

Mr & Mrs W Wallen

21 Lucerne Road

Inspection report

21 Lucerne Road
Thornton Heath
CR7 7BB
Tel: 020 8239 9547

Date of inspection visit: 4 & 17 February 2015
Date of publication: 27/04/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



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

This inspection took place on 4 and 17 February 2015 and was unannounced.

21 Lucerne Road is a small family run care home that provides accommodation and personal care for up to four adults with learning disabilities. Three people were using the service at the time of this inspection.

We last inspected 21 Lucerne Road in May 2014. At that inspection we found the service was meeting all the regulations that we assessed.

There was a registered manager in post at the time of our inspection. 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.

People we spoke with said they felt safe living at 21 Lucerne Road and were treated with dignity and respect by the registered manager and her staff team.

Safe practice was not being followed when giving medicines to people and keeping up to date accurate administration records.

Summary of findings

Recruitment procedures did not fully make sure that people using the service were protected from risks associated with receiving support from unsuitable staff.

Staff received mandatory training to help them carry out their role effectively however supervision and appraisal sessions were not taking place consistently. Staff were not familiar with and had not received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were supported to see health care professionals as required to help ensure their health needs were met. They could choose what they wished to eat and drink.

Care records were kept however these were not always up to date and did not fully document the care and support being provided to each individual.

The systems in use to monitor the quality of the service or to drive improvement were not effective.

There were limited opportunities for people, their relatives or friends to be involved in or consulted about the way the service ran.

The registered manager had failed to notify CQC of an allegation of abuse as required by law.

You can see what action we told the provider to take at the back of the full version of this report

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. The procedures for making sure that people received their medicines safely were not always followed.

Staff recruitment checks were not fully completed and therefore people may not be fully protected from the risks associated with receiving support from unsuitable staff.

Identified risks to people's safety and welfare were being managed appropriately.

Inadequate



Is the service effective?

Some aspects of the service were not effective. People were supported by staff who received training to help them carry out their role effectively however they were not regularly receiving supervision or appraisal from their line manager.

Staff had not yet received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). This may mean that people's rights were not being fully upheld and decisions made in their best interests.

People were able to see health care professionals as required to ensure their health needs were met and had access to specialist advice and support as needed.

People were able to choose what they wished to eat and drink.

Requires improvement



Is the service caring?

The service was caring. People were treated with dignity and their privacy was respected.

Individual preferences for the way people preferred to be supported were known by staff. They knew people's background, interests and personal preferences well.

Good



Is the service responsive?

Some aspects of the service were not responsive as people using the service and their representatives were not being involved with care and support planning. People had care plans in place but these were not current or focused on achieving outcomes.

Care records were not detailed and did not evidence how the service was responsive to people's changing needs or circumstances.

Requires improvement



Is the service well-led?

The service was not well-led. Effective systems were not in place to monitor the quality of the service or to drive improvement.

Requires improvement



Summary of findings

There were limited opportunities for people, their relatives or friends to be involved in or consulted about the way the service ran.

Notifications were not being made to the CQC as required by law.

21 Lucerne Road

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.

One inspector visited the home on 4 and 17 February 2015. Our first visit was unannounced.

During our inspection we spoke with two people using the service, one visitor, the registered manager and the deputy manager. We observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We also looked at records that related to how the home was managed.

Is the service safe?

Our findings

Medicines were not being managed safely at 21 Lucerne Road. The medicines held for two people were being stored in a filing cabinet in the kitchen / dining area. This cabinet was unlocked when we first visited and we found four loose tablets that could not be accounted for. The registered manager told us that there was no log kept of medicines coming into the home. This meant that the records could not be accurately audited to determine whether people were receiving all of their medicines as prescribed. The medicines administration records were not being accurately maintained with omissions and errors noted on the records kept for all three people using the service. For example, the medicines for one person had not been signed for as given on the day previous to our visit. These shortfalls were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12(f) & (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had arranged a visit from their supplying pharmacist by the second day of inspection. A checklist had been completed by the pharmacist around the homes medicine management with a number of actions required for completion. A new metal storage cabinet had been ordered and we saw that the registered manager had received refresher training from the pharmacist around medicines management.

Staff rotas showed that there was at least one staff on duty during the day with a staff member undertaking a sleep-in shift overnight. The home was mainly staffed by family members of the registered provider with two other part-time staff employed. The recruitment checks carried out did not however make sure that people using the service were protected from unsuitable staff. Criminal record checks were undertaken, however, no formal risk assessments were carried out when these highlighted

issues that may be of concern. The majority of a job application form for one person employed was blank with no information presented about their previous employment history. There were no references on file for this member of staff. These shortfalls were a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person told us “I love it here” and said some of the staff were like family to them. They said “If I didn’t feel safe here then I would let everyone know.” Another person using the service told us they were ‘alright’.

The registered manager and her deputy were aware of their responsibilities to protect people who use the service and to report any concerns. Online safeguarding training was being arranged for all staff through the local authority at the time of our inspection visit. Procedures were available for staff to reference regarding adult safeguarding and whistleblowing and these included the contact details for CQC. One safeguarding concern raised had been investigated and substantiated since our inspection in May 2014. This involved people being left unsupervised in the home for a short period of time whilst a staff member was outside the premises. The provider had failed to notify CQC of this concern as required by law.

The premises were maintained satisfactorily with renovations on-going to re-decorate areas of the home and provide new furniture. The hallway had been decorated since our 2014 inspection and a new mattress purchased for one person using the service.

Risk assessments provided information in how to reduce the risk to people who used the service included areas of possible risk in the home and out in the community. For example, hot water temperatures when taking baths or monitoring personal safety when taking part in activities with staff.

Is the service effective?

Our findings

One person told us they were happy with the support from staff. They said, “I’m ok” and spoke positively about the care provided to them.

Staff received mandatory training to help them care for people effectively and meet their assessed needs. Records showed that staff had undertaken training across a number of areas including food safety awareness, infection control and emergency first aid. Safeguarding training was being completed by staff at the time of our inspection via the host local authority.

Records showed that one to one supervisions were taking place where staff could discuss their work and identify any training needs however these important sessions had not taken place in the last quarter of 2014 or early 2015. The deputy manager told us that a new schedule had been drawn up to make sure they took place at regular intervals

Staff had not yet received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). This was being arranged at the time of our inspection visit. The MCA is a law about making decisions and what to do when people cannot make some decisions for themselves. The DoLS protect people when they are

being cared for or treated in ways that may deprive them of their liberty. Care records showed, where possible, that people were involved in decisions about their care, however, we did not see any references to working in the person’s best interests or ensuring the least restrictive option was always considered when planning the care and support. The registered manager was aware of the need to make application to the local authority for DoLS authorisations for some people using the service and had started this process.

People were supported to have enough to eat and drink. One person told us, “a good choice of food and a good variety.” Care records included information about people’s dietary preferences including any cultural or spiritual needs or requirements. A two weekly menu plan was completed based on these known likes and dislikes. We were however unable to see records that documented what people ate at mealtimes and whether they had enjoyed their food. This was discussed with the registered manager who stated that more detailed daily notes would be kept.

Records showed that people were supported with their health needs. Care plans addressed individual needs and records of all health care appointments were kept. For example, that people were supported to see the GP, chiropodist and optician.

Is the service caring?

Our findings

One person said, “[The registered manager] is a good carer” and also told us “If I had a problem, I’ll let them know, they listen.” They confirmed that they were treated with dignity and respect by staff.

We saw that the relationships between the people living in the house and the staff supporting them were relaxed and friendly. The registered manager and her deputy staff were able to tell us about significant events and people in each person’s life and their individual daily routines and preferences.

People were able to choose where they spent their time. We saw people spent time in their rooms when they wanted privacy and accessed the lounge or dining area

when they wanted to be with other people. Staff offered people choices about aspects of their daily lives throughout the inspection including what to eat and the activities they took part in. Staff made sure people understood what they were being offered and gave people time to make a decision. For example, one person was asked about having their hair cut later that day and staff checked this was still ok with them.

Care plans included profiles of each person written in the first person and included information about their background, likes and dislikes. Preferred routines were documented including times people liked to go to bed and rise in the morning along with the names of key people in the person’s life. A behavioural profile for one person outlined the triggers that may lead them to become anxious or distressed and how staff should respond.

Is the service responsive?

Our findings

One person using the service said they enjoyed going out with the deputy manager saying, I go shopping or out for a ride in his car.” Another person had started using the gym regularly with support from staff and told us that they enjoyed watching their television.

Staff were knowledgeable about people’s needs and the support they required. Two people using the service had been living at 21 Lucerne Road for many years and it was evident that the registered manager and staff knew them and their individual support needs well. For example, they were able to talk about each person’s background and their individual preferences around what they did and ate each day.

Care plans were being updated at the time of our visit. The registered manager told us that they were having problems with their computer and this had affected their ability to update records kept by the service.

Each person had care plans in place outlining their support needs across areas such as personal care, nutrition and healthy living. These documents lacked evidence as to how

people were consistently involved in the planning of their care where they were able to or if goals were identified for them to achieve. For example, meetings had just begun in January 2015 to help make sure people were involved in their care planning. The registered manager said that these meetings would be held quarterly in future and used to review care plans

Weekly planners were available for each person using the service, including activities they enjoyed, such as swimming or attending their day centre. One person was visited by a friend on the second day of our inspection and they were able to go out for lunch locally together. Daily records were, however, not available to fully evidence the activities being undertaken so we were unable to fully evaluate how people were supported to regularly follow their own interests and take part in activities of their choosing.

One person told us that they felt able to raise any concerns should they have any and were confident that these would be acted upon. A complaints procedure was made available to people along with information about how to contact the CQC.

Is the service well-led?

Our findings

During our May 2014 inspection, we found that the service had not notified the Care Quality Commission (CQC) about safeguarding allegations. A notification provides details about important events which the service is required to send to CQC by law. We spoke to the registered provider about the importance of making notifications of these and other incidents that may affect the welfare of people using the service during this inspection.

Prior to this inspection, CQC was notified by the host local authority of a safeguarding alert. Our records showed that the provider had again failed to submit a notification to CQC as required by law.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Due to the small size of the home, the registered manager and her deputy said they received informal feedback from people on a regular basis which helped them make sure they were happy with the service. This was confirmed by one person using the service who told us they would speak to the staff if they had any concerns.

There was therefore, limited evidence available of how people's views about the service were captured and used to develop and improve the service provided. Aside from the recent review meetings held in January 2015, previous minutes of meetings with people using the service were unavailable. We were unable to see any collated feedback

from surveys of people, their representatives or involved care professionals and it was unclear when this exercise had last been carried out. There was no current development plan for the service highlighting areas of strength and weakness as well as of any planned improvements. No advocacy services were being accessed at the time of inspection.

Some quality assurance systems were in place, however, these were being inconsistently carried out. For example, some routine checks such as fridge and hot water temperatures were not being carried out at regular intervals. The fire alarm equipment had last been serviced in January 2014 so this annual check was overdue when we first visited. This had been completed by our second day of inspection.

The registered manager told us that she carried out spot checks on staff, but she was not formally documenting the outcome of these. We found no evidence of regular documented audits on records such as care plans, risk assessments, staff training and recruitment files. A system for checking medicines had been introduced following the shortfalls found during our first unannounced visit to 21 Lucerne Road. It was of concern that the registered manager had not identified the shortfalls we found.

These issues were a Breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>We found that the registered person had not protected people against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording, and using, of medicines used for the purposes of the regulated activity.</p> <p>This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(f) & (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>We found that the registered person had not ensured that the specified information in schedule 3 of the regulations was available in respect of staff employed for the purposes of carrying out the regulated activity.</p> <p>This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

The provider did not have an effective system in place to regularly assess and monitor the quality of service that people received, or to identify and manage risks relating to health, welfare and safety of service users and others.

This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

Regulation 18 Care Quality Commission (Registration) Regulations 2009 Notification of other incidents

The registered person had not notified the Commission without delay of specified reportable incidents which had occurred whilst services were being provided in the carrying on of a regulated activity.