Neem Tree Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 3, 4 and 14 October 2016. A breach of a legal requirement was found as we saw a prescribed medicine for one person had not been administered since the previous month. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirement in relation to the breach.

We undertook this focused inspection on 8 February 2017 to check that the provider had followed their plan and to confirm that they now met the legal requirement. This report only covers our findings in relation to the Safe domain. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Neem Tree Care Limited on our website at www.cqc.org.uk.

Neem Tree Care Limited is part of Sunflower Health Care which has four homes in the North of England and Neem Tree Care in London. The home has three units over three floors and two of the floors provided support exclusively to people from an Asian background. Neem Tree Care Limited provides nursing care and support for up to 57 older people, including people with dementia. At the time of our inspection there were 49 people living at the service.

The manager was a nurse who came into post on 2 January 2017. At the time of our inspection she had applied to the Care Quality Commission to become the service's registered manager. 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 focused inspection on 8 February 2017, we found that the provider had followed their plan of action, dated 3 January 2017, and that the legal requirement had been met. We have looked at all the Key Lines of Enquiry (KLOE) for Safe and because the provider is now compliant with all of these, we are changing the rating to Good for the Safe domain.

Medicines were administered and managed in a safe way.

Safe recruitment procedures were in place and since the last inspection the management structure had been reorganised, new staff had been recruited and there were enough staff on duty to meet people's needs.

Systems were in place to safeguard people from the risk of abuse and staff knew how to respond if they suspected abuse.

Risk assessments were in place to minimise identified areas of risk. Systems and equipment were serviced and maintained to keep people safe.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

We found that action had been taken to improve safety.

Medicines were administered, recorded and stored in a safe way.

There were recruitment systems in place to ensure staff were suitable to work with people using the service. There were enough staff on duty to meet people's needs.

Risk assessments identified areas of risk and management plans minimised harm to people using the service.

There were procedures in place to safeguard people from the risk of abuse and staff knew what action to take if they suspected abuse.

Systems and equipment were serviced and maintained to keep people safe.

Neem Tree Care Limited

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.

We undertook an unannounced focused inspection of Neem Tree Care Limited on 8 February 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 3, 4 and 14 October 2016 inspection had been made. The service was inspected against one of the five questions we ask about services: Is the service safe? This is because the service was not meeting some legal requirements. The inspection was undertaken by a single inspector.

Prior to the inspection, we looked at all the information we held on the service including the last inspection report, the provider's action plan which set out the action they stated they would take to meet the legal requirement, notifications of significant events and safeguarding alerts. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority's safeguarding team for feedback.

During the inspection, we spoke with the manager, the deputy manager, two registered nurses, two health care assistants, four relatives and two people using the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed people in one of the lounges and the interaction between people using the service and staff. We looked at six care plans and medicines management for people using the service. Additionally, we looked at the environment, maintenance, servicing checks and audits.

After the inspection, we received feedback from two healthcare professionals.

Good

Is the service safe?

Our findings

At the inspection on 3, 4 and 14 October 2016 we found a prescribed medicine for one person had not been administered since the previous month. The provider told us the person had capacity and had refused the medicine but this had not been recorded properly. This meant we could not be sure people were receiving their medicines as prescribed. The provider supplied us with an action plan detailing how they would make the necessary improvements by 13 February 2017.

At the inspection on 8 February 2017, we saw that the provider had put in place measures to ensure people using the service received their medicines as prescribed. This included all staff who administered medicines completing refresher training on 4 January 2017 and having supervision and competency testing to ensure they were competent in their role. The management team undertook weekly and monthly audits that enabled them to respond to identified issues and promote people's safety and wellbeing. Additionally the service benefited from the local Clinical Commissioning Group (CCG) medicines audits.

Medicines administration was divided into residential administration managed by senior care workers and nursing administration managed by nurses. During the inspection, we saw medicines were ordered, received, stored and disposed of appropriately.

We looked at medicines administration records (MAR), on two different floors for ten people. The MAR chart book had specimen signatures of staff who dispensed medicines and the MAR charts we reviewed were complete and up to date. Most people's medicines were supplied by a pharmacist in blister packs but some medicines were supplied in original boxes or bottles. Two people used eye drops and we saw the dates the drops had been opened were recorded. People had information sheets that included their name, photograph and allergies. Where appropriate MAR charts included PRN (as required) protocols and when PRN medicines were administered this was recorded on the back of the MAR chart. One person had information on administering covert medicines and we saw documentation indicating the person did not have the capacity to make a decision around medicines and therefore a best interest decision had been made on their behalf. However, at present it was not necessary to administer their medicines covertly as they were currently compliant in taking their medicines.

Additionally we looked at the records of a further five people who received controlled drugs. The controlled drug register had two authorised signatures and the recorded medicines reconciled with the medicines we counted in the controlled drugs cupboard.

The medicine rooms and fridge temperatures were checked and recorded daily. The service had an up to date medicines policy which included guidance on administering, recording, storage, self- administration, controlled drugs, covert medicines, PRN medicines and medicines errors.

A number of checks were in place to safeguard people using the service. Medicines stocks were counted on a daily basis, we saw a weekly medicines audit on each floor with actions taken was completed by the nurse and a monthly audit was completed by the deputy manager. The CCG had undertaken a medicines audit

on19 December 2016 and stated, 'Overall the medicines management within the home had been run well.'

During our inspection on 3, 4 and 14 October 2016 we observed there were not always enough staff present to meet people's needs, and the staff we saw were very busy. After the inspection, the provider informed us the service had recruited a fully permanent staff team and had made changes to the line management so that each of the three floors in the home had its own unit manager to be responsible for the overall running of each floor. On 8 February 2017, we saw the changes had been implemented and we observed that there was a sufficient number of staff to keep people safe and meet their needs. However, one healthcare professional we spoke with said, "They could do with a bit more staff" and indicated this was mainly in relation to nurses. The manager told us that the service was in the process of recruiting a nurse. One person using the service told us, "I think there is enough staff. They talk and they listen. They're okay." A relative said, "They are all very good but the carers don't stay long" but continued to say, "It's better than it was." Others said, "Most of the time there is somebody (staff) within easy distance", "They keep one carer in the lounge all the time" and "There's enough staff. I have no complaints." A staff member said, "Six months ago we were using more agency but now staff are more (permanent). They know the residents and their routine and that helps the residents as well."

People using the service and their relatives told us the service was safe. One person said, "I notice that everybody is safe." Relatives told us, "They keep her safe. They check in on her and she has the bell to ring", "Staff, as far as I can see, are very careful and friendly to the patients" and "She is kept very safe…. She has (a medical condition) in the morning and they have to keep an eye on her. She's not bruised or anything." A healthcare professional told us, "The staff I have worked with I have no concerns about, they seem to know the residents well and I feel that they provide compassionate care. I have not witnessed anything that I have any concerns about." Regarding call bells one person said, "They come immediately. There was immediate attention." A relative said, "If you press the bell, they (staff) come as soon as they can."

Employment checks were carried out to ensure only suitable staff were employed at the service.
Staff files had completed application forms, two references, including one from their previous employer, a Disclosure and Barring Service (DBS) check, proof of identity including copies of passports and evidence of people's right to work in the UK.

The service had safeguarding and whistleblowing procedures in place and staff had received relevant training. Staff we spoke with knew how to recognise and respond to suspected abuse, including which external agencies to contact. When we asked staff what they would do if they suspected someone was being abused they told us, "See what the case is and report it to manager. Make sure the resident is safe. Do a risk assessment", "I would inform the manager and update the family. Update the risk assessment, do body maps and (the person) be seen by the GP. If I couldn't speak to the manager, I would tell social services" and "I would talk to the person in charge of the floor or the manager and record any incident on the system." Regarding whistleblowing staff said, "If something wrong is happening here, you have to speak" and "Any abuse you see, have to tell the person in charge about it." Staff training and awareness of abuse contributed to minimising peoples' risk of abuse. A healthcare professional told us, "I have mostly worked with (staff names) and I am confident in their assessments of the residents and their ability to pick up problems and notify me of them."

We reviewed six people's care plans and saw risk was assessed, identified and up to date risk management plans were in place to protect people from harm and abuse. The risk management plans were specific to individual needs such as falls or wound care and provided guidance to staff on how to minimise the identified risk. Input from other professionals such as tissue viability nurses was recorded and care plans included action taken and future preventative action. Information on observation charts, turning charts,

fluid and diet charts was well recorded. The service used equipment such as pressure mattresses to provide relief. Bedrail assessments and risk management plans were in place. Relatives told us, "(Person) has a care plan and risk assessment" and "We had a meeting six months ago and have one scheduled for (date)."

Staff told us risk assessments were reviewed monthly, the registered manager audited them and if there was a change, such as a fall in between the reviews, the risk assessments were updated. Staff on duty had electronic tablets to access peoples' records and during handover staff coming on shift were informed of any changes. We saw a number of audits which included, monthly falls, pressure ulcers, nutritional needs, bedrails, call bells, infection control and housekeeping audits.

The service had an up to date continuity plan that identified risks and actions. We saw up to date safety checks for fire equipment and weekly fire alarm tests. There were regular fire drills and people using the service had personal emergency evacuation plans. An external agency had completed a fire risk assessment in April 2016 and the service had actioned the points raised.

Additional checks to promote people living in a safe and clean environment included daily fridge temperature checks, hot water checks, window restrictor and handle checks and moving and handling competency testing. The manager met with the domestic staff in February 2017, created an action plan for an improved cleaning schedule and then followed through with an audit of cleanliness in people's bedrooms with an action plan. Regarding cleanliness, relatives said, "Oh yes, very, very good" and "Yes they keep it clean. I've been in (person's) bedroom several times and it's always perfect."

Incidents and accidents were recorded appropriately in people's files and included details, action taken, what preventative action could be taken and any follow up action. The information was recorded electronically and included in a graph for quick reference. The manager completed an analysis to identify any common factors. Where appropriate the service raised a safeguarding alert and we saw the safeguarding referrals file contained the alert to the local authority, root cause analysis, the impact of practice on the incident, lessons learnt and future actions.