manager told us they were in the process of putting this in place.

The provider had installed air conditioning in the medicines storage room and the temperature was checked daily. This meant medicines were stored at safe temperatures. The manager had carried out competency assessments on staff to check they administered medicines safely and these were recorded.

Previously we found risks to people were not monitored effectively in relation to risk of falling from height. This was because several window restrictors could be overridden and the provider had not identified these issues. The provider rectified the issue by immediately replacing window restrictors where necessary during our last inspection. At this inspection we found the provider had introduced regular checks of window restrictors so the risks were well managed.

Is the service well-led?

Our findings

At our last inspection the manager had been in post for three months but had yet to complete the process to register with CQC, so there was no registered manager in post. In addition we also found that audits in place to assess and monitor the quality of service had not identified the issues we found including those relating to medicines and risk of falling from height. We also found important health and safety checks had not been carried out, such as a Legionella risk assessment. Legionella is a bacterium which can accumulate rapidly in hot water systems in some situations if effective controls are not in place, causing illness. After the inspection the provider wrote to tell us the action they would take to become compliant. These actions included the manager registering with CQC, a monthly overall audit looking at key aspects of the service provision and improved auditing of health and safety and medicines.

At this inspection we found the manager had still not registered with CQC even though they had been in post for around seven months. There was however evidence that they were making attempts to register.

We found the improvements the provider had made according to their action plan were not sufficient in making their arrangements to assess and monitor the quality of service and managing risks more robust. This was because they had not identified the issues we found during our inspection. A daily medicines check had been introduced but this had not identified that people had not always received their medicines as records indicated and that some medicines stock balances in the home could not be determined. The provider had introduced a monthly manager's audit of the care home, but we saw this was not comprehensive or effective enough.

This had not identified that the management plan for a person at risk of falls did not contain advice from the falls team who had worked with them or information relating to their observed behaviour in relation to falls. This meant that the person might not have been appropriately protected against the risk of falls. For people who were at risk of developing pressure ulcers, the provider's quality assurance systems had still not identified that these tools were not being used appropriately to identify the level of risk people faced so people could be appropriately protected.

At our last inspection the provider told us they had a Legionella risk assessment carried out a week before our inspection in June 2015. We were unable to evidence this at the time as the service had not yet received the document. At this inspection we found no evidence that a Legionella risk assessment was carried out in June 2015, instead we saw a risk assessment which had been carried out on 14 October 2015. We asked the provider about this and they told us a water test for Legionella had taken place in June 2015 but not a risk assessment and this information had been communicated to us incorrectly. We saw that several areas were identified as high risk in this risk assessment and the manager told us an action plan was being put in place to manage these risks.

The service remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the provider had an action plan in place in relation to the health and safety audit carried in June 2015 which was on schedule.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not provide care in a safe way for people by assessing the risks to the health and safety of people of receiving the care and treatment, doing all that is reasonably practicable to mitigate any such risks and ensuring the proper and safe management of medicines.</p> <p>Regulation 12(1)(2)(a)(b)(g)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes had not been established and did not operate effectively to ensure compliance with the requirements in this Part. Systems or processes did not enable the registered person to assess, monitor and improve the quality and safety of the service or to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who may be at risk from the operation of the service.</p> <p>Regulation 17(1)(2)(a)(b)</p>

The enforcement action we took:

We served a warning notice for the provider to be compliant by 28 December 2015.