

Mr & Mrs A S Benepal

Shalden Grange

Inspection report

1-3 Watkin Road
Boscombe
Bournemouth
Dorset
BH5 1HP

Tel: 01202301918

Date of inspection visit:
05 April 2017
06 April 2017

Date of publication:
24 May 2017

Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This was an unannounced inspection which took place on 5 and 6 April 2017.

Shalden Grange provides accommodation, care and support for up to 35 people. At the time of this inspection there were 25 people living in the home.

The home has 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.

A comprehensive inspection was completed in December 2016. The service was rated inadequate overall and placed into special measures. This was a focussed inspection to ensure that improvements were being made. This inspection looked at the questions of, 'Is the service safe?' and 'Is the service well led?'. We found improvements for both of these key questions and the rating for 'Is the service well led?' has changed from Inadequate to Requires Improvement. The overall rating for the service remains as inadequate as the key questions of 'Is the service safe?', 'Is the service effective?', and 'Is the service responsive?', are rated as inadequate. We will review these areas at our next inspection.

Following the last inspection, the registered provider had provided CQC with regular reports of the actions being taken to ensure they complied with the requirements of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider and registered manager had also employed consultants to help with a review of the service and to assist with implementing the required improvements.

The registered manager and consultants had created an action plan to address the breaches in regulations. At the beginning of this inspection they made it clear that this programme was still ongoing and whilst progress had been made, they were aware that not all of the regulations were fully met.

People living in the home told us that they felt cared for and safe. Staff were enthusiastic about the improvements that had been made and had a better knowledge and understanding of people's needs and how to support people.

We found that improvements had already been made or were in the process of being planned but had not been fully completed. Nine regulations had been breached at the last inspection. At this inspection, we found that two of the regulations, regarding the safe recruitment of staff and notifications of events to CQC, that were breached at the last inspection had been fully met. Progress was being made with five other regulations relating to person centred care, privacy and dignity, safe care and treatment, good governance and staffing but the service was not yet fully met. The breaches of regulations regarding consent and complaints were not checked. CQC is now considering the appropriate regulatory response to the shortfalls

we found. We will publish a further report on any action we take.

We found improvements in the condition of the building and the provision of facilities and equipment. Bedrooms were being redecorated and fire precautions work had been attended to. A wet room had been created which meant that many people were able to shower where previously they had not been able to.

Arrangements to manage people's medicines were improving and better records were being kept. People were better protected from abuse because staff had been given information about abuse and the procedures for reporting it.

The staffing structure had been reviewed and new staff recruited to provide additional support to staff and the registered manager. Staff were receiving regular supervision and a plan to ensure they were suitably trained was being developed.

The registered manager was taking a proactive role in the service with the support of the consultants. People looked better cared for and were more engaged with the people around them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not always safe.

People were not always protected against the risks associated with the unsafe management and use of medicines.

Systems to prevent and manage fire had been improved.

Premises and equipment had been reviewed and a programme of repairs and refurbishment was in place. Equipment suitable to meet people's needs had been provided.

People were protected because appropriate checks of new staff had been completed before staff started working in the home.

People were protected from the risk of harm and abuse. Staff had received information about safeguarding procedures and a plan was in place to provide training in recognising and reporting abuse.

Is the service well-led?

Requires Improvement ●

The leadership of the home was improving.

The culture at the home was changing and becoming proactive rather than reactive.

The registered manager was able to show that they understood where work had not yet been completed and had plans in place to address this. Systems to monitor the quality of the service and drive forward improvements were improving.

Record keeping had improved.

Shalden Grange

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.

This inspection took place on 5 and 6 April 2017. Two inspectors were present at both days of the inspection.

Before the inspection we reviewed the information we held about the service; this included any events or incidents they are required to notify us about. We also contacted the local authority safeguarding and commissioning teams to obtain their views. A Provider Information Return (PIR) had not been requested from the provider on this occasion. The PIR 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 spoke with and met five people who were living in the home.

We also spoke with five staff, as well as the registered manager and one of the registered providers. We sampled five people's care plans and medicine records for nine people. We saw records about how the service was managed. This included four staff recruitment records and staff rotas, accident and incident records, fire and equipment servicing and maintenance records and minutes of staff meetings.

Is the service safe?

Our findings

People told us they felt safe living in the home and that staff were competent and respectful. One person told us that staff were, "chatty, always smiling and ready to have a laugh". Another person said, "they speak to you like an individual, like a person". Some people were living with dementia and were unable to tell us whether they felt safe. We observed that, where this was the case, they responded positively when staff approached them, they smiled and reached out to staff.

At our inspection in December 2016 serious shortfalls in the systems to prevent and control fire, the servicing and maintenance of the building and equipment, access for people with disabilities, lack of suitable bathing and showering facilities, the provision of hot water in some parts of the home, infection prevention and control, assessment and management of risks to people including the risk of malnutrition, dehydration and skin breakdown were found. There were also concerns about the management of medicines, unsafe recruitment, training and supervision of staff and ineffective systems to protect people from abuse.

At the inspection in December 2016, we found that records did not provide sufficient information to enable staff to administer medicines safely. Staff did not have guidance on when people needed medicine given on 'as required basis'. Variable doses had not been recorded. There was no information to guide staff about how much they should administer or the maximum quantity that should be given over a 24 hour period. This meant there was a risk that people could be given too much of the medicine or a dose that was not effective. Some people had not received medicines as stock had run out. Opening dates had not been recorded for some medicines. There was no system for monitoring the temperature of medicines requiring refrigeration. Medicine administration records had not been completed appropriately. Two of the five senior staff responsible for administering medicines had not had their training and competency to administer medicines checked. There was not an effective system in place to audit the management of medicines.

At this inspection we found that care plans had been created for some people who had been prescribed medicines on and as and when needed basis (PRN). These provided basic information about what the medicine was for and how often it could be given. All of the PRN care plans were written for people who were able to request medicines for themselves. Some people at the home were living with dementia. The registered manager and two staff confirmed that those people were able to communicate if they had pain and they were confident that people who experienced pain were offered appropriate pain relief. The registered manager also stated that staff offer people their medicines whenever they can be taken and staff do not wait for people to ask for their medicines. We discussed with the registered manager how the PRN care plans could be developed should people become unable to communicate their needs.

One person was prescribed a medicine that could be used once a day when required. The medicines administration record (MAR) showed that this had been given to the person every day. There were no records to evidence why this medicine had been given and staff had not known why this had been given. At this inspection there was no care plan for this medicine and there was no evidence that a health professional had been consulted. The registered manager agreed to contact the person's GP to advise that

this medicine was being given on a daily basis rather than as it had been prescribed on an as required basis.

At this inspection we found that the information required regarding variable doses and the maximum amount to be administered had been added to the MAR chart and staff were also recording the amount given on the MAR chart.

Following the last inspection, the registered manager had introduced a system of auditing to ensure that people received the correct medicines at the correct times. A senior member of staff was responsible for reviewing all MAR charts each day and the registered manager undertook an audit of medicines at the end of each week. However, the audits had not been fully effective as one person had a medicine prescribed with different doses on alternating days. The MAR chart showed that the person had been given the higher dose for four days in a row. The daily audits of MAR charts had not highlighted this error.

At this inspection records showed that refrigerator temperatures were checked and recorded daily. This meant that medicines that required refrigeration were stored correctly.

The registered manager confirmed that systems to manage the stock control of medicines had been reviewed and adequate quantities of medicines were always available.

Also at the last inspection some people had been prescribed medicines which must be taken at specific times to meet their health needs. There had been no recognition of this in their care plans and where the required times varied from the general times that medicines were administered to other people in the home, this was not clearly highlighted on the MAR. At this inspection we found that some staff were aware of the different times for administration but the actual time medicines were given was not recorded. No care plan about the medicine had been created. During the second day of the inspection we observed that one medicine was given to one person more than twenty minutes later than the prescribed time. The registered manager did not know if there was any leeway regarding times and agreed to research this and create a care plan to reflect the exact requirements. The registered manager later confirmed that they were aware of the amount of time that could be allowed before and after the prescribed time of administration.

At this inspection the registered manager confirmed that all new medicines that were prescribed were delivered to the home with a printed MAR chart to reduce the risk of errors. All medicines that were checked at this inspection were recorded on printed MAR charts. However, on three out of six MAR charts, staff had written amendments to the times for administration but these had not been signed or dated.

The deputy manager and senior staff were responsible for the administration of medicines to people. At this inspection, the registered manager confirmed that all of the senior staff had received refresher training and had their competency checked by an external training provider. The deputy manager had been appointed in February 2017. They had provided evidence of previous medicines administration training but the registered manager had not checked that they were competent to administer medicines using the systems at Shalden Grange.

At this inspection we found that, whilst some medicines now had a date of opening, there were five different medicines that did not have a date of opening recorded. This had not been highlighted through the new auditing process that had been put in place.

Also at the last inspection there were creams and eye drops on the medicine trolley that staff confirmed were administered to people but there was no entry on a MAR to document this. At this inspection all of the medicines that were checked had an entry on the relevant MAR chart.

Whilst there is evidence that improvements have been made, the regulation has not been fully met. This was a repeated breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were not protected against the risks associated with the unsafe management and use of medicines.

Dorset and Wiltshire Fire and Rescue Service visited Shalden Grange on 20 September 2016 and issued an enforcement notice under the Regulatory Reform (Fire Safety) Order 2005:Article 50 requiring urgent works to improve fire safety in the home. This included repairs, improvements and maintenance of the fire detection systems, fire prevention systems, assessment and management of risk and training for staff to tackle small fires, call for assistance and evacuate people safely were required. A completion date for the works was set of 1 January 2017. Dorset and Wiltshire Fire and Rescue Service visited again on 17 March 2017 and confirmed that all major works had been addressed and agreed a further deadline to complete some external works that were weather dependant.

All except four of the staff had completed training in fire prevention and the actions to take in the event of a fire. The registered manager confirmed that training had been booked for the staff who had not yet completed this. The rota for the week of the inspection showed that there was always at least one member of staff on duty who had completed the fire training and could take charge in the event of a fire or other emergency. Following the inspection the registered manager confirmed that additional fire training had taken place and all staff had now received appropriate training.

During this inspection an armchair had been left in a first floor fire escape area and linen had been stored in a ground floor fire exit adjacent to the laundry. We also found two fire doors that were not closing properly so would not have prevented the spread of fire in such a situation. The registered manager agreed to get these doors adjusted immediately and ensure that escape routes were kept clear.

During our inspections in September and December 2016, we found shortfalls in the maintenance of the building and equipment. Most people were unable to shower or bath because the showers and baths that were in the home did not meet their needs. Twelve wash hand basins were checked. Two had no hot water. Three had hot water that was too hot and could have scalded people. Both taps on two wash hand basins were coloured blue so had to be run to establish which were hot and cold. None of the wash hand basins had a plug which meant people could not fill the basin if they wished to do so. Safety checks on portable electrical appliances had not been carried out and there was no evidence that equipment such as stairlifts and hoists had been serviced.

The registered provider had taken action and created a good sized wet room in an unused area of the home. However, this area was also part of a corridor which led to the laundry, staff room and fire escape. There were two doors either side of the shower area. Neither of the doors had locks or closed properly. There was no form of heating in the shower area and no method for people or staff to summon help if they needed this whilst showering or assisting people. The registered manager agreed to ensure that the doors were adjusted, locks were provided and signs were hung on the outside of the doors whilst the shower was in use to ensure that people's privacy and dignity were protected. They also agreed to look into possible heat sources and to ensure that one of the home's portable call bells was taken into the shower area when it was in use. Following the inspection, the registered manager confirmed that the doors had been adjusted, signs had been provided for the doors and a call bell was kept in the shower room at all times.

During this inspection the registered manager advised that they had checked the water temperatures a number of times and had been unable to replicate the very hot water that we had found. There were no records of the checks they had completed. We checked the water temperature in wash hand basins in six

rooms and found two with very hot water. There was no plug in three of the wash hand basins including the two with very hot water. The registered manager stated that everyone living in the home would recognise the danger of very hot water and would not accidentally scald themselves. Two rooms still had taps which were coloured blue so had to be run to establish which were hot and cold. The registered manager advised that they were still working through the lists of items to be addressed and this would be completed.

We reviewed the system the registered provider followed to ensure their water systems were safe. The registered manager told us they had received advice from HSE that stated premises were at low risk of legionella if premises did not have water towers or air conditioning. The registered manager stated Shalden Grange did not have either of these and was considered low risk and therefore had not been tested for legionella. Legionella is a water borne bacteria that can be harmful to people's health. We discussed what system the registered manager followed to ensure the water systems were safe for people. They said their maintenance person regularly checked and recorded the temperatures of the water outlets. We asked to see the recorded checks, however these were not available at the premises on the day of our inspection. The registered manager confirmed these records would be obtained as soon as possible and forwarded to us following the inspection. This has not been done.

None of the portable electrical items such as the medicines fridge and vacuum cleaners as well as televisions, lamps, portable heaters and radios that were in people's bedrooms, had evidence on them that they had been checked as recommended within Health and Safety Executive guidance that was highlighted to the Registered Manager in September 2016. The registered manager stated that visual inspections were carried out and records of these were kept. We requested this evidence on three occasions during the inspection and twice by email following the inspection. This was not provided. We therefore cannot be certain that there was a system in place to complete and record visual checks for damage or faults on electrical equipment to help control electrical risks.

Up to date service and maintenance certificates were held for gas, fire detection and alarm, electrical installation, stair lifts and passenger lifts, emergency lighting and hoists. The fire risk assessment had been completed during September 2016 and had been rated as 'tolerable' by an independent fire risk consultant. Records showed fire alarms were tested on a weekly basis and records were signed and dated when the tests had been completed. All fire extinguishers had been checked during January 2017 and current certificates were available.

Also at the last inspection, we found that a number of bedrooms had very hot pipes running around the edge of the room at floor level. The pipes could have caused burns to people if they were to fall against them. Wardrobes had not been fixed to walls. Some were on uneven floors that made them unstable. There was a risk that a wardrobe could be accidentally pulled over and injure someone. There was a large crack, over one metre long, to a sash window in a bedroom. The toilet seat in one ensuite facility was broken and lying on the floor. There were broken toilets, old fridges, a broken commode seat and general rubbish piled up in the back garden. At this inspection we found that action had been taken to rectify these issues.

At the last inspection some people had been assessed as being at risk of malnutrition or dehydration. Staff were keeping records of the amount people ate and drank over each 24 hour period. However, there was no guidance or information in a care plan to instruct them what were acceptable levels of food and fluid intake and what to do if people did not eat or drink enough. This meant that effective measures to mitigate the identified risk had not been put in place. At this inspection we found that dieticians and speech and language therapists had been consulted and they had given guidance to staff about the actions they should take. No food and fluid charts were being kept because people had either gained weight or health

professionals had agreed that, due to people's health conditions, keeping a food or fluid chart was not in their interests.

Also at the last inspection, we found that risk assessments had not been completed for people who had rails fitted to their beds or for people who had experienced one or more falls. At this inspection we found that all assessments had been completed. We advised the registered manager to ensure that the form they were using for their bed rail risk assessment complied with guidance issued by the Health and Safety Executive.

A number of issues were identified at the last inspection and during an audit undertaken by the local Clinical Commissioning Group (CCG) in October 2016, regarding infection prevention and control. At this inspection we found that seven staff had completed 'essential principles of infection prevention and control' training. The housekeeper, who was in overall control of cleaning, had not completed infection control training. Rooms and equipment were clean and we observed that staff wore disposable gloves and aprons as required. Three of the six bedrooms visited did not have paper towels in them to enable hygienic hand drying. The registered manager told us that this was due to staff not replacing them as required and this would be addressed with staff. Cracked wall tiles and a broken curtain pole in an ensuite facility that had been highlighted as a hazard at the two previous inspections and again during an infection prevention and control audit undertaken by the local Clinical Commissioning Group (CCG) in October 2016, had still not been attended to. The registered manager told us that they had understood from maintenance staff that this had been attended to and would ensure that it was remedied as soon as possible.

In recent days it had been raised that ants had been seen in one person's bedroom. The registered manager told us that, at certain times of the year, ants were a problem in this particular bedroom. We checked the bedroom and saw it was free from ants however, ant powder had been placed along the windowsill and skirting board area. We recommend an alternative product is used to control the ants as there is a risk powder may be ingested in error by people living with dementia.

Whilst there is evidence that improvements have been made, the regulation has not been fully met. This was a repeated breach of Regulation 12(2)(d)(e) and (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not ensured that the premises and equipment is safe to use and was used in a safe way, suitable equipment to meet people's needs had not always been provided and steps had not been taken to assess the risk of, prevent, detect and control the spread of infections.

Providers are required to notify us of any allegations of abuse at the home. At the last inspection we found that the service had not made the required notifications. Following that inspection notifications have been made as required.

At the last inspection we found that staff had not been provided with appropriate training to enable them to recognise abuse and raise concerns. At this inspection we found that the registered manager had created a staff handbook that included information for staff about what to do if they suspected someone may have been abused. Minutes of a staff meeting showed that safeguarding had been discussed with staff and confirmed that further training in recognising and reporting abuse had been planned. Following the inspection the registered manager confirmed that safeguarding training had taken place and all except four staff had received appropriate training.

At this inspection, documents and discussions with staff showed that information, the outcomes and learning about safeguarding investigations had been shared. One member of staff told us how they had reviewed the provision of oral care to people following a safeguarding investigation. This meant that staff

were aware of the actions needed to minimise future risks and improve the care and support to people.

The registered manager told us they were in the process of recruiting two more senior members of staff. They told us, generally there were adequate numbers of suitably trained staff on each shift and they were able to cover any annual leave or sick leave from their existing staff team but the additional recruitment would provide further support for staff and flexibility in the rota. The registered manager said they did not use a staffing dependency tool to work out how many staff the home required to safely meet people's needs. They said they knew how many staff they needed on each shift to ensure people were cared for safely and said the home ran on regular routines which showed if they were short staffed. The registered manager gave an example of how this worked; they told us, people were due for dinner at a certain time, if they were routinely being late for dinner that was an indication they may need an additional staff member on shift. Observations throughout the inspection showed staff were available to help and assist people when they were required. Alarm bells did not ring for lengthy periods and staff did not appear rushed when supporting and assisting people.

We reviewed four staff recruitment records which included one member of staff that had been recently recruited. The regulations require specific employment checks to be carried out for prospective staff to ensure people are safely cared for by appropriately recruited staff. These checks include, criminal record checks, right to work in the United Kingdom, appropriate employment references and fitness to work.

Recruitment records had current DBS check (Disclosure and Barring Service - formerly Criminal Records Bureau) or risk assessments in place to ensure the person was safe to work with people in the home whilst waiting for their DBS to arrive. The risk assessments had been completed for those staff who were already in post at the last inspection. The registered manager confirmed that new staff would not start their employment until a satisfactory DBS check had been received. There were completed records on three of the four recruitment files relating to probation discussions which showed staff had received a supervision session giving them the opportunity to discuss their role and any future developmental training courses. The fourth person had not been in post long enough to receive a formal supervision.

Is the service well-led?

Our findings

People living in the home told us that they felt cared for and that there was always someone they could speak to if they had concerns. All of the staff we spoke with confirmed that a number of improvements had been made since the last inspection; they were enthusiastic about the training they had undertaken and especially mentioned the improved provision of moving and handling equipment which they felt had improved the care and support they were able to give people.

At the last inspection in December 2016 we found breaches of nine regulations. All of these were repeated breaches from the previous inspection. The registered provider and registered manager had failed to take action to rectify these. The service was rated Inadequate and placed in special measures. Following the last inspection, the service had provided CQC with regular reports of the actions being taken to ensure they complied with the requirements of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection was carried out to monitor the progress the service had told us about.

We found that the registered provider and registered manager had employed consultants to help with a review of the service and implement the required improvements.

The registered manager and consultants had created an action plan to address the breaches in regulations. At the beginning of this inspection they made it clear that this programme was still ongoing and whilst progress had been made, they were aware that not all of the regulations were fully complied with. However, they were able to show that they understood any ongoing shortfalls and had plans in place to address them. For example, they had not been able to ensure that all staff were trained in all areas since the last inspection. However, there were plans in place and staff were aware of these. Both consultants had experience in adult social care and staff reported that they were very good at providing 'hands on' advice and guidance to ensure that staff were providing good support to people living in the home.

The staffing structure had been reviewed. Previously the registered manager had been in charge of the home supported by senior staff who were in charge of each shift. At this inspection we found that the positions of deputy manager and administrative assistant had been created and new staff had been recruited to these roles. This had provided immediate support to the registered manager who had been able to delegate tasks. Staff were clear about the new structure and their areas of responsibility.

There was a programme in place to review people's care needs, update care plans and risk assessments and obtain further support from health professionals such as district nurses and occupational therapists.

New equipment had been purchased and there was a programme of redecoration and refurbishment in place.

Staff were receiving regular supervision and a plan to ensure they were suitably trained was being developed.

New systems for recording important information and ensuring it was shared appropriately had been introduced and record keeping had improved.

The registered manager was taking a proactive role in the service with the support of the consultants. People looked better cared for and were more engaged with the people around them.

In order to make improvements, a number of changes had been introduced. Some of these had only been in place for a short time. The registered manager confirmed that systems to obtain the views of people living in the home and monitor the quality of service provided would be introduced.

Whilst there is evidence that improvements have been made, the regulation has not been fully met. This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because effective systems and processes had not been established to assess, monitor and drive improvement in the quality and safety of services provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not treated with respect and dignity at all times while they are receiving care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Suitable arrangements were not in place for acting in accordance with the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints An effective system for identifying, receiving, recording, handling and responding to complaints had not been established.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not supported with appropriate induction, regular training and supervision.