Mr & Mrs S Hayat

Chandos Lodge Nursing Home

Inspection report

Blackpond Lane
Farnham Common
Slough
Berkshire
SL2 3ED

Tel: 01753643224
Website: www.chandoslodge.com

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Ratings

Overall rating for this service	Good
Is the service safe?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 15 March 2016 and was unannounced. This was a focussed inspection carried out following the receipt of information of concern.

Chandos Lodge Nursing Home is registered to provide residential personal and nursing care for up to 31 older people. At the time of this inspection there were 29 people living there.

Chandos Lodge Nursing Home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission(CQC) 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 previously inspected the service in December 2015. When assessing whether the service was; safe, effective, caring, responsive and well-led we found safe required improvement with effective, caring, responsive and well-led rated as good and the overall rating of the service as "Good".

The areas assessed under safe at the previous inspection which required improvement were; inconsistent monitoring and recording of medicines and inconsistent recruitment checks. During this inspection, we followed up on progress by the home in improving these areas of its operation.

We also followed up concerns raised with CQC since the inspection of December 2015 about issues affecting the safety of people who used the service and staff. These were in summary; medicine administration, training for new staff to ensure they could provide safe care, problems with the heating and hot water system and the unsafe use of extension leads in conjunction with auxiliary electric heaters. Concerns also included staff recruitment and unreasonable restrictions placed on the use of personal protective equipment (PPE) by staff and of incontinence products by people who required them.

Staffing levels on the day of our unannounced inspection agreed with the staffing rota. During this inspection we observed people received care and support from an appropriate number of staff to do so safely.

In the staff recruitment records we saw, there was no evidence of staff working outside of their approved immigration status. Training records for the three most recently recruited staff included a basic induction into their role and the required initial training in, for example, moving and handling and safeguarding. This meant staff had the basic level of skills and competence to provide people with a safe standard of care.

Those staff we spoke with confirmed there were no unreasonable restriction placed upon the use of incontinence products for people's use. The incontinence pads had a visual indicator to show when they required changing and were provided free of charge to the home.

The provider did monitor the use of, for example, protective gloves. They agreed they did try and avoid waste through inappropriate use or unnecessary changes of PPE during the provision of care. We have made a recommendation about this in the report.

Medicines were managed safely and people received their medicines, regularly and as prescribed. Whilst the times of morning medicines administration could vary, there was no indication that people were having their medicines at inappropriate or unsafe intervals. The covert administration of medicines was covered by appropriate safeguards and records.

Records for medicines administered only as and when required had improved since the previous inspection and in most cases now recorded the actual amount given. In one case, the variable dosage was not recorded. We were told by staff this was because there was not room to record it on the medicines administration record. We have made a recommendation about this in the report.

The provider accepted there had been problems experienced with the heating and hot water systems with the boiler failing for part of one day. They told us this had now been addressed. The maintenance staff member we spoke with and the registered manager, agreed there had been occasions when electric fires had been plugged into extension leads which were then plugged into a socket. There was no risk assessment in place to assess the risk of this practice which is not considered safe. We have made a recommendation about this in the 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?

Requires Improvement

The service was not consistently safe.

Whilst records for medicines administered only as and when required had improved since December 2015, they were not yet fully consistent.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify most areas of potential risk. However, these had not covered the inappropriate and potentially unsafe use of extension leads in conjunction with auxiliary electric heaters.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

Chandos Lodge Nursing 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 was a focussed inspection which took place following the receipt of information of concern. The inspection was carried out by one inspector on the 15 March 2016 and was unannounced.

Prior to the inspection, we reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law. The information received included the concerns followed up during this inspection.

During and following the inspection the provider and registered manager responded promptly to any requests for information we made.

We spoke with the registered manager, three members of care staff and one person who lived in Chandos Lodge. We observed the interactions between staff and the people who lived at the home. We looked at staff recruitment records for the three most recently recruited staff and also at training records for newly appointed staff. We checked medicines administration records, in particular for five medicines which were administered only as and when required. We looked at the service's whistle-blowing policy and at risk assessments covering the use of auxiliary heating.

Requires Improvement

Is the service safe?

Our findings

We reviewed the staff recruitment records for the three most recently recruited members of staff. We found there was no evidence of staff working in contravention of their approved immigration status. This meant people did not receive care and support from staff who did not have the appropriate permission to work in the United Kingdom.

Training records for the three most recently recruited staff included a basic induction into their role and the required initial training in, for example, moving and handling and safeguarding. This meant staff had the basic level of skills and competence required to provide people with a safe standard of care. They were then included in ongoing planned training to acquire additional skills and update previous training.

People received care and support from the appropriate number of staff to do so safely. Staffing on the day of our unannounced inspection agreed with the staffing rota. The member of staff and the service user we spoke with did not raise any concerns with us about staffing levels. We observed people were being supported effectively by staff in the lounge, having conversations with them in a relaxed and unhurried manner.

Staff we spoke with confirmed there was no unreasonable restriction placed upon the use of incontinence products for people's use. The provider confirmed these were available to staff and that training in their use was undertaken by them. Incontinence pads in use had a visual indicator to show when they required changing and were provided free of charge to the home. This meant people had appropriate access to the continence aids they required to maintain their safety and dignity.

The provider told us they monitored the use of personal protective equipment (PPE) for example, protective gloves. They agreed they did try and avoid waste through inappropriate use or unnecessary changes of PPE during the provision of care. However, they told us staff had access to the PPE they needed in order to provide protection to people they supported from the risks associated with cross infection. Staff we spoke with confirmed they had access to PPE and that the use of PPE was discussed with them by the provider to avoid unnecessary waste. This agreed with the information received by CQC prior to the inspection although did not establish that there were unreasonable restrictions of the use of PPE.

Medicines were managed safely and people received their medicines regularly and as prescribed. Whilst the times of morning medicines administration could vary, there was no indication that people were having their medicines at inappropriate or unsafe intervals. The covert administration of medicines was covered by appropriate safeguards and records. Records for medicines administered only as and when required (PRN) had significantly improved and in most cases now recorded the actual amount given. In one case, the variable dosage was not recorded. We were told by staff this was because there was not room to record it on the medicines administration record. The provider and senior staff member agreed to ensure this was in future recorded correctly at each administration.

The provider confirmed there had been problems experienced with the heating and hot water systems with

the boiler failing for part of one day. They told us this had now been addressed.

Where additional heating was or had been required, we saw electric heaters were in use. The use of these when directly plugged into an appropriate socket was covered by appropriate risk assessments.

However, the maintenance staff member we spoke with as well as the registered manager, acknowledged there had been occasions when electric fires had been plugged into extension leads which were then plugged into a socket. There was no risk assessment in place to assess the risk of this practice which could be unsafe safe. The provider agreed this should not have been done and assured us the practice would cease with immediate effect.

The temperature of hot water in people's rooms we tested was appropriate. Maintenance staff informed us that they monitored water temperature regularly. They told us any broken windows and other routine maintenance required to ensure a safe environment for people were dealt with in a timely manner.

The provider and registered manager agreed that it was their responsibility to ensure safe compliance with all relevant regulations and guidance for the safe operation of the service on an on-going basis.

We recommend the provider makes explicitly clear to staff their policy on the use of PPE and continence products in line with best practice. This would avoid any confusion on the part of staff and ensure people were appropriately protected from the risks of avoidable acquired infections.

We recommend the service should continue to monitor medicines administration and in particular how all PRN medicines are recorded.

We recommend the registered manager and provider make explicitly clear to staff that auxiliary electric heating must not be used in conjunction with extension leads.