

BLHC Coote Lane Limited

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Inspection report

Coote Lane Residential Home
Coote Lane, Lostock Hall
Preston
Lancashire
PR5 5JE

Tel: 01772312152

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19 October 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 19 October 2016 and was unannounced. BLHC Coote Lane Limited provides accommodation and personal care for up to 24 older people. There were 23 people at the service at the time of our inspection. People were living with a range of care and health needs, including those associated with medical conditions and people living with dementia. Many people needed support with all of their personal care, and some with eating, drinking and mobility needs. Other people were more physically independent and needed less support from staff.

A registered manager was 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.

BLHC Coote Lane Limited was last inspected in January 2014 and was found to be compliant in the outcomes inspected.

Risks to people's safety and welfare had not been appropriately assessed and actions to reduce those risks were not always documented. The service had not always taken steps to manage risks to people's health and well-being. Risk assessments were not always evident in people's care plans.

Care was not always person-centred. Care plans were in place however they were not always reflective of people's current needs and wishes. They were not always reviewed on a regular basis however; changes were not made to them to ensure they were updated as people's needs changed. Staffing levels were sufficient to meet people's care needs, but not to ensure that they had the opportunity to engage in activities or to spend time talking and relaxing with members of staff.

Some quality assurance processes were carried out however; they were not frequent or effective in monitoring the service and identifying areas where improvements were required. The registered manager informed us that care plans were being redesigned with an emphasis on person centred choices. Not all had been done at the time of our inspection. We found instances where risk assessments in people's care lacked key information which staff members required to effectively manage risks. We also found that not all care plans provided sufficient detail to give staff the information they needed to provide personalised care and support that was consistent and responsive to their individual needs.

Staff members felt supported, however did not always receive formal support from the service. They did not receive regular supervision sessions but did feel they were able to raise issues as they needed to.

People told us they enjoyed the food and were offered a choice of where they would like to sit and that they could request alternatives if they did not like what was on the menu. However there was no information displayed or in the kitchen regarding allergens contained in the food produced.

People were supported to make and attend appointments with their GP and other healthcare professionals, both within the service and the local community.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Risks had not always been appropriately assessed or mitigated to ensure people's health and safety.

Medicines were not always well-managed.

Recruitment processes were not always robust.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

Is the service effective?

Requires Improvement 

The service was not always effective.

Suitable arrangements were not in place to ensure that staff were provided with on-going supervision.

Staff members were aware of the MCA and DoLS. However none of the files we checked contained assessments of people's mental capacity and consent was only sought from people on a verbal basis.

People were supported to access appropriate services for their on-going healthcare needs.

There was a lack of appropriate documentation for those at risk of dehydration or malnutrition.

Is the service caring?

Good 

The service was caring.

People and their relatives told us staff treated them with dignity and respect.

People had their privacy maintained and staff asked people's permission before supporting them.

People were offered choices and were supported by staff to be

independent.

People were treated with kindness and compassion by members of staff.

Is the service responsive?

The service was not always responsive.

Care was not always responsive to people's individual needs, and staff could not always respond to risks to people's health, safety and well being. This was because care plans were not always up to date or accurate.

People throughout the home were given opportunities to follow their interests although social activities were limited.

Complaints were responded to in a timely way and people and their relatives felt confident to raise a complaint or concern.

Requires Improvement



Is the service well-led?

The service was not always well-led.

Systems in place for quality assurance were not always effective and did not encourage improvements at the service.

People and their family members were aware of the registered manager and felt they could approach them with any concerns.

Staff members were positive about their roles and worked with an open and honest ethos.

Inadequate



BLHC Coote Lane Limited

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 unannounced inspection took place on 19 October 2016; it was carried out by one adult social care inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people who used the service, five members of care staff, two relatives and the registered manager.

We reviewed seven people's care plans and care records. We looked at the service's staff records for five members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information, and quality monitoring and audit information.

Is the service safe?

Our findings

People told us that they felt safe when they were receiving care from staff at Coote Lane. One person told us, "I feel very safe here." Another person said, "I know the staff will keep us all safe." People's relatives also told us that they felt the service was safe for their family members. One relative said, "I have no concerns about people's safety here."

Risks to people were not always well managed by the service. We reviewed risk assessments in people's care plans and found that they lacked key information which staff members required to effectively manage risks. They did not all contain a detailed description of the risks to people's health and well-being, nor did they provide staff with specific guidance on how to manage those risks. For example, we found one care plan referenced that the person had fallen twice in two months. However there was no falls risk assessment or description of actions or techniques which staff could use to minimise the chances of injury occurring.

Another person was cared for in bed. The bed had bedrails in place, however there was no risk assessment on file for the use of bed rails. When bed rails are used, such as in a care home or hospital, the person providing them must ensure that they are safe. A risk assessment should be carried out by a competent person taking into account the bed occupant, the bed, mattresses, bed rails and all associated equipment to prevent issues such as, trapping between the bedrail and mattress, headboard or other parts because of poor bedrail positioning.

Care and treatment was not provided in a safe way as risks to people's health and safety had not always been assessed. Where risks had been assessed, there were no clear records to show that all that was reasonably practicable had been done to mitigate those risks.

This was a breach of regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by suitable care staff. Staff were recruited using procedures that were predominantly safe. These included, interviewing candidates and taking up references for those who were successful. Before staff began their employment their identities, addresses and fitness to work were confirmed and their details were checked against criminal records and barring list data bases. New staff were subject to a probationary period. However two staff recruitment files only contained one reference, despite the provider's offer letter stating that two references were required. There was no further information on file to show that further references had been sought. Another staff member had a reference from a family member. There was no documented reasoning about the appropriateness of this reference. The files had no further information or evidence to suggest the suitability of these staff members had been scrutinised further.

We received mixed feedback regarding staffing levels at the service. People using the service told us that staff were always there for them. One person told us, "They always come quickly when I need them." Another person said, "They are busy but I never have to wait too long for them." A third person told us,

"There is always someone around."

On the other hand, staff told us that they did not think there was always enough staff on duty. One said, "We struggle with things at certain times of the day due to staff numbers." Another staff member told us, "Sometimes there is too much to do when sickness isn't covered." Staff members explained that they conducted activities for people because the activities worker only came once or twice per week. One staff member said, "Doing activities is fine but it takes me away from other duties."

The registered manager told us that they would meet with the owner to review the tool which was used to identify the required number of staffing, referred to as a dependency tool, to determine staffing levels. The registered manager told us any further increases in staffing found to be necessary would be made.

The premises were not always sufficiently clean and well maintained. We spoke with a member of domestic staff who told us they were aware of infection prevention and control procedures. They told us, "I have done infection control and control of substances hazardous to health training." We observed the staff member lock away hazardous cleaning substances after use. However, areas of the building were in need of attention or repair as they could not effectively be cleaned. For example, we looked at one toilet and found that there was a gap of approximately 10mm between the floor covering and the skirting board which meant that fluids and debris could not be effectively contained and as such not be cleaned up appropriately. We also found that areas of communal corridor carpet were stained and frayed. There was a need to refurbish some corridors, as the décor had sustained some day to day damage, in particular skirting boards, handrails and some walls were in need of decoration.

The recording, storage and administration of medicines was not always managed safely. Most medicine administration records (MAR) showed that people had received their medicines as prescribed for them, however we found gaps in some recording so it was not possible to determine if people had taken their medication. Liquid medicines had not all been dated on opening. It was therefore not possible to determine that they would be disposed of within a suitable timeframe. The temperature of the medicines fridge had no history of being recorded to ensure that items stored there were kept at the appropriate temperature. Medicines stored at the incorrect temperature can spoil or become less effective. Creams had been safely stored, however charts did not always confirm that they had been applied regularly and to the correct places.

One person had boxed medication on the medication trolley, yet there was no MAR for this medication. The senior care worker in charge told us that the medication was no longer in use and should have been returned to the pharmacy or destroyed. The person's care plan had hospital discharge papers which showed that the medication was current and should be administered. This meant that prescribed medication had not been entered onto a MAR and not been administered for approximately 10 days.

This was a breach of regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the members of staff we spoke with told us they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of concerns they would raise. They were also aware of reporting to the local authority or other agencies and demonstrated a good understanding of these processes. One member of staff said, "I would report any concerns immediately." Another member of staff said, "I am confident any concerns would be reported and acted on by the manager."

Is the service effective?

Our findings

Although staff told us that they felt supported by members of the management team, improvements were needed to ensure staff had a structured formal opportunity to discuss their practice and development so as to ensure that they continued to deliver care effectively for the people they supported. Staff told us that they had not received formal supervision at regular intervals and records confirmed this. For example, five staff files we looked at showed that they had received formal supervision on only one occasion in 2016. One staff file identified that they had not received any formal supervision since commencing employment in May 2016. We discussed this with the registered manager who accepted that this aspect of formal staff support had lapsed and required bringing up to date at the soonest possible opportunity.

This was a breach of regulation 18 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff confirmed that they received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Staff told us that this ensured that their knowledge was current and up-to-date. Records confirmed what staff had told us and showed that their training which was considered as mandatory by the registered provider had been undertaken.

Staff told us they received an induction when they joined the service. This included an induction about the organisation, observation of practice and opportunities to shadow a more experienced member of staff for several shifts. In addition, it was the provider's expectation that all staff must complete all training considered as mandatory by the registered provider as part of the induction process. Induction records were available in all the staff records we viewed and showed that the induction process had been robust. A newly employed member of staff told us that they had found the provider's induction programme to be informative and positive.

People told us they were happy with the choice of food on offer. One person said, "The meals are lovely." Another person commented, "It's nice home cooking." Where staff supported people to eat, this was done in an unhurried manner. Throughout the day we observed people were offered drinks and snacks. There was a menu on display in the dining area. This indicated a choice of foods available, and we saw people were able to choose from a selection of meals. We discussed the menu with the cook on duty and asked them about food allergy and intolerance information. Food Information for Consumers Regulation requires that allergy information on food be provided. There was no advice advertised in the dining room nor did the kitchen document any allergy information on the food produced. The cook was not aware of this regulation, meaning the provider had failed to ensure they complied with required regulations. We spoke with the cook about where they could be further advised on the requirements of displaying allergy information.

When we checked people's care plans we found that, where evident, eating and drinking plans were not specific and failed to identify people's individual needs in this area. For example one person's daily notes described the person as having 'poor fluid and diet' yet there was no assessment of needs in the diet and

weight section of the care plan. This meant that there was a lack of guidance for staff to follow to ensure that people received the correct nutrition. We also checked people's weight records and found that people were not weighed with the frequency prescribed by external healthcare professionals. For example a dietician had advised that the person be weighed weekly due to nutritional risks, however the last recorded weight was on 5 October 2016. Another care plan's nutritional assessment stated, 'carry out a malnutrition universal screening tool (MUST) risk assessment.' This was not to be found on file.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at whether the provider was complying with the requirements of the Mental Capacity Act. 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 made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff members were aware of the MCA and DoLS. They had been trained in this area and were able to explain the principles of acting in people's best interests. Staff told us that they felt it was important to respect people's wishes and encourage them to make as many decisions for themselves as possible. One staff member told us, "I try to let residents have as much decision making as possible." Throughout our inspection we observed staff members providing people with choices and acting on the decisions they made. However, staff practice was in contrast to documented consent. We checked people's records and found that there were no systems in place for obtaining and recording their consent. This meant that people were receiving care and treatment but there was no evidence that they had been supported to give informed consent to receive this care.

None of the files we checked contained assessments of people's mental capacity. These assessments are required so that the provider would know whether the person has the mental capacity to consent to their care and treatment. As these assessments had not been done, the provider could not be assured that it was acting in accordance with the law.

This was a breach of regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt they had good access to healthcare professionals, such as their GP, when they needed them. They also told us that staff members would support them to attend appointments if necessary. Care plans held notes and advice from visiting healthcare professionals such as G.P's and dieticians. This demonstrated the treatment of service users was shared with, or transferred to other appropriate persons to ensure that timely care planning took place.

Is the service caring?

Our findings

We spoke with people and relatives about their experiences of the service. One person said, "The staff are absolutely lovely." A relative told us "Staff are excellent, polite and friendly." Another relative said, "The staff are very attentive to mum's needs."

We observed staff quickly and discreetly supporting people to ensure that their dignity was maintained. For example, one person began fidgeting. Staff noticed this immediately and discreetly asked if they wished to use the toilet. This was carried out in such a way that attention was not drawn to the person so they were not embarrassed by the situation. The staff member told us that the fidgeting behaviour after lunchtime was an indicator that the person needed the toilet.

Members of staff also felt that there were positive relationships between them and the people they cared for. They explained that it was important to develop positive relationships with people so that they could feel comfortable in their environment and confident that staff members would be able to meet their needs and keep them safe. One staff member told us, "It's important that I deliver the best, most personal service I can." Another said, "It's about giving the best possible service to people." We observed staff treating people with kindness during the inspection. Staff clearly knew each individual well and were aware of their specific needs and preferences. We saw people and staff members laughing and joking throughout the inspection.

People told us that their families and visitors were always made welcome by staff and the registered manager. Visitors we spoke with said that they felt involved in their relatives care. One visitor told us, "I'm always updated with any issues, communication is good." Another relative remarked, "I am kept informed, all the staff are good but there are a couple who are exceptional. If I had a concern it would be a lack of activities and that the building needs attention but the care is good." Staff involved people as much as possible when they were carrying out tasks. For example, they gave people choices of clothing to wear or food and drinks to have.

We spoke with the registered manager and staff about how they involved people in planning their care, and how they recorded this involvement. They explained that it was very important to them that they listened to what people had to say about their care delivery and made sure their wishes were respected. However this aspect of care had not been robustly documented. The registered manager committed to working on new ways to show that people had contributed to the planning of their care.

People's care plans contained limited information about people likes, dislikes, preferences and history. However, some plans had been recently transferred to a new system of care planning and did contain some of this information, although it was brief. We spoke with the registered manager about this, who told us they were focussing on transferring all care plans to the new system and committed to ensure that they would contain more information than previous plans.

Staff told us they understood the importance of respecting people's privacy and dignity and we saw people were supported to private areas of the home when they needed help with personal care. One care worker

said, "It's essential that I preserve a person's dignity as much as possible."

Is the service responsive?

Our findings

People's care plans did not provide sufficient detail to give staff the information they needed to provide personalised care and support that was consistent and responsive to their individual needs. This meant that there was a risk that relevant information was not captured for use by care staff and professionals or provided sufficient evidence to show that appropriate care was being provided and delivered. For example, one care plan did not have any entries or assessments for the sections titled; about me; mental health and cognition; continence; vision and hearing; and care plan agreement. Another care plan had some completed assessments, however these had not been signed by the person who had completed them. Although we did not see a negative impact on people who used the service, this meant that it was not possible to determine who had undertaken the assessment or if they were qualified and competent to do so.

This was a breach of regulation 17 (1)(2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had the opportunity to engage in some activities but these were limited. One person told us, "Someone comes in to do things, but it's not every day." Feedback from relatives included, "Blackpool is about half an hour away but I don't think there has ever been a trip. I think there is a lack of activities." Staff told us they did not regularly take people out.

We found that staff members were able to provide us with information about people and their needs, which wasn't always recorded in their care plans. Staff members were able to demonstrate a knowledge and understanding of people's specific needs and were able to engage with them in conversation where possible. People told us that they felt staff knew them well and were confident that staff members could meet their needs. One person told us, "Staff are good, they know what I need."

We saw that complaints information was available to people on notice boards within the service. These included details about how to make a complaint internally and report concerns to external organisations, such as the Care Quality Commission (CQC). Concerns and complaints were managed appropriately. There was a complaints policy and complaints were logged and investigated within a stipulated timeframe. We saw that any complaints had been dealt with according to the policy and a satisfactory resolution had been achieved. One person told us they would go to the registered manager if they had any concerns although told us "I have no complaints."

Is the service well-led?

Our findings

Systems in place for quality assurance at the service were not effective and were not taking place frequently. This meant the registered manager and provider did not have sufficient oversight of the service to identify areas which required improvement to ensure people received the care and support they needed. We saw that there were checks and audits carried out by the registered manager, however these were not on a regular basis and failed to provide an action plan, detailing what improvements were necessary and how they would be achieved. Many of the concerns identified throughout the report, including inadequate risk assessing, the poor management of medicines, insufficient background checks on staff, poor care planning and a failure to comply with the Mental Capacity Act should have been identified if the audits used were fit for purpose.

The checks which did take place were not robust and there was no evidence of changes being made as a result of those checks. Where risks to people's health and welfare existed, such as when people had lost significant weight, there was no evidence that this had been highlighted as part of a quality assurance process. This meant the lack of action taken in response to risk had not been identified, and remedial action had not been taken. For example an infection control visit in June 2016 stated that decoration was planned. We found that this work had not been carried out and was still required to communal areas of the building.

Care plans were not reviewed on a regular basis As a result people's care plans did not reflect their current needs and wishes and failed to provide staff members with the information they needed to provide people with person-centred care. The last care plan audit was dated in July 2016. This was also the date of the last daily report. Medication was last audited in June 2016.

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

Checks of the cleanliness and suitability of the environment had not been carried out on a regular basis. There were no robust schedules to show when cleaning had taken place across the service and there were no recent management checks in place to show that cleaning had been checked. This meant that areas which required attention were not identified in a timely manner. Two cleaning audits on file which were dated July and September 2016 had failed to identify these issues.

There were systems in place to ensure that accidents and incidents were recorded and reported to appropriate external organisations, such as the Care Quality Commission (CQC) or local authority. However, we found that the provider and registered manager had not ensured that details of allegations of abuse were sent to the CQC, as they were required to do. We found instances of safeguarding incidents which had been reported to the local authority by the registered manager, but not to the CQC. This meant that CQC were not always made aware of safeguarding incidents at the service, or the actions taken by the registered manager and the provider in response to them. We discussed these findings with the registered manager who has committed to improve their reporting of incidents. We will consider their improvements at our next inspection.

The registered manager was open and transparent, they told us about the challenges of staff vacancies or sickness. They told us this impacted their day to day management of the home as they often had to provide cover themselves which detracted from their management duties.

Staff said they felt able to voice their opinions openly and found the manager approachable and 'hands on' They also said that there was a positive staff culture. However, staff meetings were not held frequently, as the last documented staff meeting was dated July 2016.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Eating and drinking plans were not specific and failed to identify people's individual needs. This meant that there was a lack of guidance for staff to follow to ensure that people received the correct nutrition. We also checked people's weight records and found that people were not weighed with the frequency prescribed by external healthcare professionals.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care plans did not have documents in place for obtaining and recording people's consent. None of the files we checked contained assessments of people's mental capacity.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People's care plans did not provide sufficient detail to give staff the information they needed to provide personalised care and support that was consistent and responsive to their individual needs.</p> <p>Staff were not always recruited safely. Not all staff files contained sufficient references or further evidence to determine the suitability of those employed.</p>

Inadequate risk assessing, the poor management of medicines, insufficient background checks on staff, poor care planning and a failure to comply with the Mental Capacity Act should have been identified if the quality assurance systems used were fit for purpose and used frequently.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff did not receive formal supervision at regular intervals.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way as risks to people's health and safety had not always been assessed.</p> <p>Medication was not always administered, managed or documented safely.</p> <p>People's eating and drinking plans were not specific and failed to identify people's individual needs in this area.</p>

The enforcement action we took:

Warning notice