

Qualia Care Limited

Duchess Gardens Care Centre

Inspection report

Lady Lane
Bingley
West Yorkshire
BD16 4AP

Tel: 01274551173

Date of inspection visit:
17 June 2021

Date of publication:
16 September 2021

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Duchess Gardens Care Centre is a residential and nursing care home providing personal and nursing care to 54 people at the time of our inspection. The service can support up to 131 people. At the time of our inspection, some units in the home were not in use.

People's experience of using this service and what we found

Some of the concerns we found at this inspection related to issues found at our previous inspection, meaning action needed to achieve the necessary improvements had not been made.

Care plans along with privacy and dignity were areas of concern identified in our inspection of September 2019 when we took enforcement action. These concerns remained at this inspection.

A range of audits were carried out and whilst these identified where improvements were needed, it was evident that follow up actions were not always completed. The units lacked leadership and daily charts we looked at showed gaps which shift leaders were supposed to check.

Checks to ensure people were adequately hydrated and had access to drinks on the day of our inspection had not been carried out. This was dealt with immediately. Some staff were unsure about aspects of fire safety.

Improvements were needed to the cleanliness in two areas we looked in. Instead of being taken to the sluice room, bagged waste had been left outside a person's room after personal care. Other areas of the home were found to be clean.

We received mixed feedback from people, relatives and staff around staffing levels in the home. There were several staff vacancies in key positions in the home and the home had a strong reliance on agency nurses. Four new care staff were being recruited at the time of inspection. Recruitment of staff was mostly well managed, although one staff file showed a concern had not been followed up.

Most caring interactions we observed were kind, although we identified privacy and dignity issues which we raised with the management team. Regular staff were familiar with people's care needs and preferences and people told us they liked them and felt well cared for.

People felt safe living at this service and their relatives agreed they were protected from harm. Medicines were safely managed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Regular team meetings were taking place to communicate key messages. The provider was investing in improvements to the premises and equipment. The provider has demonstrated they have been responsive to our findings since this inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was requires improvement (published 17 December 2019) when there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made and the provider was no longer in breach of regulation regarding privacy and dignity. However, the provider remains in breach of regulation for safe care and treatment and having adequate oversight. This service has been rated requires improvement for the last four consecutive inspections (including this inspection).

Why we inspected

The inspection was prompted in part due to concerns received about people not receiving safe care and treatment, premises and equipment, medicines management as well as the culture in the home. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, caring and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to the management of risk and systems which assess, monitor and improve the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Duchess Gardens Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by an inspector and a specialist advisor with a background in nursing care. Two Experts by Experience also made phone calls to people's representatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who lived in the home and 19 relatives. We also spoke with the registered manager, deputy head of care and nursing, two nurses, a senior care worker and five care assistants.

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 reviewed a range of records. This included four people's care records in full, plus additional care plans for specific information as well as medication records. We looked at the recruitment of three staff members as well as a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

At our last inspection the provider had not addressed risks concerning dietary intake, timing of medication rounds and pressure relief. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst some improvements had been made, we found new concerns which means the provider was still in breach of this regulation.

Assessing risk, safety monitoring and management

- We carried out checks with a member of staff to ensure people cared for in bed had their call bells to hand as well as fluids available, as it was a very warm day when we inspected. We found examples where people did not have fluids which was addressed immediately. We also discussed this with the registered manager and deputy head of care and nursing.
- Prior to our inspection, we received information of concern alleging records were being falsified. We looked at hot water temperature records dated June 2021, which were found to be a photocopy of the May 2021 temperatures with only the date changed. Following our inspection, the records for the previous six months were checked and were found to be in order. The registered manager was arranging for up-to-date temperatures to be recorded.
- We identified some gaps around staff knowledge relating to fire safety. The training matrix showed some gaps in fire safety training. A health and safety audit dated March 2021 identified that not all fire safety equipment had been tested and fire curtains were damaged. We were not assured that steps had been taken to rectify this. Following our inspection, we made a referral to West Yorkshire Fire and Rescue to ask them to visit the home. The registered manager told us they were addressing training and would undertake further fire drills to ensure staff were aware of their responsibilities.

This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The premises were largely in a good state of repair. A programme of refurbishment was evident and new equipment was coming into the home on the day of inspection. Certificates relating to premises and equipment were up to date.

Preventing and controlling infection

- Good infection control practice was not being consistently maintained.
- We carried out spot checks on the cleanliness in communal bathrooms and people's toilets. We showed

the registered manager a commode which was dirty underneath as well as a toilet lid which was also faecally stained. Clinical waste was left outside one person's room after staff had provided personal care. This should be placed in a lockable storage area.

- The provider was using appropriate tools to manage COVID-19. This included a visitor protocol, a screening tool, donning and doffing stations and their infection control policy. Sufficient amounts of PPE were available to staff.
- Before our inspection, we received information suggesting inappropriate testing of staff for COVID-19. We found no such concerns at this inspection.

Staffing and recruitment

- At the time of our inspection, there had been a high staff turnover and there was a reliance on agency nurses working in the home. The clinical lead role and deputy manager roles were vacant. Four new night care workers were going through recruitment checks.
- We received mixed feedback about staffing levels. One person told us, "Staff assist quickly depending on which button you press [on the call bell]." Although one relative said they had pressed the call bell to get escorted to leave the home and waited 10 minutes. Staff gave mixed feedback about whether there were enough staff to meet people's needs.
- On one floor, staff had to either call for staff assistance from other floors or relied on a domestic worker to oversee communal areas before they could assist people with personal care needs.
- We looked at recruitment files for three staff members. Background checks had mostly been completed, although one file contained concerns recorded in a reference which had not been addressed. The registered manager took appropriate action after our inspection.

Using medicines safely

- Medicines were found to be mostly well managed, although records for the administration of creams and emollients showed gaps.
- Staff were aware of timed medicines which needed to be given before or after food. At lunchtime staff checked a person had taken their medication before they commenced eating lunch.
- Care records relating to the administration of covert medication administration showed appropriate individuals had been involved in decision making.
- Staff received training in managing medicines. Following an audit in April 2021, a decision had been taken to refresh this training. Medication audits were found to be thorough and identified where action was required.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and protected from harm and relatives shared this view.
- Allegations of abuse had been recorded, investigated and appropriate action was taken.
- Staff we spoke with understood their safeguarding responsibilities and knew how to recognise and report abuse.

Learning lessons when things go wrong

- Whilst some improvements had been made following our last inspection, we found concerns around similar themes.
- At our last inspection, we found concerns regarding the mealtime experience. At this inspection, we saw this had improved and people had a dignified experience where they had condiments, tables were set appropriately and choice was provided around meals served.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people were not always well-supported, cared for or treated with dignity and respect.

At our last inspection we observed practice which showed a lack of respect for people and occasions when staff should have been more thoughtful. This was a breach of regulation 10 (Privacy and dignity) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10. Improvements had been made to the mealtime experience and people were supported with their appearance. However, further improvements were still needed.

Respecting and promoting people's privacy, dignity and independence

- The majority of interactions between staff and people were positive. However, we identified concerns around privacy and dignity for one person.
- We observed two occasions when a person using a wheelchair was moved by a member of staff without any prior consent being gained. A staff member referred to people in the third person in their presence and referred to two people as having "tantrums" relating to a disagreement they had.
- One person had been told by staff that they must have the door to their bedroom closed at all times. When asked why this was the case, a staff member told us this was because it was a fire door. This showed a lack of understanding of fire safety and did not respect this person's human rights. We raised this with the management team who took appropriate action.
- Whilst people were assisted to change if they were wearing clothing which had become stained, a staff member was seen swapping a person's t-shirt in a lounge whilst another person was in the room.
- The other caring interactions we observed throughout the home were positive and showed that people's privacy and dignity was respected. People we spoke with said they received care which respected their privacy and dignity.
- One person said they wanted a drink. As this person could make their own hot drink, a staff member encouraged them to make it themselves which helped the person retain their independence.
- Staff we spoke with talked confidently about the importance of protecting people's privacy and dignity and shared relevant examples of how they supported people.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw staff showing a genuine fondness for people living in the home and people's feedback about staff was positive.
- On the day of our inspection, people and staff were celebrating 'Pride' month by holding a party in the home. The home had rainbow flags on display and entertainment which was well received.

- One person we spoke with praised the staff who were assisting them, describing one of them saying, "She's a God send." One relative told us, "I would recommend the carers, (staff) love [person] and make them feel that it's their home."
- Staff knew the needs of people they were caring for, including their preferences.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make decisions for themselves.
- We spoke with five people in one of the lounges. They told us they felt respected and their voices were listened to.
- Another person we spoke with confirmed they were supported to make decisions for themselves. They said, "You can do what you want to do."
- At lunchtime, a staff member was serving people their meals. They made sure people's preferences were observed as they were asked what they wanted and what they didn't want.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate.

This meant there were significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Before this inspection, Duchess Gardens Care Centre had been rated as requires improvement at three consecutive inspections and before this, we rated the service as inadequate. This is the third consecutive inspection where we have identified a breach of regulation regarding systems of governance. This meant the improvements necessary to achieve a rating of good or outstanding overall have consistently not been met.

At our last inspection the provider's systems to ensure oversight had not been found to be effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Issues around people not receiving dignified care were identified at the two previous inspections. We identified some practice at this inspection which showed this was still a concern.
- At the last inspection, we identified care plans were not up to date or lacked detail. We looked at care plans at this inspection and found three different versions in use. Whilst the provider was updating these at the time of inspection, this showed prompt action had not been taken.
- There had been a high staff turnover with key senior positions affected. The home was running with high agency usage for nurses and we found the units lacked leadership. Daily charts, which the person responsible for running the shift was supposed to check for completion, were found not to have been reviewed and we saw gaps in this recording.
- A variety of audits carried out by the registered manager and other senior leaders for the provider had identified issues which needed follow up. However, action plans we looked at were partly completed in some cases which was also identified in the quality manager's April 2021 visit report.
- Staff training completion had been discussed in team meetings, including in March 2021. At the time of our inspection, completion rates included 63 per cent for food hygiene, 72 percent for health and safety and 77 per cent for DoLS and mental capacity.
- Accidents and incidents were being recorded. However, records we reviewed did not always indicate that people's representatives were informed about these events.
- It was not clear that action needed following the March 2021 health and safety audit, concerning fire safety, had been taken.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the necessary improvements had not been made over the course of our previous inspections.

- The provider told us they were to employ two unit managers to strengthen leadership in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives shared mixed feedback around staff keeping in touch with updates and supporting their loved ones to maintain contact with them during the pandemic. Relatives told us they were last involved in care planning before the pandemic.
- The 'service user involvement' audit dated June 2021 was scored as 62% compliant. However, checks were completed for three out of the five residents needed. Of the three, only one person was able to provide feedback.
- A relative satisfaction survey dated May 2021 showed several responses which we reviewed and demonstrated mostly positive feedback. The registered manager told us staff satisfaction surveys would be sent out in June 2021.
- We saw evidence of regular 'resident' and staff meetings taking place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Some people and relatives told us they knew the registered manager and said they were approachable, whilst others were unsure who the registered manager was.
- We attended a 'flash' meeting on the day of inspection. This was a daily meeting with the registered manager and heads of department to discuss key issues and updates. This included information about people's changing care needs, infection control and updates about new equipment arriving.
- Staff we spoke with said they felt well supported by the registered manager. One staff member said, "They're very open with us. I do feel like they listen." Another staff member said the support from the registered manager had been, "Brilliant." They added that this support had been provided as and when needed, but also through formal supervision.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us care plans had changed format. The provider was part way through updating these for all people living in the home
- Relatives consistently told us that staff ensured people received prompt access to healthcare. Care records showed staff worked in partnership with a variety of health professionals to meet people's needs.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People were at risk of dehydration as they did not have fluids available to them. Concerns around hot water maintenance records and gaps in staff understanding of fire safety meant there were risks to people.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to assess, monitor and review the quality of care were not sufficiently robust. The improvements needed following the previous inspection had not been made.

The enforcement action we took:

Warning notice