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Grasmere Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 19 January 2016 and was unannounced. At our last focused inspection on 19 October 2015 we found the provider was not meeting legal requirements in relation to safe care and treatment and good governance. We served the provider a warning notice in relation to the breach of regulation in relation to good governance and served a requirement notice for the breach of regulation related to the safe care and treatment of people. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check the provider had followed their action plan and to confirm that they now met legal requirements and had addressed the areas where improvements were required. We found the provider had taken all the necessary action to improve which meant they were no longer in breach of regulations.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grasmere Rest Home on our website at www.cqc.org.uk

Grasmere provides accommodation for up to 25 older people some of whom were living with dementia. During our inspection there were 19 people using the service.

There was no registered manager in post although the manager who had started in March 2015 was in the process of registering with CQC. A registered manager is a person who has registered with 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.

Summary of findings

The provider had made improvements to medicines management systems which meant they had taken action to protect people against the risks associated with medicines. Our stock checks indicated people received medicines as prescribed and that records the provider made regarding medicines were accurate. The provider had introduced effective medicines audits so they regularly checked that people received their medicines as prescribed.

The provider had reviewed the tool they used to assess people's risk of developing pressure ulcers. However the provider did not always assess people's risk of developing pressure ulcers monthly when required. This meant they may not be using the tool appropriately to check people received the right support. The provider put in place the right support people needed when they identified they were at risk of developing pressure ulcers.

People received the right support in relation to falls. The provider referred people promptly to the falls prevention team, a specialist NHS service, and followed the advice provided.

The provider carried out a range of audits including regular checks of care plans and risk assessments, records maintained about falls and training, DoLS authorisations, medicines and other aspects of the service. The director told us they would create a deputy manager role to support the manager to oversee the service and review care records as necessary. Appropriate health and safety checks were in place and the provider was on schedule with regards to their action plan to reduce the risks of Legionella in accordance with their Legionella risk assessment. These audits were effective in identifying and rectifying issues as part of improving the quality of service provided to people.

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?

We found the provider had taken action to improve the management of medicines and risks to individuals to protect them from harm. However, risk assessments were not always kept under regular review as part of supporting people safely.

We could not improve the rating for 'Is the service safe' from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection of the home.

Requires improvement



Is the service well-led?

We found the provider had improved their quality assurance systems to protect people against the risks of unsafe and inappropriate care. The provider had also taken action to ensure the manager was registered with CQC.

We could not improve the rating for 'Is the service safe' from requires improvement because to do so requires consistent good practice over time. We will check this during our next comprehensive inspection of the home.

Requires improvement



Grasmere Rest 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 19 January 2016 and was unannounced. It was undertaken by a single inspector. This inspection was completed to check that improvements to meet legal requirements planned by the registered

provider after our focused inspection on 19 October 2015 had been made. We inspected the service against two of the five questions we ask about services: Is the service safe? Is the service well-led? This is because the service was not meeting legal requirements in relation to those questions at that inspection.

Before our inspection we reviewed information we held about the service and the provider. During the inspection we spoke with three people using the service, one relative, the maintenance person, a director and the manager. We looked at five people's care records, medicines records and records relating to the management of the service including quality audits.

Is the service safe?

Our findings

During our last inspection on 19 October 2015 we found some aspects of medicines management were not safe. When we carried out stock checks of medicines we were not always able to confirm people received their medicines as prescribed and audit trails of medicines in the home were not always clear. A person may not have been receiving the right support in relation to nine falls they sustained over five months. In addition the provider was not always using a tool to assess the risk of people developing pressure ulcers correctly. This meant they may not have identified and then managed the risks to individuals properly. After the inspection, the provider wrote to us with their action plan setting out how they would improve the management of medicines and the risks of falls and pressure ulcers to individuals.

At this inspection we found the provider had taken the action they set out in their action plan to meet the breach of regulation. Our stock checks indicated people received their medicines as prescribed and there were clear audit trails of medicines in the home. The manager had put protocols in place for all 'as required' medicines for staff to follow in administering these medicines to people appropriately.

People received the right support in relation to their risk of falls including prompt medical attention and referral by the manager to the falls prevention team where necessary. This meant the provider took appropriate action to promote people's safety in relation to falls.

The provider had reviewed the tool they used to assess the risk of people developing pressure ulcers and our checks showed staff were using this correctly. However, the provider had not reviewed the risks regularly for three of the five people whose records we checked, including two people at risk and one person at high risk of developing pressure ulcers. This meant their risks were not kept under regular review so the provider could check they were receiving the right support. The manager told us these reviews had been missed in error.

We found people received the right support relating to their risk of developing pressure ulcers. This support included pressure relieving equipment, regular monitoring of their nutritional status, regular checks by staff of their pressure areas and prompt referral to the district nurse if signs of pressure ulcers were found.

Is the service well-led?

Our findings

At our inspection on 19 October 2016 we found the improvements the provider had made according to their action plan they submitted after our comprehensive inspection of 19 October 2016 were insufficient and they were still not assessing and monitoring the quality of the service and managing risks robustly. This was because they had not identified the issues we found during our inspection. We served a warning notice on the provider and told them that they should make the necessary improvements by 28 December 2015.

At this inspection we found the provider had taken the necessary action to meet the requirements of the warning notice as they had improved systems to assess and monitor the quality of service. They had reviewed the auditing systems relating to medicines management and put in place a new system of checks. Revised audits included checks of the stocks balance of some medicines each time staff administered them to check for errors, checks throughout the day of administration records to make sure these were signed as required and regular checks carried out by the manager to oversee processes. The manager had also consulted with the pharmacy to check their medicines management processes.

The manager had implemented a new system to audit and update people's care plans and risk assessments each month. However, records showed and the manager confirmed, they had not checked all people's care documentation each month as they had intended to do. This meant the manager had not identified that some risk assessments for people had not been reviewed monthly,

such as those relating to their risk of developing pressure ulcers. The manager was aware of which people's care documentation they had not checked each month, but said it was not possible to check each person's due to their other commitments in the service. The manager told us they delegated some tasks such as updating people's care records to the care staff. However, the care staff said they were busy with their day to day responsibilities of caring for people which made it difficult for them to complete this task. We discussed these issues with the director who concluded that they would create deputy manager role which would include several shifts each week supporting the manager with administrative tasks in the office to help improve the oversight of the service.

The manager audited other aspects of the service each month including care plans and risk assessments, falls, training, medicines and other aspects of the service. Records showed they actioned improvements where they identified these were required through these audits. The manager also oversaw regular health and safety checks carried out by the maintenance person. These included checks of the environment, window restrictors, equipment used by people in the home and fire safety. We saw action plans were in place regarding issues identified through these audits, including actions taken in response to issues identified in a contractor's Legionella risk assessment. Legionella is a bacterium which can accumulate rapidly in hot water systems in some situations if effective controls are not in place, causing illness.

The provider had appointed a manager who was taking action to register with CQC, as part of their condition of registration.