

Porthaven Care Homes No 2 Limited

Savernake View Care Home

Inspection report

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Ratings

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

About the service

Savernake View Care Home is a care home providing nursing and personal care for up to 64 people. The service provides support to older people, people under 65 years and people living with dementia. At the time of our inspection there were 48 people using the service.

People had their own rooms on two floors with en-suite bathrooms. There were various communal areas available to people around the home including a cinema, café, hair salon, lounges, dining rooms and a private dining area. There were well established gardens available from the ground floor.

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

Systems in place to manage and respond to incidents were not robust. Staff were not consistently recording incidents on the correct forms which meant management were not aware of some safeguarding incidents or injuries. Whilst staff had sought medical advice in response to accidents and incidents, we found incidents had not been reported to the local authority or notified to CQC in all cases. In addition, we were not able to see action taken to prevent reoccurrence or monitoring for trends. The provider took immediate action to address this shortfall during our inspection.

Risks had been identified and assessed but risk management plans did not always provide staff with the guidance needed to support people safely. People who experienced distress reactions did not have guidance in place for staff to know how to respond to their distress consistently. Safeguarding incidents involving people were not added to handover sheets. This meant staff would not be aware of who was experiencing distress. This was a particular concern due to the high numbers of agency staff used.

Monitoring records in place to record actions taken in response to risks were not clear. We shared this with the registered manager during our inspection. They told us they would make sure agency staff followed the same recording processes as permanent staff.

Medicines were managed safely. An electronic medicines system was in use which helped to make sure people had their medicines as prescribed. 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.

The service was clean, and the property was kept in good repair. External contractors were used to service facilities and records were kept demonstrating safety. Staff wore personal protective equipment appropriately and there was plenty of stock available.

People could have visits from friends and families when they wished. During our inspection we observed visitors being welcomed all around the home. People told us they felt safe at the service and appreciated the staff and management. People could share their views in meetings which were held regularly.

Staff were recruited safely and there were sufficient numbers of staff deployed. At times there were staffing challenges due to short notice sickness, but the management tried to cover gaps with agency staff. In order to provide continuity agency staff were booked in advance which meant they booked the same staff to work at the service.

Since the last inspection there was a new registered manager. Feedback about their approach was positive. Staff told us they were approachable and supportive. People told us they knew who the registered manager was and felt able to share ideas or concerns with them.

Whilst quality monitoring systems in place had identified areas for improvement, they had not identified shortfalls found at this inspection. Medicines audits were taking place and being monitored by the provider. Infection prevention and control audits were completed regularly to monitor for cleanliness and good hygiene practice.

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 2 August 2021). 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 the provider remained in breach of regulations.

Why we inspected

We received concerns in relation to staffing and high use of agency staff. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement based on the findings of this inspection. You can see what action we have asked the provider to take at the end of this full report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Savernake View Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

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 and will take further action if needed.

We have identified a breach in relation to governance systems,

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Savernake View Care Home

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 Health and Social Care Act 2008.

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 three inspectors and an Expert by Experience. 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

Savernake View Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Savernake View Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people and two relatives about their experiences of care. We spoke with six members of staff, the registered manager and the regional director. The nominated individual was also available during the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 multiple medicines records, care plans and risk assessments for 11 people, three staff files for recruitment, incidents and accident records, meeting minutes for various types of meetings held, safeguarding records, health and safety maintenance and service records, staff rotas, weight and falls analysis and quality monitoring records.

After the inspection

We spoke with a further four relatives and five members of staff on the telephone. We contacted six professionals for their feedback about the service. We continued to validate evidence found and reviewed an updated action plan for the service, medicines audit, infection prevention and control audit, mandatory training statistics and one policy and procedure.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess, monitor and mitigate the risks relating to the health safety and welfare of people and staff. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- At our last inspection people who experienced distress reactions did not have detailed guidance in place for staff to know how to support people safely. At this inspection, this had not improved. For example, one person who had been involved in a number of incidents with other people which resulted in physical altercations did not have detailed guidance in place. Their risk management plan recorded physical contact with others was unlikely. This was not accurate.
- At our last inspection systems and processes to manage and review incidents were not robust. At this inspection we found this had not improved. Incidents of safeguarding, accidents and injuries were recorded in people's care records. There was no manager review recorded and follow on actions had not taken place. For example, incidents of safeguarding were not reported to the local authority. This placed people at risk of harm.
- In addition, some falls had been recorded in people's notes but not on incident forms. Whilst we could see immediate medical advice had been sought at the time of the incident, it was not clear what further actions were taken to prevent reoccurrence. These incidents had not been reviewed by the registered manager.

Systems were not robust in assessing, monitoring and mitigating risk relating to the health, safety and welfare of people. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection we found people who needed 1-1 did not have risk management plans in place for staff to know how to support them. At this inspection we found this had improved. People who needed a 1-1 care worker had detailed guidance in place for staff to know how to provide this type of care.
- At our last inspection we found actions required to evidence risk management was not always recorded. We found gaps in monitoring records. At this inspection whilst this had improved it was not always clear what action staff were taking with regards to re-positioning people. People may need to be re-positioned regularly to prevent them developing pressure ulcers.
- Agency staff were not always using the electronic recording system consistently which meant oversight of

what monitoring had taken place was difficult to see. People did not have pressure ulcers but still required re-positioning regularly to mitigate risks. The registered manager took action during our inspection to review systems.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection we made a recommendation for the provider to make sure staff were aware of the whistle-blowing process. At this inspection staff we spoke with were aware of how to whistle-blow and had received training on safeguarding.
- Staff we spoke with understood their role in safeguarding and all told us they would report any concern without delay. Staff were confident management would deal with any concern appropriately.
- People and relatives told us people were safe at the service. Comments included, "I feel that I am safe living here, yes I am safe" and "We feel that [relative] is always safe and that they keep an eye on them closely- we are happy overall."

Staffing and recruitment

- At our last inspection we made a recommendation that the provider include feedback from people and staff to calculate staffing numbers. At this inspection, whilst the provider had carried out listening events, staffing remained a challenge. Prior to this inspection we had received concerns that there were not enough staff available and the service used high numbers of agency staff.
- The provider used a dependency tool to calculate staffing numbers. We observed staff rotas were consistently recording the required numbers of staff being on duty. Gaps in rotas were being filled with agency staff which at times were more in numbers than permanent staff. To mitigate the risks the registered manager block booked agency staff and tried to use the same staff for consistency.
- People were supported by sufficient numbers of staff but when staff called in at short notice for sick leave gaps in the rota were difficult to fill as agency staff were often not available. People told us at times they had to wait for staff, but they knew, and trusted staff would get to them.
- Comments from people and relatives about staffing included, "I think the number of carers here is about right probably. I do trust them all, they are mostly of the same standard and quality and most of them seem to know what they are doing", "It is difficult for me to say but I think they probably do struggle with staff, there are certainly not enough at weekends" and "I don't think that there are enough staff but I appreciate that that is an industry wide problem. All the carers and people I have met have been lovely."
- Recruitment was ongoing, and the registered manager told us they had recently been successful. There were care staff waiting to start who would be available in the coming weeks. The provider carried out the necessary recruitment checks prior to staff starting work.

Using medicines safely

- People's medicines were managed safely. The provider used an electronic medicines system which helped staff administer medicines safely.
- Staff received medicines training and had their competence checked regularly. Systems were in place to carry out medicines audits and identify areas for improvement.
- One person with Parkinson's disease had not consistently had their medicine on time. The provider had identified this shortfall in their medicines monitoring and were taking action to improve administration times.

Preventing and controlling infection

- At our last inspection we observed staff did not use personal protective equipment (PPE) safely. At this inspection, we were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People had visits from friends and family when they wished, there was no restrictions on visiting. We observed during our inspection visitors at the service in people's rooms and communal areas.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to notify CQC of significant events. Whilst we found no evidence of people being harmed this was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made and the provider was no longer in breach of regulation 18, however, there was still further improvement needed

- At our last inspection we found four incidents of safeguarding that had not been reported to the local authority or notified to CQC. At this inspection, this had improved and incidents had been notified to CQC. However, further work was needed to make sure notifications were submitted in a timely way.
- The registered manager told us they were not aware of some of the incidents as staff had not recorded them on incident forms. We found incidents of safeguarding had been recorded in people's behaviour monitoring records.
- The provider took action during the inspection to work with the local authority to report all incidents found. They also submitted notifications to CQC.

We recommend the provider reviews systems and processes to make sure CQC notifications are submitted in a timely way.

At our last inspection, the provider failed to have robust systems in place to assess, monitor and improve the quality and safety of services and to mitigate risks relating to health, safety and welfare of people which placed people at risk of harm. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- At our last inspection we found quality monitoring systems were not effective in identifying shortfalls so improvement could be identified and carried out. At this inspection we found this had not improved.
- Systems had failed to identify accidents and incidents were not being recorded on incident forms and reported to the management. In addition to the safeguarding incidents found in behaviour forms we also saw falls were not always recorded on incident forms. Some falls had been recorded on a professional visit

form which meant we were not able to see what action was taken to mitigate risk or demonstrate lessons were learned.

- Action had been taken to make sure people had medical help if needed at the time of the incident. However, the provider was not able to include these falls in their monitoring and provider oversight as staff had recorded them on the incorrect forms. The provider's systems had failed to identify this recording shortfall.
- At our last inspection we found staff did not have up to date information about people's needs recorded on handover forms. At this inspection, we found this had not improved.
- As the registered manager was not aware of all the incidents of safeguarding, we found the staff handover forms did not contain information about two people regularly experiencing distress. As the service used high numbers of agency staff, this placed people at risk of harm.

Systems were not robust to assess, monitor and improve the quality and safety of services and to mitigate risks relating to health, safety and welfare of people, which placed people at risk of harm. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection, there was a new registered manager in post. Feedback about their approach was positive. Staff told us they found the registered manager to be supportive and approachable. One member of staff told us, "[registered manager] is very approachable, I have not had any issues. I think she does listen; she helps to sort out any issues, she deals with the problem, it does not get ignored."
- People and relatives told us they thought the service was improving and well-led. Comments included, "I don't think I would change anything here; this place has improved dramatically since I first came here. The new Manager has helped and things like the gardens- there were no flower beds when I came here but we have been involved and help in small ways and the beds now are so attractive" and "They have a really strong management team here."

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

- At our last inspection we received concerns about the registered manager treating some staff more favourably. Since that inspection, the registered manager had changed, and we did not hear any concerns about staff being treated differently.
- Staff told us the new registered manager was 'hands on' and often led by working with staff on shift. One member of staff said, "[registered manager] is helpful and supportive, her door is always open. She will work on the floor and help out, she will do personal care if we need it, she is trying her best."
- People and relatives told us they thought the service provided good care and people were happy with the staff approach. Comments included, "Since the new Manager arrived there is definitely a more up to date feeling and the environment feels better- the staff seem to have benefited too and appear to be more confident in knowing what they should be doing" and "The home, the way it functions, has all changed for the better in the last six months. There are not so many staff leaving and overall, it is not as bad as it was before, the care levels are good."

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

- The provider understood their responsibilities under duty of candour. The provider had a policy in place to support this.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People had opportunities to feedback and share their views. This included 'residents' meetings'. One person told us, "We do have residents' meetings, we sit down with [registered manager] and discuss issues. I find them quite responsive to any matters that are raised. They certainly have introduced many of the activities that we requested."
- Staff had regular meetings. This included daily head of department meetings and general staff meetings. This enabled staff to give feedback in a formal way. Staff also told us the registered manager operated an 'open door' policy so they could go and see her when they needed to.

Working in partnership with others

- Staff worked with various healthcare professionals to meet people's health needs. This included community nurses, social workers and specialist dementia nurses.

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	<p>The provider failed to have effective systems in place to assess, monitor and improve the quality and safety of the service, and to assess, monitor and mitigate the risks relating to the health, safety and welfare of people.</p> <p>Regulation 17 (1) (2) (a) (b)</p>

The enforcement action we took:

We served the provider a Warning Notice.