

Dwell Limited

Long Lea Residential Home

Inspection report

113 The Long Shoot
Nuneaton
Warwickshire
CV11 6JG

Tel: 02476370553
Website: www.longlea.co.uk

Date of inspection visit:
01 March 2017

Date of publication:
10 April 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service in September 2016. At that inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and issued a 'warning notice' to the provider, requiring them to make improvements in how they checked the quality of the service provided and made improvements as a result. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the regulations.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. 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 Long Lea Residential Home on our website at www.cqc.org.uk.

At our previous inspection in September 2016, we gave the home a rating of 'requires improvement.' We found the provider was in breach of Regulation 12(2) (g) the proper and safe management of medicines; of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not always receive their medicines as prescribed and guidance was not always available for staff to ensure people received their medicines in a safe way. At this inspection, we found improvements had been made to ensure there was a safer, and more consistent system in place to ensure people were administered their medicines safely and as prescribed. This meant the provider was no longer in breach of the regulation.

At our previous inspection, we found the provider had not always assessed the risks to the health and safety of service users and had not done all that is reasonably practicable to mitigate any such risks. This was a breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made to ensure risks to people were identified, assessed and managed effectively to keep people safe. This meant the provider was no longer in breach of the regulation.

At our previous inspection, we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had some systems in place to monitor the quality of the service provided but had not ensured these were effective. This meant opportunities to identify where action was required to implement improvement were missed. We also issued the provider with a Warning Notice in relation to governance, requiring them to take action to improve this. At this inspection, we found improvements had been made to ensure a range of audits were in place so the provider could identify areas for improvement and take action as a result. This meant the provider was no longer in breach of the regulation, and the warning notice had been met. However, some improvements were still required.

The provider sent us an action plan as required, telling us how they planned to ensure they met the legal requirements. We found these actions had been carried out by the provider.

Long Lea residential home is one of two services provided by Dwell Limited and provides accommodation and personal care for up to 35 older people; over two floors. At the time of the inspection 35 people lived at the home.

The home is required to have a registered manager 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 and associated Regulations about how the service is run. At the time of this inspection the home had a registered manager in post, who is the owner / provider of this service. The registered manager splits their time between this home and their domiciliary care service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

The provider had taken steps to improve the way it managed and checked the administration of medicines. This meant people now mostly received their medicines safely and as prescribed. Some improvements were still required, and the provider took action following our inspection to address this.

The provider had improved the way it identified, assessed and managed risks to people. This meant people were protected as staff had the information they needed to keep them safe.

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

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The provider had a range of audits in place to check the safety and quality of the service provided. These were completed regularly, and covered a range of measures to determine how the service provided to people was delivered. We found these were mostly effective, and that issues identified had been acted on by the provider. This helped ensure people were supported safely and that the service could improve.

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

Requires Improvement ●

Long Lea Residential 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 was done to check that improvements to meet legal requirements planned by the provider after our September 2016 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and well led. This is because the service was not meeting some legal requirements.

The inspection team consisted of one inspector and a pharmacist inspector.

Prior to this inspection, a request for a PIR (provider information return) was not made, so, during our inspection visit, we gave the provider the opportunity to tell us about any changes made to the service since our previous inspection.

We reviewed the information we held about the service. This included information shared with us by the local authority and statutory notifications received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We spoke with five care staff, the 'medication lead', the operational manager and the registered manager.

We reviewed a range of records, these included care records for five people, a number of medicine administration records and other medicine records. We also reviewed quality assurance audits undertaken by the provider.

Is the service safe?

Our findings

At our previous inspection in September 2016, we found the provider was in breach of Regulation 12(2) (g) the proper and safe management of medicines; of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not always receive their medicines as prescribed and guidance was not always available for staff to ensure people received their medicines in a safe way.

At this inspection we found improvements had been made and that the provider was no longer in breach of Regulation 12.

Medicines were available to people when they needed them and were kept securely. Medicines that had a short expiry date once opened, were not always dated to ensure staff knew how long the medicine could be used for. This is important as it helps to ensure medicines are effective. We raised this with the registered manager, who took immediate action to address this.

Creams that had to be applied topically, were recorded on a separate cream application chart kept in people's rooms. The charts showed where the cream should be applied and how often and a record was kept by the person applying the cream. However, we had a discussion with the provider as the instructions on the chart did not always match the prescribing instructions which meant that people may not always get their cream applied as the prescriber intended.

People who needed to take medicines 'as required' had protocols in place to provide staff with enough information to know when the medicine should be given. However, we saw that protocols were not always specific to the person, which meant people might not always be given their medicine consistently, and at the times they needed them. We discussed this with the provider, who agreed this meant there was a risk people might not receive as required medicines consistently. The provider sent us evidence of how they had updated these protocols to provide more person-specific information following the inspection.

Medicines that needed cold storage were kept in a fridge and daily records showing temperature monitoring were completed. However, records showed that the fridge temperature was sometimes out of the recommended range and staff had not reported it. This meant the provider could not demonstrate medicines were stored safely in accordance with manufacturer's guidance, and were still effective and suitable for use. Controlled drugs are medicines that require special storage and recording to ensure they meet the required standards. We found that controlled drugs were stored securely and recorded correctly.

The provider had put in a system so that people's medicines were reviewed by a doctor regularly and when people's health changed. This was an improvement from our previous inspection where we found people did not have a review of their medicine for long periods of time. When people administered their own medicines, staff assessed the risks and regularly reviewed them to ensure people were taking their medicines as directed.

We saw that the provider was in the process of arranging training and competence checks for staff that were handling and administering medicines. This helped the provider assure themselves that staff knew how to administer medicines safely.

We discussed with the provider that the competence checks should also ensure care staff applying topical creams to people's skin were competent and trained to do so. Following our inspection, we were sent evidence to show competence checks were in place which would better assure the provider that staff had the right knowledge and skills to administer medicines safely.

Since our September inspection, the provider had put in place a system for reporting and investigating medicine errors. However, we saw most of the errors logged arose from outside the care home and staff were not always reporting when errors had been made in the home. For example, we saw records for one person showed three doses of a medicine had not been signed for on the person's Medicine Administration Record (MAR). This had not been reported as an error or investigated. We raised this with the provider who told us this would have been picked up when the MAR sheet was audited, and would, at that stage, have been investigated. However, they agreed staff needed to report errors as they noticed them and that they would address this at staff meetings and staff training.

At our previous inspection, we found the provider had not always assessed the risks to the health and safety of service users and had not done all that is reasonably practicable to mitigate any such risks. This was a breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had taken action to ensure the way they identified and assessed risk was more effective and kept people safe; they were no longer in breach of the regulation. For example, we looked at records for one person who was at risk of developing sore areas on their skin. The risk assessments were detailed and identified the risk, what might cause the person to develop the skin damage, and the actions staff should take to mitigate and reduce the risks to the person. The risk assessment and risk management plan indicated the person should be re-positioned every two hours to avoid pressure on their skin. There was a chart in place for staff to complete to show they had done this. The chart had been completed, and staff were aware of the measures in place for the person. One staff member said, "Yes, there is a re-positioning chart in [person's name's] room which we complete. We also look for any reddening of the skin. If I saw anything of concern on their skin, I would record it in the care plan and raise this with the senior care staff so the information could be passed onto the district nurses." Records showed the measures in place had helped protect the person's skin, which was in good condition.

We also looked at the care records for someone who was at risk of falling. They had experienced a number of falls recently, and we saw the care records had been updated on 28 February 2017 to reflect this. A falls risk assessment had been updated to include information on how staff should support the person, and what equipment they needed to use. Records also showed the provider had contacted the person's doctor so their health could be reviewed in case there was an underlying medical cause for the increased falls. We spoke with staff about the person's needs; they were aware of the increase in falls and of the measures that should now be taken to keep the person safe. One staff member told us, "[Name] can be unsteady and might fall so [Name] has a sensor mat next to the bed or the chair, depending on where they are. They are generally unsteady so we need to supervise them moving around."

Is the service well-led?

Our findings

At our inspection in September 2016, we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had some systems in place to monitor the quality of the service provided, but had not ensured these were effective which meant opportunities to identify where action was required to implement improvements were missed. We issued the provider with a Warning Notice in relation to governance, requiring them to take action to improve this.

At this inspection, we found the provider had introduced a range of audits since our last inspection, which they hoped would identify areas where action needed to be taken to help the service improve. This meant they were no longer in breach of Regulation 17, and the warning notice had been met.

Where audits had identified areas for action, there was a corresponding 'corrective action' log which outlined action to take, who was responsible for doing so, and when this should be completed. One audit had been completed in January 2017. This had identified, for example, that a number of waste bins on the ground floor of the home were open and might therefore pose an infection risk. The audit recorded an action of replacing these bins with lidded, foot operated bins to reduce the risk. We saw this action had been completed. The same audit had identified hot water was not at the correct temperature, which could have posed a risk to people. The audit showed faulty parts had been replaced quickly following the audit to keep people safe.

The provider had improved the way people's care plans were audited to ensure they were updated as people's needs changed, and following consultation with people. Records showed a number of care plans had been discussed with people and their families. One person's care plan had been updated following discussion with the person and their family, and we saw what had been identified in the discussion had been updated in the person's care plan. We were assured all care plans were being checked in this way over the coming months. This was an improvement from our previous inspection, as it was now clear when and how people and their relatives had been consulted on their care.

The provider explained they came into the home unannounced on a regular basis to help assure themselves staff were supporting people as they should be. They also told us this was in combination with formal supervision of staff and regular spot checks. Records showed supervisions and spot checks had taken place, and that issues identified had been addressed with staff on an individual basis, and shared with the wider staff group if appropriate.

The provider completed daily and monthly medicine audits. We saw that improvements had been made as a result of actions taken from these audits. However, the audits were not always completed accurately. For example, one audit had recorded that the fridge and medicine room records showed that the temperature was within recommended range for the safe storage of medicines. However, (on the day of the inspection) we saw records for the last month showed temperatures were outside of the recommended range. We raised this with the provider and the operational manager, who assured us they would take action to

address this.