

Swallowcourt Limited

Poldhu

Inspection report

Poldhu Cove
Mullion
Helston
Cornwall
TR12 7JB

Tel: 01326240977

Website: www.swallowcourt.com

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced focused inspection of this service on 22 March 2018. After that inspection we received concerns in relation to the administration of medicines and staff not responding to people's requests for assistance in a timely manner. As a result we undertook a focused inspection to look into those concerns on 10 July 2018. This report only covers our findings in relation to those areas. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Poldhu on our website at www.cqc.org.uk.

The team inspected the service against two of the five questions we ask about services: is the service safe and is the service well led. This is because the concerns received were in areas covered by these key questions.

Poldhu is a 'care home' that provides nursing care for up to a maximum of 63 predominately older people. At the time of the inspection there were 40 people living at the service. Some of these people were living with dementia. The accommodation is arranged over three floors. Poldhu is part of the Swallowcourt group which has several nursing and residential homes in Cornwall.

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.

The 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. 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. The registered manager had left the service in December 2017.

Poldhu was being overseen by a manager with experience and knowledge of the service. They were in the process of applying to be registered manager and were waiting for an interview date to be arranged. They were supported by a 'designated manager' and deputy manager. The long term plan for the service was for the manager to work with the designated manager for a period of time until they were familiar with the service. At that point the designated manager would take a more active and formal role in the management of the service.

At this focused inspection we found lessons had been learned and action taken to minimise the risk of untoward events reoccurring. Arrangements for staff handovers had been altered to help ensure there were staff available in shared areas at all times. Staff had been reminded of the need to be pro-active when supporting people with personal care. The manager was investigating the use of technology so people would be able to call for assistance wherever they were in the building. Response times to call bells were being monitored and audited. People told us staff were quick to answer any requests for assistance.

Following a medicines error, arrangements for the administration of short term medicines had been tightened so staff would be aware when the person no longer needed them.

Staff confidence in the management of the service had improved. The manager and deputy manager were committed to improving standards of care within the service. Audits highlighted when there were any shortcomings in the delivery of care and action was taken to address this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

We found that action had been taken to improve safety. When things went wrong management took action to help ensure any identified risks were reduced.

People told us they felt safe and staff responded to their requests for support.

Health and safety checks were completed to help ensure the environment was safe and free from hazards.

Is the service well-led?

Requires Improvement ●

We found the service was well-led. However, there had been no registered manager in post for a year apart from a short period of a few weeks. Therefore we could not improve the rating to good at this inspection.

Audits were carried out by staff at the service and Swallowcourt's senior management team.

Policies and procedures were in place to protect people and staff from discrimination and harassment.

Poldhu

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 completed an unannounced focused inspection of this service on 22 March 2018. After that inspection we received concerns in relation to the administration of medicines and staff not responding to people's requests for assistance in a timely manner. As a result we carried out this focused inspection to look into those concerns on 10 July 2018.

We inspected the service against two of the five questions we ask about services: is the service safe and is the service well led. This is because the concerns received were in areas covered by these key questions. No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing 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.

The inspection was carried out by an adult social care inspector and a specialist adviser. The specialist adviser had a clinical background.

Before the inspection we reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law. We had not requested a recent Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the manager, deputy manager and the nominated individual for Swallowcourt. We also spoke with nine people who were living at Poldhu, a relative and six members of staff. We observed people during the day as they spent time in shared areas and interacting with staff and others. During the lunchtime period 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 looked at two people's care plans in detail, medicine records, monitoring charts, a staff personnel file, call bell audits and other records relating to the management of the service.

Is the service safe?

Our findings

CQC had received concerns about an occasion when one person had fallen while trying to stand independently in the shared lounge. The person had reported that staff were too busy to assist them and they wanted to use the bathroom. We discussed this event with the manager and looked at the actions that had been taken since to minimise the risk of the situation reoccurring.

The manager told us they had investigated the circumstances surrounding the accident and had produced a report which we looked at as part of the inspection process. This investigation had identified the staffing levels within the service at the time of the accident were appropriate. However, the incident had occurred in the early evening when the staff handover was taking place. This meant there were less staff available in shared areas to respond to any requests for assistance. There was no system in place in shared areas for people to request assistance apart from attempting to attract staff attention.

Since the accident the manager had changed the arrangements in place for staff handovers. This meant there were more staff available to support people at these times. They had also reminded staff during staff meetings of the importance of checking whether people needed to use the bathroom at key points during the day. This guidance was to be reinforced to individual members of staff during their supervisions. In addition, the manager was exploring the possibility of providing people with wrist bands which they could use to activate a buzzer so they could summon assistance even when they were not close to their call bell in their bedroom.

During the lunchtime period we observed people asking for assistance and saw staff were quick to respond to people's requests. One person was asking to be helped to move from the dining room to the foyer. They very quickly became agitated and called for help several times. We noted a member of staff responded to them within five minutes. They gently reassured the person, checked they did not want to finish their meal and helped them into the foyer.

We concluded that the action taken following the accident was appropriate and protected people from the risks associated with not being able to get support quickly when using shared areas of the service.

People had call bells in their bedrooms to use if they needed staff support. The deputy manager carried out daily call bell audits. Swallowcourt's nominated individual completed further weekly audits. This meant they were able to identify any patterns or trends. We looked at call bell records for the period 26 June 2018 to 4 July 2018. The average time taken to respond to call bells during this period was 4.6 minutes. If the records showed people had waited for a period of over 20 minutes, or that they had rang their bell on several occasions, the deputy manager tried to identify why this had happened. In some cases, more detailed call bell reports were kept in people's rooms for staff to record why people had used the bell. This demonstrated management worked to identify where there were specific problems to enable them to better meet people's needs.

People told us staff always responded to call bells and they did not usually have to wait too long for

assistance. Comments included; "Staff are usually fairly quick, I've no complaints" and "I might have to wait a while but mostly not." People said they felt safe and were confident staff would support them according to their needs. We spoke with one of the people who used the call bell frequently and had waited for a response for longer than 20 minutes on several occasions during the period we looked at. They told us; "I use it when I need help. Sometimes they [staff] are busy and other times they are very quick, it all depends. There's no pattern, it varies. I've not had to wait very long. I can't complain, they're a wonderful lot of staff." We visited eight people in their rooms and all of them had their call bell within reach and were able to locate it easily.

The service had notified CQC of a significant medicines error when one person had received antibiotics for a period of 23 consecutive days instead of seven days. No harm had come to the person as a result of this error but we were concerned that the systems for administering medicines prescribed for short periods were not robust. We also checked the arrangements for disposing of unwanted medicines.

Following the error action had been taken to minimise the risk of a reoccurrence. When people were prescribed medicines for short periods of time, such as antibiotics, this was highlighted to staff on an adapted sheet kept with the Medicine Administration Records (MAR). Once the course of medicines was completed staff responsible for the administration of medicines were required to sign to indicate the medicine was no longer being administered. No excessive stock of medicines was seen on the day of the inspection. There were robust arrangements in place for the disposal of medicines which were no longer required.

Following any medicines error the staff involved had their competencies reassessed. They were also required to complete a written reflective practice assessment as part of the clinical supervision process. Additional training was arranged to help ensure people were supported by staff who were competent and up to date with good working practices.

Nurses and specialist healthcare assistants were responsible for the administration of medicines. Specialist healthcare assistants had completed training to enable them to support nursing staff. Additional training was being organised to enable the specialists to support nursing staff more comprehensively. Nurses and specialist healthcare assistants were deployed effectively across the building to help ensure people received their medicines in a timely fashion. Some people needed their medicines at specific times and there were systems in place to make sure they received their medicines as prescribed. One nurse, who was carrying out the medicines round, also had the service phone with them. They needed to stop what they were doing several times in order to answer it. This meant there was an increased risk of them making an error. We discussed this with the manager and nominated individual. They assured us this was not normal practice as there was usually an administrative worker on duty who was responsible for answering the phone. They told us in future they would make sure staff who were administering medicines would not also be given responsibility for the telephone.

Some medicines were being used that required cold storage; there was a medicine refrigerator at the service and the temperature was monitored. The temperature of the room where medicines were stored was also monitored and was within the acceptable range. Medicines which required stricter controls by law were stored correctly in a separate cupboard and records kept in line with relevant legislation.

Body maps were completed when people had regular creams applied or were using pain patches. Creams and eye drops were dated on opening so staff would be aware when they were no longer safe to use.

Medicine Administration Records (MAR) were completed appropriately. Any handwritten entries were

double signed to help prevent any errors. Medicine stocks and MARs were audited by the deputy manager and specialist healthcare assistants.

When people were identified as being at risk action was taken to protect them. For example, some people had been identified as being at risk of falling. Risk assessments had been completed to assess the level of risk. There was guidance for staff on the action they could take to protect people. One person was falling more frequently and staff were concerned the person's eyesight was deteriorating. The person had refused to attend an optician's appointment. Arrangements had been made for an optician to visit the service and attempt to persuade the person to have the test there. The person's care plan had been updated and directed staff on the equipment to use when supporting the person.

Staff supported people to transfer safely, for example, from easy chairs to wheelchairs. We saw staff talked to people whilst assisting them to move to offer support and reassurance. Equipment was used when necessary and this was done safely.

The premises were clean and well maintained and there were no malodours. Personal Protective Equipment (PPE) such as gloves and aprons was provided for staff. Individual packs of hand wipes were available in the dining room for people to use if they wished. Any potentially dangerous substances such as cleaning agents were kept securely locked when not in use.

There was a safeguarding policy in place which was updated regularly. Staff were required to read this when they first started working at the service. Information on how to raise safeguarding concerns was available to people, visitors and staff. Safeguarding training was provided as part of the induction process for new staff. This was refreshed every two years.

Health and safety checks were completed by the maintenance team and external contractors to help ensure the environment was safe and free from hazards. These included checks of gas and electrical appliances, fire equipment, asbestos and Legionella checks. Equipment owned or used by the registered provider, such as specialist chairs, adapted wheelchairs, hoists and stand aids, were suitably maintained. Equipment was regularly serviced and repaired as necessary.

There were enough staff to help ensure people's safety. There were two full time vacancies for care workers and any gaps in the rota were filled by agency staff who were familiar with the service and people's needs. On the day of the inspection people's needs were met quickly. Staff took time to speak with people and were not rushed in their approach. The service also employed cleaning, kitchen, laundry, maintenance and administrative staff to help ensure the service ran effectively.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check.

Is the service well-led?

Our findings

There was no registered manager in post at the time of the inspection. The manager was in the process of applying to CQC for the registered manager role. The day to day running of Poldhu was carried out by the manager with the support of a designated manager, a deputy manager and Swallowcourt's nominated individual. The manager was supporting the designated manager to get to know the organisation, staff and people who lived at Poldhu before they took on a more active role in leading and managing the service.

Staff were positive about the management of the service. They told us there had been a period of instability when they were unsure of the future management arrangements but things now felt more settled.

Comments included; "Things are better because [Manager name] and [Deputy manager name] have been here quite a while now. It's nice when they stay more than two minutes." We concluded the arrangements for the management of the service were robust at the time of the inspection. However, the previous registered manager had only stayed in post for a few weeks. They had registered in November 2017 and deregistered in January 2018. The registered manager before that had deregistered in July 2017. This meant there had been a period of a year when the management position had been unstable. As we had been informed that the present position was likely to change in the near future we were concerned management arrangements were not sufficiently embedded to change the rating for this key question from requires improvement to good.

Regular audits were carried out to help ensure the safe running of the service. This included audits of infection control practices, people's rooms, food and fluid charts, medicines, wound care records and pressure mattress settings. Records showed that, when any issues were identified, action was taken to address this. For example, audits of food and fluid charts highlighted when people's intake was insufficient. Staff were then reminded when people needed additional encouragement to eat and drink. People's weights were checked monthly or more often when they had been identified as being at risk. In addition to the internal audits, Swallowcourt's head of quality and compliance visited the service every three months to complete an audit focusing on specific areas.

The manager and deputy manager had recognised the failings described earlier in this report. They had taken action to learn from accidents and errors and introduced new systems to minimise the risk of reoccurrence.

There were clear lines of responsibility and accountability throughout the staff team. Nurses were supported by a team of specialist carers who had received additional training to enable them to administer medication. The service was spread over three floors and nurses and specialist carers were allotted specific floors at each shift.

Staff meetings were held regularly for all staff groups. These were an opportunity for staff to air any concerns and ideas as well as receive information about the development of the service.

All stakeholders were asked to complete questionnaires annually to capture their views of the service

provided. We looked at the results of a recent questionnaire. Although response rates were low the results were positive across all areas. For example, one respondent had written; "The home appears well led. Staff are welcoming, the manager is always available on email prior to our visits and deputy is an excellent source for information on residents. She is keen to learn and engage in advice and support. One a recent visit I was extremely impressed with the deputy of Poldhu."

Swallowcourt Limited had a HR department which helped ensure staff legal rights were protected. If staff needed any support to help them do their job this was provided. For example, if staff had specific learning needs associated with their ability to complete the Care Certificate and other training they were given additional support. The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place. Staff were required to read this as part of the induction process.

The manager informed CQC of any untoward events in line with their legal responsibilities. The ratings of the last inspection report were clearly displayed within the service and on Swallowcourt's website.