Rockley Dene Homes Limited

Candle Court Care Home

Inspection report

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Date of inspection visit: 15 July 2015
Date of publication: 02/11/2015

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?	**Requires improvement**

Overall summary

We carried out an unannounced inspection on the 15 July 2015.

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 74 people living at the service.

The registered manager has been in post since December 2014. 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 on 7 July 2014 we found several breaches relating to the safety and suitability of the premises, records, requirements relating to workers and staffing. We told the provider to take action to make improvements. We received an action plan from the provider stating that these actions would be completed by end of July 2015. At this inspection we found the provider had made some improvements.

Summary of findings

We found that improvements had been made to the environment, including the painting of communal hallways, carpet replacement throughout the communal areas, a new format for care plans and additional systems put in place to monitor the quality of the service. The registered manager was aware that further improvements were required in areas such as, staff supervision and appraisals and medicine management.

Most people and relatives felt the service was safe and staff were caring and kind. However, further improvements were required to ensure that staff interacted with people in a positive manner. People and their relatives told us that they were treated with dignity and respect. However, some improvements were required to ensure people were treated with dignity and respect at all times.

People had care plans which reflected their needs, including preferences and likes and dislikes. People's end of life wishes were documented and respected by the service.

On the day of our inspection we observed that staffing numbers were not always sufficient to meet people's needs. People waited for some time before being assisted with personal care. During lunch we observed in one unit that there were enough staff to meet people's needs. However, in another unit we saw that people waited for assistance to be supported to use the dining room as there were not enough staff available to assist people.

Staff had knowledge about infection control practices in relation to providing personal care, however, these were not followed in the management of slings used for transferring people.

Staff felt supported by the registered manager. Staff received training which helped them to better understand people's needs. Staff supervision and appraisals required further improvement.

People engaged in activities and most had their nutritional needs met by the service. However, further improvements were required to ensure that people in their rooms were assisted to eat and drink.

We found the provider was in breach of the regulation relating to medicines management, the availability of equipment, infection control and staffing numbers. For example, medicines were not stored at the correct temperature which put people at risk of receiving medicines which were ineffective or unsafe. The provider did not have sufficient numbers of hoist to assist staff to meet people's needs for transfers. Infection control practices were not always followed and staffing numbers were not always adequate to meet people's individual needs. The registered manager is aware of our concerns and had an action plan in place to address these.

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?

Requires improvement

The service was not always safe.

Although the provider had made improvements to the overall environment, further improvements were required to make it safe.

Staff were knowledgeable about transferring people. However, people's needs were not fully met as the provider did not have enough equipment to meet their needs.

People had risk assessments which identified areas of risks and how these should be managed. However, medicines were not safely managed.

Staffing numbers were not always sufficient to meet people's needs.

Staff had knowledge about infection control practises in relation to providing personal care. However, these were not followed in the management of slings used for transferring people.

Is the service effective?

Requires improvement

The service was not always effective.

People were cared for by staff who were supported by the manager. Staff received training which helped them to better understand people's needs. Staff supervision and appraisals required further improvement.

Most people had their nutritional needs were met by the service. Further improvements were required to ensure that people in their rooms were assisted to eat and drink.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were caring and kind. However, further improvements were required to ensure that staff interactions with people were more meaningful.

People were mostly treated with dignity and respect, however, further improvements were required to ensure that people had their dignity respected at all times.

Advance care plans were in place to ensure that people's end of life wishes were respected.

People had access to advocacy services where this was required

Is the service responsive?

Requires improvement

The service was not always responsive.

Summary of findings

People told us that they had to wait for long periods before receiving personal care. We saw that call bells were not always in people's reach.

People's personal histories were obtained by the service to help them to better understand people's needs.

The home had an activities programme and we saw that people were encouraged to participate in activities these.

Is the service well-led?

Requires improvement 

The service was mostly well-led.

People and staff told us the registered manager was approachable.

Although systems were in place to monitor the quality of the service, these were not always effective.

The service had an action plan which detailed some of the improvements needed to the home, some of which had been completed.

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. 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 15 July 2015 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 used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We talked to 15 people using the service, five relatives, two friends and 13 staff including the registered manager, staff nurses, unit managers, care workers, activities coordinators and housekeeping staff. We also spoke to three local authorities funding care at the service. We reviewed care records and risk assessments for 10 people using the service. This included care plans in relation to equipment requirements. We also reviewed training records and staff personnel files for 10 staff and reviewed medicine administration (MAR) records for 49 people.

Requires improvement

Is the service safe?

Our findings

Most people and their relatives told us they were happy with the home and felt the service provided a safe environment. One relative told us, "I'm quite happy with [relative] being here, the care is good. They look after [relative] very well, the staff seem ok to me." Another relative told us they didn't feel their relative was safe living at the home. They said that it was unusual to find so many people and staff in the communal lounge. A friend of one person who used the service told us they felt their friend was safe in the home and said, "[The person] is happy." Another friend visiting on the day of our inspection told us, "The home is ok, it's not offensive, it's not smelly, and it's not perfect. The care is adequate, it's reasonable."

We received mixed feedback about staffing levels at the home. One person told us that they felt there were enough staff and that they had their call bell answered quickly. Another person said, "The home could do with more staff; sometimes they say they're very busy, sometimes I believe them, sometimes I don't." A third person said "Sometimes you have to wait a long time, you have to accept things." This person also said that care staff told them to press the call bell only once, although they said they sometimes did press it more than once. A relative told us, "There are enough carers, they come within five minutes."

We observed on one floor that staffing levels were adequate. Staff on this floor told us that staffing levels were adequate and had improved with far less agency staff now working. However, on the ground floor we saw that staff appeared rushed as two staff were supporting people to attend hospital at short notice and these staff had not been replaced. Staff told us that they felt they could do with additional staff at busier times, such as lunch time. The registered manager told us that there were two qualified nurses on each floor and 11 care staff with a ratio of 12 people to two staff, including where two staff are needed for transfers and hoisting. The registered manager and unit manager were also working extra days to address improvements needed to care records, such as care plans.

We noted that there had been some improvements to the environment since our last inspection in July 2014. There had been a decoration programme and several areas of the building had been painted, including the communal hallway on both floors. However, we found that there was an unpleasant odour of urine on the ground floor and in bathrooms on the first floor. There was also some outstanding repairs which had yet to be addressed. The registered manager told us that they had made a number of improvements to the environment and that further improvements were planned.

We inspected medicines on all units and found medicines were not always managed safely. There was a robust system in place to order supplies of medicines. All medicines were stored in locked cupboards and trolleys, which were tidy, clean and orderly on the one floor. However, on the other floor the medicines cupboards were untidy and cluttered.

Medicines were not stored at the correct temperatures. We found that the medicine room and fridge on one unit was checked daily, and was in range. However, on the other unit we found several occasions when the room temperature was above the recommended temperature of 25 ˚C during June 2015 and July 2015. For example, on one occasion the room temperature was 31 ˚C and on another 30 ˚C. We saw that there was an air-cooling unit in this room. The nurse in charge told us that when the air-cooling unit is on the temperature remains in range. The fridge for medicines which required storage at between 2-8 ˚C was not in range. Since 17 June 2015, the reading had been 12 ˚C.

We saw that insulin in use for one person was not being stored correctly to remain effective. The insulin pen in use was also being stored in the fridge instead of at room temperature, and was not labelled with the date of first opening. It had been labelled clearly by the pharmacist on both the medicines chart and the insulin container as "Once in use, do not refrigerate, and discard after 4 weeks". Nurses had been administering this insulin every day all month and were not following the instructions for storage, which placed this person at risk, as the insulin could be less effective if stored incorrectly, and could also cause irritation or pain if injected cold straight from the fridge.

Controlled drugs (CD) were managed safely on one of the two floors, but we found one controlled drug listed in the CD register which was not being stored inside the CD cupboard. No checks had been recorded in the CD register for this medicine since 2 March 2015. The nurse in charge said that CDs were checked on a daily basis, however, this discrepancy had not been noticed. The nurse in charge said that this medicine was for a person who had passed away, and the medicine was awaiting disposal. No reason was

given for this not being checked or disposed of promptly. Another CD listed in the register was also stored out of the CD cupboard, and had not been checked since 23 May 2015. The nurse said that this was also awaiting disposal.

The home's medicines policy said that when people were prescribed medicines to be used "when required", or "PRN", that a PRN protocol would be written for these medicines, giving staff sufficient instructions to administer these safely. These protocols were not available with any of the medicines charts. Nursing staff told us that the medicines policy had recently been updated, in April 2015, and that they were in the process of writing new PRN protocols. They showed us evidence that this was in process. For people prescribed PRN pain relief, there was no evidence that regular pain assessments were being carried out to ensure that people's pain was managed adequately.

We reviewed medicines records for 49 people. These were all completed clearly, including a record of when people had allergies to medicines. Although these indicated that people were being given their medicines regularly, and the quantities of all medicines received into the home, and disposed of were recorded, staff were not carrying out any regular balance checks of medicines to audit whether medicines were being administered correctly.

Prescribed creams were stored in people's bedrooms, and applied by care staff. We checked creams in people's bedrooms for five people. We found issues with the creams stored, used and topical records. Creams were not being used as prescribed for two of these people, and for the third person, we found two tubs of prescribed creams in their room which had expired. This person had a percutaneous endoscopic gastrostomy (PEG) (a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach to provide a means of feeding for people unable to swallow). If the expired creams had been applied, this may have placed this person at risk of an infection. Staff told us they had not been using these expired creams. However, there was a risk of these creams being used as they had not been disposed of.

We observed the morning medicines rounds on each unit. We noted that medicines rounds on most units were completed on time. However, we saw that this did not finish until 11.15am on the day of our inspection. The unit manager told us that the morning medicines round was usually completed by 10.30am but was late starting this day due to the inspection. The registered manager confirmed that this was completed on time. We were unable to confirm this as the medicines records had been signed indicating that medicines had been administered at the correct time on the day of our inspection, although we saw that medicines had been administered late to some people.

A patient safety alert from February 2015 on the risk of death from asphyxiation by accidental ingestion of fluid/food thickening had not been actioned, as we found that food thickener was being stored on the bedside table in one person's room accessible to both this person and other people living at the home. The unit manager and nurses were not aware of this patient safety alert.

The registered manager told us that she had begun to carry out competency assessments for medicines administration for nurses, and showed us an example of this.

We reviewed the way equipment was used at the home, this included the use, storage and management of hoists, slings and specialist bathroom equipment. All hoists seen had records of being regularly serviced, with the last service having taken place in March 2015 and the next service due in September 2015. We found that the practice used to manage slings was inadequate because these was inappropriate storage and systems for washing them were not in place. The registered manager explained that the slings were not kept in people's rooms because of one person living at the home who often walked around and removed these, therefore they were kept on hooks all together in the hallway. The registered manager also told us that she was looking into better ways of managing the slings, such as labelling which would make it easier to identify the person using each sling. On the ground floor all residents who were observed being assisted to transfer with a hoist were transferred using the same sling. There was no system for washing slings to avoid the potential for spreading an infection. Disposable slings were kept amongst other slings.

We observed that the service did not have enough equipment to meet people's individual needs. We observed staff lifting five people using a hoist throughout the day, including during the lunchtime. Staff communicated well with people and explained to people what they were doing. However, we saw staff struggled to move people during the lunchtime on the ground floor as there was one hoist to accommodate people who required assistance to have their lunch. Therefore, people had to wait for longer

Requires improvement

Is the service safe?

periods before being transferred to the dining room. On one unit we saw that people being transferred using a hoist waited 45 minutes before they were able to have their lunch. We reviewed risk assessments in relation to moving and handling, but noted that these did not reflect the equipment being used by the service. For example, in one moving and handling care plan there was an entry "fully body hoist and 2 care staff". However, there was no mention of which sling to use. We also observed this person being transferred with a standing hoist. Therefore, this person's needs were not being met by the service.

These issues amounted to a breach of Regulation 12 of the Health and Social Act 2008 (Regulated Activities) Regulation 2014

There was an infection control policy in place. During our inspection we observed staff wearing gloves and aprons whilst providing personal care and assisting people. We saw that hand sanitisers were available in most bathrooms and soap and towels in individual en- suite facilities. Care staff knew about infection control and they were aware of the precautions that needed to take. However, staff responsible for cleaning the home had very little knowledge of infection control practices and provided very little information in response to the questions asked. One person living at the home told us that they felt the home was clean and their room was cleaned every morning. A visitor also told us that the cleanliness of the home was ok.

There were arrangements in place to deal with emergencies. Each person had an 'evacuation emergency situation' plan. This provided information about the person and how the person would need to be evacuated from the building and the assistance needed should an emergency arise. We saw that fire signage and equipment was available.

Risk assessments were in place and we saw that these had been reviewed by the clinical lead or unit manager six monthly. Risks covered areas such as bed rails, mobility and falls, nutrition, risks using Malnutrition Universal Screening Tool for people at risk of malnutrition, skin integrity.

The provider had a recruitment policy and procedure in place. We reviewed staff personnel files for 10 staff members. We saw that for most staff the required checks had been undertaken before staff joined the service. We saw that these contained information to show that the necessary checks had been undertaken before staff joined the service. This included, proof of identity and address, verifying references from previous employers and Disclosure and Barring Services (DBS) checks to ensure that staff were safe to work with people using the service.

Requires improvement

Is the service effective?

Our findings

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS are a code of practice to supplement the main MCA. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. We saw that care plans evidenced that mental capacity assessments had been carried out. For example, we noted that people receiving medicines covertly (medicine disguised in food or drink) had their capacity assessed. Staff had some understanding of mental capacity, and the need to assess capacity before attending to people's needs. Although some staff understood DoLS most did not have an understanding and were vague about how this could impact on the people they cared for. We saw that a DoLS authorisation had been granted for one person. On another file we noted that this did not indicate whether the person had capacity in relation to a Do Not Attempt Resuscitation (DNAR) form, although this had been signed by two healthcare professionals. Care files contained consent forms, some were signed by people living at the home. However, these were not fully completed. One did not indicate whether the person had given consent and another form was left blank.

Staff confirmed that they had completed an induction before working with people. This had lasted three days and included mandatory training, such as, health and safety, safeguarding, manual handling and first aid. Qualified staff told us that their induction had included medicines training, dementia awareness and challenging behaviour. Staff told us that majority of the training was completed through e-learning. Staff said that the training had been useful and allowed them to review what they had learnt and put this into practice. One staff member told us that they had enjoyed the training and commented, "You know what you are doing." Another staff member said they had completed a dementia course which used a technique where a virtual tour and sensory stimulation was used to help the learner to understand what it was like for a person suffering with dementia. This had given them a great insight into people with dementia and more understanding of the behaviours associated with the condition. We saw that staff had completed training in June 2015 delivered by the Speech and Language Therapist (SALT).

Staff and records confirmed that staff had received recent supervision. Records showed that staff had not received regularly supervision. One staff member told us that supervision took place every six months and this had been helpful in identifying areas for improvement and training needs. However, this was not in accordance with the provider's supervision contract 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. This is currently being rolled out to ensure that all staff had received an appraisal. The registered manager told us that she had focused on implementing the new care plans, this had caused delays in completing supervision and appraisals. We saw that the registered manager had a supervision and appraisal matrix to track progress in this area.

In one lounge we saw that the TV was on and a CD was playing in another corner, these were loud and made it difficult to hear. The unit manager had turned this down. There were quiet areas, such as the indoor garden area, although this area was noisy and it had many people sitting there. In one bedroom we noted that the TV was showing the words "No signal," for some time during the morning.

During a tour of the building we noted that the orientation board in one of the lounges was showing the previous date and clocks and calendars were showing the wrong dates and times, including the hairdresser used by people living at the service. This was immediately addressed by the staff nurse on duty. We saw that there was a communal garden at the home which was used by people living at the home. This was pleasant and accessible and contained raised flower beds to allow people to assist with gardening. People's bedrooms had photographs and door numbers to aid with orientation. Although we saw that some rooms were bare and not personalised.

We saw that pressure relieving mattresses were in use and those checked were fully working. Records showed that these were checked daily. The unit manager told us that

Requires improvement

Is the service effective?

they kept a supply of pressure mattresses in stock at the home, this allowed them to meet people's individual needs without delay. We saw that repositioning charts were used to ensure that people did not develop pressure sores.

People's comments about the food included, "Breakfast was nice, I enjoyed it, it wasn't bad," and "The meals are nice, there are lovely bits of fish." One relative commented that the food was good and the menu varied. However, another relative felt that too much thickener was used for their relative who had special dietary requirements.

People had food and fluid charts in place and we saw that these were up to date. Food charts contained prompts for staff to remind them to indicate the about of food eaten, such as whether people ate half a meal or all their meal and whether they had fruit. We observed drinks being offered to people throughout our visit.

We observed lunchtime activities at the home. We saw that tables were well presented with serviettes, cutlery and salt and pepper placed on the tables. The pictorial menu was clearly displayed and offered a choice of hot meal or sandwiches and spring rolls. This showed that people were offered choices. People seated at the table for lunch in one unit told us that they thought the menu was good. We saw that a jug of juice was available on each table in all the dining areas. In one unit we saw that lunch was served quickly and efficiently with very little interactions between staff and people using the service.

On another unit, although staff were caring and kind they were short of staff and people had to wait before being assisted. We saw that one person waited 20 minutes because there was one staff member serving lunch and assisting another person at the same time, whilst two other staff members were assisting two people with transfers from their wheelchair to be seated at the dining table. Therefore staff were unable to provide people with the support they needed. The registered manager told us she had introduced an observation checklist to monitor people's dining experience. Following our inspection we were sent a copy a completed form called 'dining experience observation notes'. This listed a set of standards which included, whether people with assistance received the help they needed.

Good

Is the service caring?

Our findings

People commented positively about care staff. One person told that the carers were, "very good, very nice, although sometimes reluctant". Another person told us that staff were "very good, some of them". Comments from relatives included, "[Staff] are very good, the staff had patience and tolerance, they are very good and very pleasant and they say hello." They're always very pleasant…They are very soft spoken with [relative] and [people]." However, one relative felt that the service did not provide the level of care needed to their relative.

A friend visiting at the time of our inspection told us, "All the carers are lovely." Another friend told us, "The carers seem quite friendly when I'm here….Most of the staff are kind and caring… [my friend] is always clean shaven and never smelly and wet."

We observed some good interactions between staff and people who used the service. We saw that staff were friendly and caring. We saw that the registered manager covered one person to ensure their dignity was maintained. One person said that they had been treated with dignity which was echoed by a friend present on the day of our visit. We saw that some people were able to communicate their needs and make their choices known for example, by asking for alternative food or drink at lunch time. In one unit we saw that people were talking to each other and they moved freely throughout the unit without any restrictions. They approached staff when they wanted assistance.

During lunchtime we used SOFI and observed staff assisting people in a kind and caring manner. However, in one unit people were not always treated with respect. We noted that some staff were standing whilst assisting people to eat their lunch and did not engage or explain to people what they were eating. We observed some staff sitting in the communal area with limited engagement between them and people who used the service, we saw that interactions were task orientated. Following our inspection we were sent an example of the checklist used to gather information about the dining experience for people using the service. This showed areas where the provider had addressed issues such as, how staff interact with people during meal times.

We reviewed care plans and saw that most of these were up to date. Each person had a "This is my life" which included information about people's life histories, such as their hobbies, past life, the job they used to do, and their family. Daily records seen were up to date. Three care plans reviewed in relation to end of life care had people's wishes incorporated. This included reference to contacting the priest, their wish to remain at the home, in addition to this we saw that an advance care plan was completed. We saw that DNAR forms were completed by the GP.

Relatives were kept informed of any changes in their relatives care. One relative told us that the unit manager was very good and that they were kept informed of any changes. They said that they felt their relative was well cared for and always looked clean.

We saw that people had access to an advocacy service who visited the home on a regular basis. Details of this were displayed on the communal notice board which was accessible to people living at the home and their relatives or friends.

Requires improvement

Is the service responsive?

Our findings

The service was not always responsive to people's needs. On the day of our inspection we noticed that one person was calling out for help from their room and we had to go and find a care worker as no-one was responding. They didn't have a call bell. They told us that staff usually, "respond quickly, but sometimes it takes them…..ages," but said, "They [staff] look after me very well". We saw that a number of call bells were not in reach and in some rooms we saw that the call bell was broken and the socket detached from the wall. The registered manager told us that they had a call bell monitoring system which was carried out twice a week and documented in a note book, she would then document then speak with staff. This was confirmed by records seen for 11 July 2015.

People's files contained information, such as next of kin and medical history. The registered manager told us that care plans were developed using pre assessment information. We saw that pre admission assessments had been completed. Care plans included information and guidance for staff about how people's care needs should be met. The needs assessment completed included information about abilities, and assistance needed in respect of people's daily living requirement, such as communication, nutrition and personal hygiene.

The registered manager told us that they were in the process of changing the care plans. We reviewed two in the new format and noted that these were an improvement to the previous care plans. These included a nutritional care plan which referred to the person's likes and dislikes and stated that they had a preference to eat in their room. Care plan reviews reflected what had occurred in the previous month. For example, where the nutritional reviews referred to weight loss or gain and the current BMI score this showed what happened in the previous month. One person who preferred a female staff to assist them with personal care, had this was clearly noted throughout their care plan. In another care plan we saw that their diabetic care plan referred to signs and symptoms for staff to look for, such as, hypo and hyperglycaemia as well as the range of blood sugar levels. This gave staff clear guidance on what to do when caring for this person. Observations including temperature, pulse and respirations were recorded monthly and blood sugar testing were recorded weekly in line with the person's care plan.

People's relatives were involved in their care. We saw that people's files contained 'Relatives sheets' which recorded visits and communication and provided some evidence that relatives were kept updated on developments.

People were seen by healthcare professionals. Staff told us that the GP visited the service twice a week and on request. In addition to this the service was supported by a psychiatrist who visits the home on a monthly basis. During this visit any issues were discussed and medicine reviews were undertaken. Multi-disciplinary records evidenced visits by healthcare professionals as well as hospital letters, opticians and dentist. We saw that one person with swallowing difficulties had involvement from the SALT to ensure that this person's dietary needs are met.

People and their relatives said they knew how to make a complaint if they were not happy. One relative told us that they had, "no complaints whatsoever." This was echoed by most people we spoke with. Another relative felt their relative had not been well cared for and had made a number of complaints. The registered manger told us that they had spoken with the relative and had dealt addressed their concerns. We saw that that there was a complaints leaflet displayed in main entrance to the service.

Requires improvement

Is the service well-led?

Our findings

The registered manager was appointed in January 2015 and had worked closely with the local authority to make the improvements necessary to the service. She told us of some of the changes since joining the service. This included improvements made to the environment, walls painted, new carpets in communal hallways and ceiling tiles. This was confirmed by staff who told us that they felt the registered manager was doing a good job and mentioned several improvements she made since she had taken up post. They told us that items such as the memory boxes had been removed with a view to replacing these with more suitable ones. Staff told us that a lot of new equipment including communication boards with words, letters and pictures to aid engagement and games had been ordered from a specialist supplier. Staff also reported that the registered manager had introduced new care plans and these were to a much better standard than the previous formats. We saw evidence of this in the care files reviewed.

Most people and relatives felt the registered manager was approachable. One relative said that the manager was OK and that "the door was always open". Whilst another relative felt that home could be run better.

The service had an action plan which had been updated on 26 June 2015. This detailed areas where action was required and timeframes for these to be completed. We saw that a number of actions had been completed since our last inspection in July 2014, including the improvements made to the environment.

There were systems in place for monitoring the quality of the service. This included health and safety audits, call bell audits and responding times, catering and infection control. We saw that unannounced night visits were conducted by the registered manager, the last being on the 13 June 2015 whereby it was noted that she had taken action to address issues with staff as part of their supervision where these had been identified. We saw that an unannounced monitoring visit was carried out by the provider in June 2015. This had looked at a number of areas, including safeguarding and medicines errors. Daily medicines audits had not been carried out in accordance with the provider's policies and procedures. The medicines policy dated April 2015 said that a daily medicines audit would be carried out. This was not being done. One of the unit managers showed us that they had developed a template for this audit, and would begin to use it by 11 August 2015. Monthly medicines audits had been carried out in March, April, May and June 2015. Following the comprehensive medicines audit carried out by the provider on 30 June 2015 an action plan was put in place with a completion date of 11 August 2015. We noted that this audit had identified some but not all of the areas of unsafe medicines management.

Feedback from various local authorities showed that the service had made improvements since our last inspection. One local authority told us that they had seen a huge improvement to the environment and they felt happy that the people they were funding were safe and was receiving he care they needed.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way to people who use the service. People's health and safety was at risk because equipment used was not sufficient, medicines were not appropriately managed the processes for assessing and controlling infections were not adequate. Regulation 12 (1)(e)(g)(h).