

Rockley Dene Homes Limited

Candle Court Care Home

Inspection report

Bentley Drive
175-185 Cricklewood Lane
London
NW2 2TD
Tel: 020 8731 7991
Website: www.example.com

Date of inspection visit: 2 February 2016
Date of publication: 04/04/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Overall summary

We carried out an unannounced focused inspection on 2 February 2016.

Candle Court is a care home providing accommodation and care for up to 93 people, some of whom had dementia, physical disabilities and mental health needs. At the time of our inspection there were 84 people living at the service.

At the time of our inspection there was 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 last inspection in July 2015 we found the provider was not meeting legal requirements for the management

of medicines and safe use of equipment. We told the provider to take action to make improvements. We received an action plan from the provider stating that these issues would be addressed. At this inspection we found the provider had made some improvements.

At the last unannounced inspection on 15 July 2015, we found medicines were not stored at the correct temperatures, which put people at risk of receiving medicines which were ineffective or unsafe. Controlled drugs were not stored safely, or checked regularly. For people prescribed pain relief, staff did not have sufficient instructions to administer these correctly. There was no evidence that regular pain assessments were being carried out to ensure that people's pain was managed adequately. Staff were not carrying out any regular

Summary of findings

balance checks of medicines to audit whether medicines were being administered correctly. A patient safety alert from February 2015 had not been actioned. Prescribed creams were not managed safely.

At this inspection, we saw that improvements had been made on the issues we reported on at our last inspection. All prescribed medicines were available and stored safely. Stock balance checks were now in place, to check whether people were receiving their medicines as prescribed. Controlled drugs were stored securely, and checked regularly. Protocols were now in place for “as and when needed” pain medicines, although these were too generic. Pain assessments were being carried out so there was better management of people’s pain. Prescribed creams were better managed, although there was still no secure storage for creams kept in people’s rooms. We noted two new concerns. Staff were crushing tablets before administering them to some people, before obtaining authorisation from the doctor or pharmacist. Although there was a process for two nurses to check that the dose of warfarin administered was correct, these checks were not thorough enough, as staff had placed the wrong blood test result with someone’s medicines administration record. These issues were rectified during the inspection.

Improvements had been made in how medicines were managed, and medicines were managed safely for the

majority of the people at the service. Medicines audits were not yet fully effective as they had not found the concerns we found regarding crushing of medicines and checking of warfarin doses.

There was improvement in the storage of slings. Slings were no longer piled up at the end of corridors; instead each person had their own sling in their room. People also had a notice on the wall in their room which showed in picture and text the style of hoist, plus style and size of sling, to be used. The number of hoists available and in working order had improved.

We found that people who lacked capacity to make decisions about their care and treatment did not have their mental capacity assessed by staff before making a decision to administer covert medicines (medicine hidden in food).

A safeguarding incident had not been reported to the Commission or the local safeguarding authority. Therefore, people may not have always been protected from the risk of abuse.

Staff training had not been effective in preventing people from receiving care and treatment that was inappropriate and unsafe.

We found the provider was in breach of Regulations relating to consent to care and treatment and staff training.

You can see what action we asked the provider to take at the end of this report.

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?

We found that action had been taken to improve safety at the service.

Improvements had been made to how medicines were managed, and medicines were managed safely for the majority of the people at the service. Medicines audits were not yet fully effective as we noted two new issues with medicines, regarding crushing of medicines and checking of warfarin doses that the provider's audits had not found.

A safeguarding issue raised on the day of our visit had not been addressed by staff. Therefore people may not always be protected from the risk of abuse.

We could not improve the rating for 'Is the service safe?' from "Requires improvement" because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

We will review our rating for safe at the next comprehensive inspection.

Requires improvement



Is the service effective?

The service was not always effective.

Staff had not been trained in the Mental Capacity Act and people who lacked capacity did not have a mental capacity assessment in place.

There were some improvements to staff supervision, however some staff had yet to receive an appraisal. Staff training was not effective in ensuring that staff were able to effectively use equipment.

We will review our rating for Effective at the next comprehensive inspection

Requires improvement



Candle 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. The inspection took place to check that improvements to meet legal requirements planned by the provider after our 16 October 2015 inspection had been made. We inspected the service against two of the five questions we ask about services: is the service safe and effective? This is because the service was not meeting some legal requirements.

This inspection took place on 2 February 2016 and was unannounced.

The inspection team consisted of two inspectors, two specialist professional advisors in nursing and occupational therapy and a pharmacist inspector.

Prior to the inspection we reviewed information we held about the service. This included information sent to us by

the provider, about the staff and the people who used the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This included notifications received from the service and other information of concern, including safeguarding notifications.

We observed staff interactions with people. We spoke with five people using the service in relation to equipment used for transfers and medicines. We also spoke with 13 staff including the registered manager, deputy manager, staff nurses, unit managers, care workers, activities coordinator, regional operations director and care and quality manager. We also spoke to the local authority quality team. We reviewed care records and risk assessments for six people using the service. This included care plans in relation to equipment requirements. We also reviewed medicine administration (MAR) records.

Is the service safe?

Our findings

At the last inspection on 15 July 2015, we found that the provider was in breach of the regulation relating to medicines management and the availability and use of equipment.

At that inspection, we found medicines were not stored at the correct temperatures, which put people at risk of receiving medicines which were ineffective or unsafe. Controlled drugs were not stored safely, or checked regularly. For people prescribed “when needed” (PRN) pain relief, staff did not have sufficient instructions to administer these correctly. There was no evidence that regular pain assessments were being carried out to ensure that people’s pain was managed adequately. Staff were not carrying out any regular balance checks of medicines to audit whether medicines were being administered correctly. A patient safety alert from February 2015 had not been actioned. Prescribed creams were not managed safely.

At this inspection, we saw that improvements had been made on the issues we reported on at our last inspection. Medicines were now stored securely, and at the correct temperatures. Both of the clinical rooms had been refurbished and were clean, tidy and well-ordered. Insulin pens in use were now stored according to the manufacturer’s instructions, at room temperature. The date of first use was recorded on the pen, so there was evidence that the pen was within its four week expiry date. The dates of first use were recorded on other medicines, such as eye drops, so we were able to confirm that these were all in date. We noted that the sharps bin in use was not dated, and staff were not making prompt records of medicines for disposal.

Controlled drugs were stored securely, and were checked regularly. Controlled drugs records were accurate and up to date.

Protocols had been written for PRN medicines. We noted that some of these protocols were too generic, and did not give specific information e.g. whether someone was able to request their PRN medicine or whether staff had to carry out an assessment to determine whether to administer a dose, so further work was needed to make these protocols useful. Pain assessments were now being carried out to assess people’s level of pain.

There was better management of prescribed creams, although there was still no secure storage for the creams kept in people’s rooms. Medicines were administered at the correct times, taking into account people’s preferences and any special instructions such as before food.

Nursing staff carried out daily medicines audits, and the management carried out a more comprehensive monthly medicines audit. These were now more effective than at our last inspection, but were still not fully effective.

The local authority quality team had inspected medicines management at the home in December 2015 and January 2016 and their report highlighted similar issues with medicines to those we had observed in July 2015. These included cleanliness and temperature monitoring of the clinical rooms, and out of date items. Some issues identified in the December 2015 audits had not been addressed by the time the quality team audited again in January 2016.

There was an improvement in the way slings were stored. These were no longer piled up at the end of corridors; instead each person had their own sling in their room. We also noted that each person had a notice on the wall in their room which showed a picture and details of the style and size of sling to be used. There was a system in place for washing and reuse of slings.

The shortage of hoists available and in working order had been addressed. The ground floor now had four full body hoists, two standing hoists and one gantry (a type of frame used with wheels) hoist. The first floor had one full body hoist and two standing hoists. All hoists and batteries were in working order and had an up-to-date service log indicating that these had been serviced and was due to be inspected in March 2016. During our inspection we spoke with a representative from the company responsible for carrying out routine safety checks who confirmed that they carried out six monthly checks on all hoists and the lift under the Lifting Operations and Lifting Equipment Regulations 1998 regulations. Six monthly servicing of the equipment was also carried out. We saw that hoists were no longer stored in at the end of the corridors. These were stored in different areas on each floor. One was stored in a communal bathroom being used as a storeroom. Other hoists were stored on the ground floor in a recessed area at the bottom of a stair case. However, the location made it difficult for staff to easily access these as they had a greater distance to travel.

Is the service safe?

People using wheelchairs looked more comfortable than during the last inspection. Footplate positions, which had previously been too high, were appropriate on the wheelchairs seen.

On the day of our visit we saw that there was sufficient numbers of staff to meet people's needs. However, we noted that some people receiving one to one care did not always have a staff member sitting with them. The registered manager told us that staff were allocated to each person at the start of each shift. One person received one to one care for a number of hours from an outside agency employed by the funding authority.

During our visit we saw that a safeguarding issue had not been notified to the safeguarding authority or the Commission. This incident occurred in October 2015. The registered manager and deputy manager was not aware that this issue, therefore were not able to report the concerns. Therefore people may not have been protected from the risk of abuse because staff had not acted in line with safeguarding procedures. The registered manager took immediate action to address this and submitted an alert in retrospect.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

At our last inspection we found staff had some understanding of mental capacity, and the need to obtain consent or assess capacity before attending to people's needs. Although some staff understood Deprivation of Liberty Safeguards (DoLS) most did not have an understanding of how this could impact on the people they cared for. We saw that a DoLS authorisation had been granted for one person.

At this inspection we asked the registered manager whether staff had received training since our last inspection in July 2015. The registered manager told us that a nominated trainer had yet to be identified for the MCA and DoLS. We saw that consent to care and treatment was not sought in line with legislation and guidance. During our inspection we found that qualified staff had been administering medicines covertly (medicine disguised in food or drink) to 12 people who lacked capacity to make decisions about their care and treatment. Of these 10 people did not have a mental capacity assessment carried out or a best interest meeting with the relevant professionals. Care files reviewed showed that people's capacity was not fully assessed by the service. We saw that another person had recorded in their care plan that they did not have capacity to make decisions about their personal care, but they should be given a choice of whether they wanted a shower each week. We saw no evidence of a mental capacity assessment or best interest decision. Therefore the service was not acting within the law and people's human rights were not being respected. We saw that senior staff took immediate action to address our concerns and held a meeting with staff on the day of our

visit. The registered manager told us that she was not aware that staff had been administering medicines covertly to people but had taken appropriate steps to ensure that this does not happen again.

The above is evidence of a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At our last inspection staff and records confirmed that staff had received recent supervision. However, records showed that staff had not received regular supervision and this had not taken place in accordance with the provider's supervision policy which stated that this should take place two monthly. The registered manager told us that supervision had been completed for most staff, although not as frequently as she would expect. Some staff were unable to confirm whether they had received an appraisal and other staff said that they had not received one for some time. We saw that appraisals had been completed for some senior staff responsible for appraising care staff. At this inspection we saw that staff had received generic and group supervision in January 2016 which covered medicine administration and safeguarding. We saw that these gave instructions to staff and did not offer staff the opportunity to reflect on their individual practice and training needs. The registered manager told us that staff appraisals were due to take place from April 2016.

The moving and handling champion told us that she trained all the care staff. We saw that a notice displayed in the reception area invited staff to sign up for refresher moving and handling training. She explained that the staff acquired moving and handling theory via e-learning and that she delivered the practical, hands-on training. On questioning the moving and handling champion regarding techniques she demonstrated good knowledge and an appreciation of the difference between good and bad practice. On observing the staff at work however they were not implementing the practice taught by the champion. We observed three activities carried out by staff. All required the assistance of two staff for transfers. In one example the two staff members were assisting someone from sitting to standing. Both staff members incorrectly positioned themselves in front of the person, assistance should always be provided from the side. One staff member placed their foot on the person's walking frame, in an attempt to make the frame stable, and tried to encourage the person to pull up on the frame. Both staff members then proceeded to

Is the service effective?

position their hands under the person's axilla (directly under the joint where the arm connects to the shoulder) to pull the person forward i.e. a move similar to the drag lift which is not good practice Staff training had not been effective in preventing people from receiving care and treatment that was inappropriate and unsafe. The registered manager told us that all staff had been trained, therefore aware of what is required of them.

We spoke with staff about the use of emergency evacuation equipment and emergency evacuation procedures. One staff member told us that they did not feel confident in this area and said that they required further training. We asked two other staff members whether they knew how the

evacuation chair was used and they were not able to tell us. Staff felt they needed training in how to use the equipment. The registered manager told us that staff had completed training in how to use the evacuation chair via e-learning. The regional operations director told us that the evacuation procedures were in place and staff would assist people down the stairs, if necessary 'using the mattress off their beds.' Lack of staff training and knowledge put people bedbound or with limited mobility at risk in the event of a fire.

The above is evidence of a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>How the regulation was not being met:</p> <p>Care and treatment of people must only be provided with the consent of the relevant person.</p> <p>(2) Paragraph (1) is subject to paragraphs (3) and (4).</p> <p>(3) If the service user is 16 or over and is unable to give such consent because they lack capacity to do so, the registered person must act in accordance with the 2005 Act.</p> <p>Regulation 11 (1) (2) (3).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Sufficient numbers of suitably qualified, competent, skilled and experienced persons</p> <p>must be deployed in order to meet the requirements of this Part.</p> <p>(2) Persons employed by the service provider in the provision of a regulated activity must</p> <p>(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18 (1)(2)(a)</p>