

Caring Homes Healthcare Group Limited

Miranda House

Inspection report

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Ratings

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| 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

Miranda House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

They are registered to provide accommodation which includes nursing and personal care for up to 68 older people, some of who are living with dementia. At the time of our inspection 50 people were using the service. The bedrooms were situated over two floors. There were communal lounges and dining areas with satellite kitchens on each floor with a central kitchen and laundry. People also had access to a communal garden on the ground floor.

We undertook an unannounced focused inspection of Miranda House on the 28 and 29 November 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in July 2017 had been made. The team inspected the service against two of the five questions we ask about services: is the service well led and is the service safe? This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

At the last comprehensive inspection in July 2017 we identified the service continued to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not being stored at the correct temperature. During this inspection we found that these improvements had been made and medicines were being stored safely.

Some areas of medicines management required further improvement. Monitoring systems in place for the safe administration of medicines had not identified gaps in recording. Photographs of people using the service at the front of medicine administration records (MARs) had not all been updated and some photographs were missing. Decisions to administer medicines covertly to some people had not been regularly reviewed.

Some areas of the home had damaged paintwork which made them difficult to clean. Poor cleanliness in clinical rooms was observed during our inspection. We have discussed this with the regional manager and registered manager. They said there was a renovation plan in place for the new year which would address the areas of infection control we had identified. They also took some immediate action during our inspection to resolve some of the damaged areas. Staff had access to appropriate protective equipment, such as disposable gloves and aprons to protect people with the prevention and control of infection.

Risks to people's safety were assessed and guidance on how to minimise these risks was put in place for staff to follow. Processes were in place to safeguard people from abuse. However, staff's understanding of safeguarding and what constituted abuse was not always consistent. Staff were aware of their responsibility to report concerns.

A dependency tool was in place to assess the level of staff that were required. The service's staff rota demonstrated the assessed levels of staff had been provided, with cover being filled by staff completing extra shifts or the use of temporary agency staff. Safe recruitment practices were being followed.

The provider regularly assessed and monitored the quality of care provided. However, quality assurance systems had not always identified the shortfalls highlighted in this inspection. Feedback from people and their relatives was encouraged. The registered manager and regional manager had identified improvements that were needed in the service and had plans in place to implement them.

Systems were in place for staff to report accidents and incidents. The registered manager reviewed these reports and recorded any actions that were necessary following them. Lessons were learned following incidents and reduced the risk of an incident re-occurring.

We have not changed the rating of the service at this inspection. We found on this inspection the provider had not taken the actions required to make the necessary improvements for those areas that had been identified as requiring improvement at the previous inspection but did not fall within in the regulation breach.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Some areas of medicines management required further improvement.

Some areas of the home had damaged paintwork which made them difficult to clean. Poor cleanliness in clinical was rooms was observed during our inspection.

Risks to people's safety were assessed and guidance on how to minimise these risks was put in place for staff to follow. Processes were in place to safeguard people from abuse.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider regularly assessed and monitored the quality of care provided. However, quality assurance systems had not always identified the shortfalls highlighted in this inspection.

Staff, people and relatives we spoke with were all complimentary about management and felt they were approachable.

The service worked in partnership with other agencies. □

Miranda House

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.

We undertook an unannounced focused inspection at Miranda House on 28 and 29 November 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our inspection in July 2017 had been made.

This inspection was carried out by three inspectors.

Before the inspection we reviewed all the information we held about the service. We reviewed reports from the last comprehensive inspection in July 2017. This enabled us to ensure we were addressing potential areas of concern.

We looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the provider's action plan, which set out the action they would take to meet legal requirements.

We used a number of different methods to help us understand the experiences of people who use the service. We spoke with nine people using the service and four visiting relatives about their views on the quality of the care and support being provided. During the two days of our inspection we observed the interactions between people using the service and staff. We used the Short Observational Framework for Inspection (SOFI). We used this to help us see what people's experiences were. The tool allowed us to spend time watching what was going on in the service and helped us to record whether people had positive experiences.

We looked at documents relating to people's care and support and the management of the service. We

reviewed a range of records which included eight care and support plans and daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents.

During the visit we met people who use the service and their relatives. We spoke with the management team which included the regional manager, the registered manager, deputy manager and clinical lead. We also spoke with three registered nurses, seven care staff and staff from the catering and housekeeping departments.

Is the service safe?

Our findings

During our last inspection on 13 and 14 July 2017 the provider had not ensured that action was taken to store medicines within the safe temperature range. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found on this inspection the provider had taken the actions required to make the necessary improvements.

At this inspection we saw the provider had installed an air conditioning unit into the upstairs medicines storage room. The temperature of this room had been monitored and records showed that medicines were now being stored within the recommended temperatures.

During our previous inspection we had identified some areas of improvement which were not included in the breach. The provider had not addressed the issues related to medicines management raised during the previous inspection. Photographs of people using the service at the front of medicine administration records (MARs) had not all been updated and some photographs were missing. Having up to date photographs in place assists staff who might not be familiar with people to identify them correctly when administering medicines. This was particularly relevant because on both days of our inspection, agency nurses who had never worked at the service before were administering medicines to people. We saw the agency nurses had to ask other staff to confirm who people were when photographs were missing or old. One agency nurse said "I asked the Senior Carer who people were if the photo was missing" and "Some of the photos in place don't look like the people here." The provider's medicines management policy stated that an up to date photograph should be attached to the MAR.

At the previous inspection, there were some transcribed entries in MAR sheets which had not been countersigned by another nurse to confirm they had been checked for accuracy. During this inspection we found further examples of transcribed entries which had not been countersigned. This meant the provider's policy was still not being followed because it stated '[Handwritten] entries must be checked and signed by a second nurse to ensure all details have been entered correctly'. Therefore there was a risk that any entries that had been entered incorrectly would not be identified in the absence of checking.

During the previous inspection we found decisions to administer medicines covertly (disguised in food or drink) to some people had not been regularly reviewed. At this inspection, we found that although some of these decisions had been reviewed, not all had. We saw a decision to administer covert medicines to one person had been reached on 01/09/2016. Although a mental capacity assessment had been undertaken to assess the person's ability to consent to this, and a subsequent best interest decision had been reached, there was nothing documented to show that the decision had been reviewed since. Additionally, when the documentation had been reviewed, it was not clear how thorough the review was. For example, the covert documentation for one person had been reviewed, but the medicines listed on the form were not the same medicines the person was now receiving. Two other people's documentation in relation to covert administration were dated 13/01/2017 and 09/03/2017. The provider's policy stated "the use of covert administration should be reviewed on a regular basis which should be at least every 6 months". This meant the service was continuing to not follow the provider's own policy.

We looked at medicine administration charts and saw 14 occasions over the previous ten days where staff had not signed the MAR to confirm they had administered medicines as prescribed. Although there was a chart in place for staff to sign to say they had checked for any missing signatures the system was not robust. There was nothing documented to indicate that staff had identified the gaps or that they had escalated these for investigation. For example, one person's medicine had not been signed for on three consecutive days. The directions on the check sheet stated "to be completed before nurses go home so that omissions can be identified immediately and rectified". Due to the gaps in recording it was not clear whether people always received their medicines as prescribed.

Topical medicine administration charts that we looked at had all been signed by care staff to indicate that people had their creams and lotions applied as prescribed. However, instructions for nurses when administering medicated creams to people was not always clear. On one day of our inspection, an agency nurse was unable to apply a prescribed cream to one person because the instructions on the MAR did not specify where the cream needed to be applied and the person was unable to tell them.

People's preferences in relation to how they liked to take their medicines had not been documented. This meant that staff who were unfamiliar with people would not know how to assist people with them. This was apparent during both days of our inspection when agency staff were doing the medicines round on the first floor. When people were having their medicines covertly, this was not clearly documented at the front of the MARs. The covert documentation was not always easily accessible and it was not always easy to see exactly how the covert medicines should be administered.

Medicines were stored safely and regular stock checks were carried out. However, stock checks of "as required" (PRN) medicines were not routinely undertaken. The method in use for staff to record carried over stock levels was not clear either. We undertook a random stock check with the Clinical Lead of one person's PRN medicine and the number of tablets in the bottle did not correlate with the number that had been carried forward. It was difficult to assess whether the number of tablets remaining was correct or not.

Some people had been prescribed PRN (as required) medicines. Although there were protocols in place, these were not filed in such a way as to make them easily accessible to staff. Additionally, the protocols were not always person centred and did not provide information to staff on when people might require additional medicine such as pain relief. Protocols for anti-anxiety medicines did not describe the signs that individual people might display when anxious or agitated and did not inform staff of the steps they should take to relieve this prior to supporting them to take medicines. One person was prescribed medicine for seizures, but the PRN protocol did not inform staff of what to do if the medicine didn't take effect immediately. Although there were PRN administration sheets in place for staff to document when they administered the medicines and the reasons why, these had not been consistently completed. This meant it was difficult for staff to identify any trends or triggers. For example, one person had been given pain relief medicine on three occasions over a five day period, but the site of the pain had not been documented. Another person had been given anti-anxiety medicine on two occasions but the reasons had not been documented.

We discussed all of our findings during the inspection with the regional manager, registered manager, deputy manager and clinical lead. They agreed that immediate action would be taken to address these issues.

There were processes in place to maintain standards of cleanliness and hygiene in the home. For example, there was a cleaning schedule which was completed by housekeeping staff to ensure that all areas of the home were cleaned. However people were not always protected by the prevention and control of infection. Although medicine rooms and medicine fridge temperatures were monitored to ensure that medicines were

stored safely, the cleaning records for the rooms had not been completed. For example, in the upstairs clinical room the weekly cleaning schedule had not been signed on a weekly basis. During September 2017 it had not been signed at all, during October 2017 it had been signed once and it had only been signed once during November 2017. The floor of the room was visibly dirty, there was peeling paint off the walls and there was no working lid on the pedal bin. In the downstairs clinical room the weekly cleaning schedule had not been signed from 26/08/2017 to 04/1/2017. The hand basin was cracked and there was debris on the floor.

We saw some areas of the home were damaged. For example, skirting boards were chipped and worn, paint was peeling off the walls and door frames were damaged. This meant the cleaning of these areas was difficult.

During the inspection we observed staff using appropriate protective equipment, such as disposable gloves and aprons. We observed staff following infection control procedures. The deputy manager completed regular infection control audits to assess how the procedures were being put into practice and identify any areas for improvement.

There were systems in place to safeguard people from the risk of harm and abuse. Staff had received training in the safeguarding of vulnerable adults which supported them to identify safeguarding concerns and act on them to protect people. Staff were aware of their responsibility to report abuse if they were concerned and were confident managers would act on their concerns. However not all staff were able to identify the types of abuse and their understanding of safeguarding was varied. Staff were aware of who they could contact within the organisation to raise any concerns; however they were not always aware of the external agencies that can also be contacted.

We reviewed the care plans of eight people using the service. All of the care plans we looked at contained risk assessments for areas such as falls, mobility, skin integrity and malnutrition. The plans were person centred and provided clear guidance for staff on how to reduce the risk of harm to people. For example, one person had been assessed as a high risk of falls. The plan included how many staff were needed to assist the person when they walked around, the type of mobility aid the person used and other methods in use to prevent the person from harming themselves. When moving and handling equipment was used, this was listed in the care plans.

When people had been assessed as being at risk of malnutrition or choking, specialist advice and guidance was sought. For example, people had been reviewed by the speech and language therapist in relation to thickened fluids or specialist diets. Care plans included guidance for staff on actions to be taken in the event of a person choking.

Some people had bed rails in place to prevent them from falling out of bed. Risk assessments had been carried out, and regular checks of the rails undertaken to ensure they were still be used safely. When people had been assessed as not suitable for bed rails, other less restrictive options were in use to keep them safe, such as the use of hi/low beds and crash mats.

When people were unable to use their call bell to alert staff, staff undertook regular observations and these were documented.

Some people had been assessed as being at risk of pressure sores. Pressure relieving equipment was in place, such as air mattresses and the required settings were documented. Air mattress checks were carried out to ensure the settings were correct and the equipment was working. All of the air mattresses we looked

at were set correctly.

Although the guidance within the plans was clear and detailed, we saw examples which indicated that in some cases it was not always possible for staff to ensure people were safe at all times. For example, one person had been assessed as being at risk of falling. The guidance for staff stated "needs to be supervised at all times when trying to stand up and walk." There was a sensor mat in place in the person's room to alert staff if the person stood up or walked around their room. Staff were also checking the person every 15 minutes. However, on one occasion we observed the person walking unaided along the corridor. A member of staff (not a member of care staff) had to assist them back to their room. The sensor mat was unplugged from the wall and another member of staff said the person kept unplugging it. On another occasion we observed the same person walking unaided around their room. Again, the sensor mat was unplugged. The bed control unit was at the foot of the person's bed and the wire was on the floor which meant there was a risk the person could trip on it. We alerted staff to this and they helped the person to their chair, plugged the mat back in and tidied the bed control away. Despite the preventative measures in place, these were not effective because the risks were still present. We discussed this with the registered manager who said they would review the layout of this person's room in order to prevent the sensor mat being unplugged.

Systems were in place for staff to report accidents and incidents. The registered manager reviewed these reports and recorded any actions that were necessary following them. Staff had taken part in reflective team meetings following some incidents. This was used to reflect on what had happened and review how they could respond differently in the future. This ensured lessons were learned following incidents and reduced the risk of an incident re-occurring.

The service used a dependency tool to ensure appropriate staff were deployed at all times. We saw staffing rotas reflected the staffing levels identified by the dependency tool. Staff said they felt there enough staff available to support people. One member of staff said "Sometimes there are enough. Sometimes agency are called in. If agency staff are here, they take over the people who can communicate and express their wishes. We will then look after those who cannot verbally communicate." Another member of staff said "Yes, there are enough staff, if one section is running behind then they ask for help from another section for their help." One visitor to the service said "In the period after lunch, it's difficult to find any staff". However, they also said "I do feel my relative is safe here."

Safe recruitment and selection processes were in place. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the recruitment records for five staff members. The records demonstrated that recruitment procedures were being followed. The registered manager had records to demonstrate nurses employed in the home were registered with the Nursing and Midwifery Council (NMC). New staff were subject to a formal interview prior to being employed by the service.

Is the service well-led?

Our findings

During our last inspection on 13 and 14 July 2017 the provider had not ensured that action was taken to store medicines within the safe temperature range. Whilst the quality assurance systems had identified shortfalls, the process to ensure those shortfalls were rectified when the work required additional expenditure or building works was not effective. This had resulted in people using the service being placed at risk of receiving medicines that had been compromised and were not effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found on this inspection the provider had taken the actions required to ensure medicines were stored within the safe temperature range.

There were quality assurance processes in place to identify improvements within the service. An action plan of improvements was completed from the information gathered and reviewed monthly to ensure the areas for improvement were addressed. However, these processes continued to not be effective. They had not identified some of the areas highlighted in the last report and the findings of this inspection.

We looked at the latest medicines audit dated 16/11/2017. Many of the issues we noted regarding safe medicines management had not been raised during the audit. For example, one question within the audit tool asked for confirmation that all transcribed entries had been signed by two staff. This had been ticked as "met"; however, one of the medicines that had been transcribed but not countersigned had been administered since 13/11/2017, three days prior to the audit. Although there was a medication action plan in place the clinical lead said that actions had only just begun. We discussed all of our findings during the inspection with the regional manager, registered manager, deputy manager and clinical lead.

The registered manager completed a monthly audit of the service. An action plan of any areas where improvements were needed was completed. The regional manager visited the service regularly to complete reviews of the service. These reviews included assessments of incidents, accidents, care plans, safeguarding of people, complaints, staff supervision and training. Any actions from these reviews were fed back to the registered manager and updated each month to report on the progress in meeting them.

Accident and incident forms had been completed reviewed by the registered manager. There was a section for the registered manager to record any actions that were necessary following an accident or incident. This helped to ensure that incidents and accidents were fully investigated and actions taken to reduce the risk of them re-occurring.

The registered manager understood their responsibilities as a registered provider. The service had notified CQC about significant events. We use this information to monitor the service and ensure they responded appropriately to keep people safe.

Regular team meetings took place to support the management team to be aware of the culture of the service and for staff to be kept up to date with what was happening within the service. There was a daily meeting between heads of departments where any changes to care could be shared and any challenges for

the day could be discussed and solutions sought. The registered manager completed a daily 'walk around' to assess how the service was operating. There were records of their observations and details of any actions that had been taken to address shortfalls they had identified.

People and their relatives were encouraged to feedback their views and suggestions on the service provided. Regular "resident and relative" meetings were held. At this meeting records showed that information on what the service was doing well and what they could improve where discussed. People attending the meeting had the opportunity to share their views on the information they had been given.

Staff, relatives and people living at the service spoke highly of the manager. Some people were unsure of who the manager was; whereas some relatives explained they felt confident they could go to the manager and deputy manager if they had any concerns or complaints. One relative said "If I had any concerns I would speak to the management team, or administrator. I've done that before, but it has only been for queries, never for anything serious."

Staff felt supported by the registered manager. There was an open culture whereby staff could raise concerns and share ideas. The service understood about equality and diversity and put these into practice. The registered manager said this was a topic which was regularly discussed in team meetings and one to one meetings. Observations of staff practice were undertaken to ensure that staff knew people and their individual needs.

The registered manager and regional manager were aware of the key challenges facing the service. This included the recruitment and retention of registered nurses. Another challenge related to the occupancy levels and ensuring they achieved the right mix of new people accessing the service.

One of the achievements of the service was around staff sickness. This had significantly improved which had a positive impact on the care and support people received.

The service worked in partnership with other organisations. Transfer of Care documentation was in place for when people moved between services. This meant that when people went to hospital for example, the hospital was provided with information about people's needs and medicines. One visitor to the service said that when their relative had been taken to hospital recently, that a member of staff had escorted them and stayed with them throughout. They said "The carer was great, and stayed with my relative for two hours before I got there."

We spoke with two visiting healthcare professionals during our inspection. They spoke highly of the service, explaining that the service had "a clear pathway of nutritional information, support and involvement from nutritionists." Other comments included "They are using our advice service, picking up the phone and calling us. They also seem to have a good relationship with the GP." and "They are good at cataloguing wounds."