

Keychange Charity

Keychange Charity Alexander House Care Home

Inspection report

12 Clifton Road
Wimbledon
London
SW19 4QT

Tel: 02089467147
Website: www.keychangecare.org.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 26 August 2016 and was unannounced. At the last inspection on 2 March 2016 we found the provider was continuing to breach the regulations in relation to medicines management, good governance and staff training and supervision. We served warning notices in relation to the regulations about good governance and staffing. We also kept in place a condition we had imposed on the provider's registration after the previous inspection on 26 August 2015 that they were legally required to take into account when providing a service. The condition prevented the provider from admitting and providing personal care to any new people at the service from 5 January 2016.

We carried out this focused inspection to check whether the provider had complied with the warning notices and rectified the legal requirements they were previously breaching. This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Keychange Charity Alexander House Care Home on our website at www.cqc.org.uk.

This service provides accommodation and personal care for up to 20 people, some of whom may be living with dementia. At the time of our visit there were 15 people using the service. There was 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 2008 and associated Regulations about how the service is run.

At this inspection we found the provider had taken the necessary action to improve medicines management and risks to people from unsafe medicines practices were reduced. People were happy with how they received their medicines. Medicines were stored, administered and recorded safely. There was a variety of safeguards in place to check that medicines were administered and signed for as required. Each person who took medicines had a medicines care plan in place and, where relevant, personalised protocols for taking 'as required' (PRN) medicines so staff could support them safely with these. There was a homely remedies policy in place.

The provider had made improvements to the support that staff received to do their jobs. Staff received regular individual and group supervision, including extra sessions when required to address any concerns that were raised. Staff had annual appraisals to assess and discuss their development. There was a training programme in place, covering the knowledge and skills staff needed to work with people currently using the service.

People and staff gave us positive feedback about the registered manager and improvements they had made since our last inspection. There was a range of systems in place to assess, monitor and continually improve the quality of the service. The provider used audits and checks to quickly identify and effectively address shortfalls in the quality of the service. Audits of medicines and other care records allowed the provider to make significant improvements in the quality of record keeping.

The above shows that the provider had made the necessary improvements to meet legal requirements they were previously breaching. As a result we have made a decision to remove the condition we had placed on the provider about not admitting any new people to the home. We have however not changed the rating of the key questions and of the location from 'Requires improvement' to 'Good', because to do so would require consistent and sustainable improvements at the service over time.

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 that action had been taken to improve the safety of the service.

Medicines were stored, administered and recorded safely. Procedures were in place for administering medicines including 'as required' medicines and homely remedies.

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.

Requires Improvement ●

Is the service effective?

We found that action had been taken to improve the effectiveness of the service.

Staff received regular training, appraisals, supervision and ad-hoc support to provide them with the knowledge, skills and support they needed.

We could not improve the rating for 'Is the service effective' 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?

We found that action had been taken to improve how the service was led.

The provider had made improvements to their systems for assessing, monitoring and improving the quality of the service. The provider used audits and checks to quickly identify and effectively address shortfalls in the quality of the service. We found significant improvements in the quality of record keeping.

We could not improve the rating for 'Is the service 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 ●

Keychange Charity Alexander House 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 26 August 2016 and was unannounced. It was carried out by one inspector. Before the inspection we reviewed the information we held about the service. This included reports from previous inspections and action plans the provider sent us about improvements they planned to make. We also looked at notifications the provider is required by law to send us about significant events that take place within the service. We reviewed feedback about the service that we had received through our website from members of the public.

During the inspection, we spoke with three people who used the service and four members of staff including the deputy manager. We looked at care records, including care plans and medicines records, for five people. We also looked at six staff files and other documentation including policies and protocols.

Is the service safe?

Our findings

At our last inspection in March 2016, we found the service was continuing to breach the regulation in relation to safe care and treatment, specifically medicines management. There were errors in medicines stock balances, protocols were not in place to inform staff when to give people their 'when required' (PRN) medicines, and up to date information was not maintained in regards to homely remedies. Homely remedies are medicines that can be obtained and used without a prescription. We kept in place a condition we had previously placed on the provider's registration, which meant they were unable legally to admit any new residents to the home from 5 January 2016.

During this inspection, people told us they received their medicines as prescribed. One person said, "Staff give you the medicines you need. I'm happy with the help they give me." Staff told us they had received training in medicines management and that managers discussed the subject with them frequently. We looked at five people's medicines administration records (MARs) and found they were complete for the current four-week medicines cycle. Staff signed to indicate they had given the medicines and a second member of staff signed to confirm they had checked this. Staff checked and recorded medicines stock balances daily. We checked that these were correct for each person who used the service and we found that the correct number of doses remained in stock for each medicine. We also checked stock levels of one person's PRN medicines against their records and found they were correct. This helped to ensure that people received their medicines as prescribed and that doses were not missed.

Each person had a medicines care plan. There was personalised information about when people should take their PRN medicines, the dosage, maximum frequency and intended outcome of taking the medicine. There was an updated homely remedies policy in place, showing which people were able to use specific medicines. The GP who worked alongside this service had signed to indicate they agreed the policy was safe. The information helped to ensure that staff supported people to take medicines safely.

Medicines were stored in locked cabinets, which were securely attached to walls to prevent unauthorised persons from removing them. Our inspection took place on a warm day and we noticed that a thermometer in the area where medicines were stored read 26 degrees Celsius. Medicines should not be stored above 25 degrees Celsius, because extreme temperatures can damage them and cause the medicines to become ineffective or unsafe to use. We alerted the deputy manager, who immediately ensured that the medicines were removed to a cooler room with a thermometer in place. Records showed that staff checked the temperature of the medicines room daily and that when it was too high they took action to address this and then re-checked the temperature. This had happened twice in the month before our inspection and each time the second recorded temperature was within the acceptable range.

We looked at six-monthly audits that a local pharmacist carried out at the premises. Although an audit in February 2016 had identified the same problems we found at our inspection in March, the most recent audit on 1 August 2016 showed that these issues had been resolved to the satisfaction of the pharmacist and they found no significant problems.

Is the service effective?

Our findings

At our last inspection in March 2016, we found the service was continuing to breach the regulation in relation to staffing. The training programme in place did not ensure all staff were up to date with their training needs, meaning there was a risk they did not have the updated skills and knowledge to support people. Many staff had not received regular supervision and appraisals. We took enforcement action by serving a warning notice for a breach of the regulation in relation to staffing, requiring the provider to make improvements by 24 April 2016.

At this inspection, we found that the provider had made the necessary improvements to meet legal requirements. People told us staff "know their jobs well" and "know what they're doing." We looked at staff training records and saw evidence that staff had undertaken several training courses over the last six months. All staff except those who had started working at the service less than six months ago had received training in safeguarding adults, dementia awareness, the Mental Capacity Act (2005) and managing behaviours associated with dementia, that could challenge the service. Care staff had also received training in medicines management, emergency first aid, moving and handling and a number of other relevant subjects within the last year. Staff told us training was "fantastic" and said they received updates when they needed it. They gave examples of training that had helped them meet the specific needs of people using the service. This showed that staff had access to the skills and knowledge they needed to carry out their roles.

We checked staff files and found that they had either received an appraisal or there was a documented reason why they had not, for example if they had been working at the service for less than a year or were on long-term leave. All of the staff whose files we checked had received supervision at least twice since our last inspection in March 2016 and more often if supervisors needed to address specific concerns with them. We saw examples of letters that managers wrote to individual staff to explain any concerns they had so that staff had the information they needed to do their jobs well. Managers noted improvements at appraisals and encouraged staff to develop in other areas. Staff also told us they had group supervision to discuss difficult issues as a team and that supervision helped them become more confident in their work. This demonstrated that staff received support to help them provide good quality care to people.

Is the service well-led?

Our findings

At our last inspection in March 2016, we found the service was continuing to breach the regulation in relation to good governance. The systems and processes in place to review the quality of service provision were not sufficiently robust because sufficient action had not been taken to address concerns. Care records were not kept up to date with detailed and accurate information about people's needs. Some care records were missing information and others contained conflicting information. We took enforcement action by serving a warning notice for a breach of the regulation in relation to good governance, requiring the provider to make improvements by 24 April 2016.

At this inspection, we found the provider had made the necessary improvements. People told us they were happy with how the home was managed. One person said, "They check everything is OK" and another person told us, "I am comfortable talking to [managers] about anything I want to. I am very fond of [deputy manager]." Staff told us that the overall quality of the service had improved significantly over the last six months and that the new registered manager had led the service well during this time. They told us the manager listened to their suggestions about improving the service and worked with them to address problems.

We saw the provider had carried out a range of audits since our last inspection, including monthly audits of medicines management, safety, staff training and documentation in people's care files. The documentation audits helped to ensure that any mistakes, omissions or out of date information in people's files was identified and rectified. For example, one such audit in July 2016 identified that the person's personalised emergency evacuation plan was missing but this had been added to the file six days later. We saw other audits showing that similar issues had been identified and addressed, such as staff failing to record activities people had participated in and spelling errors in a person's name, which had been corrected.

The provider had updated their record keeping procedure since our last inspection and had introduced a process for a second member of staff to sign medicines administration records to confirm the administering staff had done so correctly. This was in response to the provider's monthly medicines audit finding that staff were still leaving gaps in medicines records after we had raised concerns about this at our last inspection. We saw evidence that staff followed the new process and that the quality of record keeping had improved.

We looked through five people's care records, including care plans, risk assessments and daily care notes, and did not find any missing or conflicting information that had not been found and addressed by the provider's audits. Care plans and risk assessments we saw were all reviewed within the last six months to ensure they were up to date and the provider had improved them by adding more detailed information. Daily logs of the care provided to people were maintained daily, even when people were in hospital, to keep staff up to date about their health and care needs. This showed the audits were effective in identifying and addressing problems with records.