Regal Care Trading Ltd

Cheney House

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
Cheney house provides residential care for up to 34 older people, including people living with dementia. There were 24 people receiving care at the time of the inspection.
Cheney house is set out over 2 floors with a communal lounge and dining room.

People's experience of using this service and what we found
People were not always safeguarded from the risk of abuse. Unexplained bruises had not always been investigated and checks to ensure people's safety had not been recorded.

Risks to people had not been consistently assessed. Not all known risks had appropriate strategies in place to mitigate them. Staff had not recorded the actions taken to reduce the risks to people's skin integrity.

Records required improvement. We found gaps in the recording of peoples care needs, handover information and behaviour charts.

Staffing levels required reassessing. The tool used by the provider to calculate staffing levels showed that on average the service was running 41% of staff hours below the assessed amount.

The provider and registered manager lacked oversight of the service. Audits completed did not identify the issues found on inspection, and audits had not been completed regarding the recording of people's care needs.

People and relatives told us they felt the staff team worked well and that staff knew people and interacted well with them. The registered manager and staff supported communication between people and their families throughout the pandemic.

People received their medicines as prescribed by staff who had received the appropriate training and support.

People were protected against infection. Staff wore appropriate personal protective equipment [PPE] and the home appeared clean.

People, staff and relatives were encouraged to feedback on the service and make suggestions to improve. Staff felt supported by the registered manager and felt their views were valued.

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

Rating at last inspection
The last rating for this service was good (published 05 December 2018).

Why we inspected
We received concerns in relation to people's dignity not being respected, staffing concerns, medicine administration and the safety of people living at Cheney House. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

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 staffing, safe care and treatment, protecting people from abuse and oversight of the service at this inspection.

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

Follow up
We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Cheney House

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.

Inspection team
This inspection was carried out by one inspector and an assistant inspector. An Expert by Experience completed telephone calls to relatives after the site visit. 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
Cheney House 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. However, we phoned the service before entering. This supported the service and us to manage any potential risks associated with COVID-19.

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. 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 used all of this information to plan our inspection.

During the inspection
We spoke with seven people who used the service. We spoke with seven members of staff including the registered manager, deputy manager, senior care worker, care workers and kitchen staff.
We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
An Expert by Experience spoke to 10 relatives via phone calls. We continued to seek clarification from the provider to validate evidence found. We looked at training data and rotas.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. 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.

Systems and processes to safeguard people from the risk of abuse

- Unexplained bruising had not been investigated. One person's records showed that they had bruising to their inner thigh, with no record of how this had occurred. Another person had severe bruising to their arm, the records stated, 'possibly due to [another person]". There was nothing recorded regarding this incident being witnessed, and another bruise was documented at a later date with the same reason. This meant people were at risk of abuse.
- Two people told us that at times other residents entered the bathroom whilst they were using it. This meant that people were not supported in a dignified way and put them at risk of improper treatment.

The provider failed to ensure that bruises, injuries and allegations were investigated and reported appropriately. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.

The registered manager submitted safeguarding referrals and investigated unexplained bruises retrospectively after the inspection.

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

- Risk assessments did not contain strategies to mitigate the risks identified. For example, a person who had a risk of self-harm/suicide, the risk assessment in place did not identify all risk areas and had not identified how often staff should offer support to them. People who presented with behaviours that could challenge did not have strategies in place for staff to follow. This put people and staff at risk of harm.
- Risk assessments were not in place for some key risks to people. For example, people who could not use a call bell or people who were at risk of skin damage did not have any documented risk assessments in place. This put people at risk of harm from known concerns.
- People were at risk of skin pressure damage. People who required support with repositioning due to skin pressure risks, did not have this support documented. We found no evidence of staff supporting people with repositioning. This put people at risk of pressure sores.
- People's care had not been consistently recorded. For example, we found multiple records when only two or three activities were recorded throughout a 24-hour period. The records failed to record the support offered to get up, washed, dressed, eating and drinking, activities and support with mobility. Handover records did not document changes in people's needs.
- Accidents and incidents had not been fully investigated and therefore, had not identified any lessons learnt.

The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. This was a breach of Regulation 12, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

The registered manager responded promptly during and after the inspection. They completed an action plan to evidence how these risks could be mitigated and the actions they planned to take.

Staffing and recruitment

- Staff levels did not match the required staffing numbers that had been assessed by the provider using a dependency tool. This meant there were not sufficient numbers of staff to meet people's assessed needs.
- The dependency tool used stated the service required 1172 staffing hours per week to meet people's needs. However, there were only on average 737 staffing hours per week being used. This meant people were at risk of not having their needs met.
- The rotas seen showed that on most days there were four care staff per shift for 24 people,15 people were classed as 'high dependency' [requiring 1;1 or 2;1 support for mobility, eating and/or personal care]. The registered manager had allocated one staff member to cover the 'isolation' unit, which was supporting three people who were self-isolating due to following government recommendations regarding COVID 19. However, we found during a period of three weeks there were only three trained staff working on shift for eight separate shifts.
- Two staff members who were newly appointed to post, were classed as the fourth person during their shadow shifts. They were left to lone work before their induction and training was completed. This put people at risk of receiving care from untrained staff.

The provider failed to ensure there were sufficient numbers of suitably trained and skilled staff on each shift. This was a breach of Regulation 18, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

We found no evidence that people had been harmed. The registered manager agreed to discuss staffing levels with the provider to ensure people's needs were being met.

Using medicines safely

- People received their medicines as prescribed.
- Staff responsible for administering people's medicines had received training and procedures were in place detailing what action to take if an error was made.

Preventing and controlling infection

- People were protected against the spreading of infections.
- Staff wore personal protective equipment [PPE] as required. People and relatives all agreed that staff wore PPE appropriately.
- Cleaning schedules were in place and records evidence regular cleaning of the service.
- People and staff were supported to access regular testing for COVID 19.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider did not have sufficient systems in place to identify when support and care was not delivered. We saw no evidence of audits being completed for daily records, repositioning charts, skin integrity, body maps or safety checks. This put people at risk of not receiving safe care. The registered manager agreed to implement full audits after the inspection.
- Records of care were not always documented or kept up to date. For example, people who required repositioning every two hours had no recorded repositioning tasks completed. One person who required safety checks due to using bedrails did not have any recorded checks completed. These gaps had not been identified prior to the inspection. This put people at risk of harm. The registered manager implemented a new system to ensure all tasks were recorded.
- The audits completed were not always effective. For example, the medicines audit did not identify that as required medicines had not always been recorded on the back of the medicine administration record. The environmental audit had not identified gaps under people's doors. Audits did not consistently have actions documented or completed.
- The registered manager told us that they did not have sufficient time or support to complete detailed oversight of the service as they were required to work on the 'floor' once a week. The provider had not completed their own audits.
- The provider had not ensured there was enough resources to ensure staff completed records. All records were electronic. There were only three devices available to record tasks completed. Therefore, records were not completed at the time of support and staff had not received sufficient training to complete the electronic care records system.

The provider failed to have systems and processes in place to assess, monitor and mitigate the risks relating to health, safety and welfare of people, or have sufficient systems to improve the quality and safety of care. This was a breach of Regulation 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

- People and relatives were all positive about the support they were offered from staff. One person said, "They [staff] are brilliant, they all know me." A relative told us, "I've found them [staff] to be the nicest of people, they keep me informed about [person]." However, people and relatives could not recall being part of

care plan updates or reviews.

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

● People and staff were asked to feedback on the service they received. We saw positive comments regarding staff from people. However, staff had identified that the staff team had 'low morale'.

● Staff told us they felt supported by the registered manager and could raise issues as needed.

● Relatives told us they were able to feedback on the service provided. All relatives felt the registered manager was approachable and listened to them. One relative told us, "They're always sending me emails and they phone me up, I can phone [person] anytime. They take photos and send them to me, and they send me notes [person] has written."

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 registered manager understood their responsibility to be transparent when things went wrong.

● Significant people were kept up to date on people's changing needs and accidents. A relative told us, "[registered manager] is very competent and very transparent."

● Complaints had been responded to within the providers timescale. Staff and relatives told us that any complaints were dealt with appropriately.

Continuous learning and improving care, Working in partnership with others

● We saw evidence of referrals being made to external agencies including, doctors, district nurses and the falls team.

● Relatives told us communication was good, one relative said, "Every day they let us know how [person] is and what they are doing." Another relative told us, "They contact me if decisions need to be made."

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 The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider failed to ensure that bruises, injuries and allegations were investigated and reported appropriately.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have systems and processes in place to assess, monitor and mitigate the risks relating to health, safety and welfare of people, or have sufficient systems to improve the quality and safety of care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure there were sufficient numbers of suitably trained and skilled staff on each shift.