

Keychange Charity

Keychange Charity Alexander House Care Home

Inspection report

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Overall summary

We carried out an unannounced focused inspection of this service on 3 July 2015. At the last inspection on 11 July 2014 we found the service to be meeting the regulations we inspected.

We undertook this focused inspection to check whether the service had appropriate systems to manage risks to help ensure the safety of people, staff and visitors following a serious incident the provider notified us of. This report only covers our findings in relation to this. You can read the inspection reports from our previous inspections, by selecting the 'all reports' link for Keychange Charity Alexander House on our website at www.cqc.org.uk

Keychange Charity Alexander House is a care home for up to 20 older people, some of whom have dementia. There were 19 people using the service at the time of our inspection.

There was not a registered manager in post at the time of the Inspection. They had left a few weeks prior to us visiting the home. The Deputy Manager was managing

the service with the support of the area manager while a new manager was being recruited. 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.

During the inspection we found the provider had not taken sufficient action to keep people who required supervision outside the home safe from leaving by themselves and coming to harm. We also found risks relating to the premises were not always well managed. In addition, the provider had not ensured that items of equipment were being appropriately serviced and maintained to make sure people and others were protected against risks associated with equipment and the premises. These issues were breaches of regulations and you can see what action we told the provider to take at the back of the full version of the 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?

The service was not always safe. The premises were not always safe as risks relating to people who required staff supervision leaving the home through an unrestricted fire door were not well managed. Other risks relating to the premises were also not always well managed. Some safety certificates were not available or up to date to show that all aspects of the premises and equipment in the home were maintained.

We have not given a rating to this question because our inspection focused on only part of the 'Is the service safe' question.

Keychange Charity Alexander House 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.

This inspection took place on 3 July 2015 and was unannounced. This inspection was carried out to check the

service was managing risks appropriately following a serious incident, which the provider notified us of recently. We inspected the service against one of the five questions we ask about services: Is the service safe?

Before our inspection we reviewed all information we held about the service and the provider. We also spoke with the police, the local authority safeguarding team and a contracts and quality compliance officer.

During the inspection, we spoke with the acting manager via telephone, the area manager, the administrator, the domestic/maintenance person and two care workers. We looked at six people's care records and other documents relating to the management of the premises.

Is the service safe?

Our findings

We found a number of areas that suggested risks relating to the health and safety of people were not always being well managed. In addition the premises were not always being managed appropriately to promote the safety of people, visitors to the home and staff.

The provider had a system of alarms on fire doors that triggered when the fire doors were opened. Staff would hear the alarm from various display panels at specific locations on each floor and would know which door had been opened to trigger the alarm. They would then check the exits to find out the reason for the alarm being triggered. The home is spread over three floors with a number of staircases and wings. This meant it would take some time before staff reached the exits to check why the alarm had been triggered.

The ground floor fire doors gave way to the outside, which meant that a person going out through the fire door would be able to get out of the home and have access to the garden and the road, which they could then use to access a main road. Some of the fire exits of the upper floors gave way to an outside set of stairs, from which the roof of the second floor could be accessed.

The home accommodates a few people who had dementia and were disorientated to time and place. Two incidents had recently occurred when two different people were able to get out of a fire door and go missing. We checked the home's health and safety risk assessment and found the risk of people getting out of the fire doors had not been fully assessed prior to these incidents. There were therefore no documented control measures in place to reduce the risks of people going out through the fire doors and to manage the risks of them getting to the main road or the roof of the building. As a result, there were no instructions for staff about how they should respond should a person get out of the home through a fire door and to keep them safe.

A new action plan produced after the incident, which had some control measures in place, was not adequate to make sure people who were disorientated to time and place did not get out of the home to have access either to the outside or the roof area of the home.

We saw that other risks that had also not been fully assessed to fully ensure the safety of people. For example,

there was a door leading to the kitchen to which people using the service could have access to. The door immediately opened on a set of stairs and could be a risk to a person with impaired mobility or poor eyesight and who may be disorientated to time and place. Should a person manage the stairs, they would then also be faced with other risks that are found in a kitchen.

We saw that the provider had not carried out an adequate risk assessment and identify suitable control measures to minimise the risk of people falling from windows. The provider had installed window restrictors to ensure windows did not fully open to reduce the risks of a person falling from a height. However, we observed that these restrictors on the various types of windows installed at the home could be overridden by pressing two catches, which meant that the windows could be fully opened. We also saw that the restrictors on some windows in a communal area had been disabled so the windows were opened to such an extent that a person would be able to pass through the gap. The Health and Safety Executive in its Guidance 'Falls from windows and balconies in health and social care' on pg. 2 states 'Window restrictors should ... be robustly secured using tamper-proof fittings so they cannot be removed or disengaged using readily accessible implements (such as cutlery) and require a special tool or key.' We informed the area manager of our concerns and they told us they would look into this issue immediately.

There was a risk assessment in place to reduce the risks of Legionella developing in the water system. However, a number of urgent actions had been identified to keep people safe and the provider was unable to evidence they had taken these actions during the inspection. We requested confirmation after the inspection but the provider did not provide this by the agreed date. Legionella is a bacterium which can accumulate rapidly in hot water systems if control mechanisms are not in place. This meant that people may have been at risk of the spread of Legionella infections, which can cause ill-health.

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

We checked whether equipment and the premises were being maintained and tested as to make sure they were safe. We noted that although gas safety inspections were carried out on equipment using gas, such as the boilers, they had not included the gas oven in the kitchen. We also found that the electrical installation had been tested in

Is the service safe?

2014 but the certificate said the wiring system was unsatisfactory. There was not an up to date certificate or evidence to show that the necessary work to remediate the deficiencies identified during the test had been addressed. The provider had portable electrical appliances testing certificate that was forwarded to us after the inspection, as this was not available during the visit. We found that it did not cover all the electrical appliances in the home. For example, there was no evidence the fridge, computer and printer in the office had been tested.

The lift was regularly maintained to ensure it was safe to use. There was a certificate according to the Lifting Operations and Lifting Equipment Regulations (LOLER) 1998. LOLER requires that all equipment used for lifting is fit for purpose, appropriate for the task, suitably marked and, in many cases, subject to statutory periodic thorough

examination. However, we also found that there were no LOLER certificates for two of the stairs lift, a bath hoist and a hoist to show these had also been fully tested and were safe to use.

The above two paragraphs show that the provider had not ensured that items of equipment were being appropriately serviced and maintained to make sure people and others were protected against risks associated with equipment and the premises. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other checks were carried out to ensure the health and safety of people and others. We found that the temperature of hot water outlets was tested regularly to reduce the risk of people being scalded. A checking and maintenance programme was in place for various items of equipment in the home including call bells, fire system and fire-fighting equipment to check they were safe.

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 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>The provider did not ensure that the premises and all equipment used in the carrying on of the regulated activity were adequately maintained to make sure people, staff and visitors were safe.</p> <p>Regulation 15(1)(e)</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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way for people through assessing the risks to the health and safety of people receiving care, doing all that is reasonably practicable to mitigate any such risks and ensuring that the premises used by the service provider were safe to use for their intended purpose and are used in a safe way.</p> <p>Regulation 12(1)(2)(a)(b)(d)</p>