

Southend Care Limited

Scarletts

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We carried out this unannounced inspection on 28 April 2015.

Scarletts is a service based on two floors which provides residential care for up to 50 people and some people who live at the service have a diagnosis of dementia. There were 47 people using the service at the time of our inspection.

There was a registered manager in place. 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 service had a range of systems in place to inform them of what going on in the service however these did cover all areas and actions to address issues that were identified were not always taken promptly.

We raised our concerns about the safety of the service and quality monitoring with the registered manager.

Summary of findings

There was insufficient information in some care plans to determine if they were up to date and accurate. The information contained was not being regularly reviewed.

People told us they were treated with kindness and respect.

There were robust staff recruitment processes in place. Staff received training to support people to meet their assessed needs. People's care plans included an assessment of risk to people and where risks had been identified a plan had been put in place accordingly. The staff we spoke with were knowledgeable about people's needs.

The manager explained to us how they organised the staffing rota, in order that there were sufficient staff on duty meet the needs of the people at the service. The rota showed us that the staffing arrangements were consistent in both numbers of staff on duty and regular staff known to the people who used the service.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards with systems in place to protect people's rights under the Mental Capacity Act 2005. The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care.

We observed the lunch periods and saw good interactions between staff and people who used the service. We saw evidence that staff understood people's food and fluid requirements and protected them from risks associated with poor hydration and under nourishment.

People received the information they needed to help them to make decisions and choices about their care. People's views and wishes were incorporated into their plans of care. Care plans recorded discussions held with the person or their representatives.

People's privacy and dignity were respected, we saw staff knocking on doors waiting to be asked before entering.

The service carried out an assessment of people prior to them joining the service to identify if it could meet the person's needs.

There was a complaints process in place.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

Summary of findings

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

Risk to people's health had not been identified

Medicines were not managed safely and appropriately.

Staffing levels were consistent and did take into account people's changing needs but the service was not using a dependency tool to calculate the number of staff required to meet people's needs.

Inadequate



Is the service effective?

The service was effective.

The staff knew people well and were aware of their individual care needs.

There was a training programme in place for all staff which included Mental Capacity Act Training and Deprivation of Liberty Safeguards.

People were consulted about their choice of food and staff monitored food and fluid intakes appropriately regarding the individuals needs

People were supported to maintain their health by visiting and other professionals such as dentists and GP's.

Good



Is the service caring?

The service was caring.

Staff were attentive to people needs and respected their privacy and dignity.

People told us that the staff listened to them and treated them with respect.

People were involved in contributing to their own care plan.

Good



Is the service responsive?

The service was responsive.

People contributed to their assessments and their preferences had been recorded.

There was a complaints policy and procedure in place of which people were aware, so they could use if so required.

Good



Is the service well-led?

The service was not well-led

The staff we spoke with felt they were supported and valued by the registered manager.

Requires improvement



Summary of findings

The provider's quality assurance processes required improvement. If robust quality systems had been in place the issues we identified during our inspection would have been identified and rectified sooner.

Scarletts

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.

This was an unannounced inspection on 28 April 2015 and carried out by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all the information we had available about the service including notifications sent to us by the manager.

This is information about important events which the provider is required to send us by law. We also looked at information sent to us from others, for example the local authority. We used this information to plan what areas we were going to focus on during our inspection.

During the day we spoke with ten people who lived at the service, one relative, the registered manager and five members of care staff. We viewed records relating to the running of the service and the care of people who lived there. We looked at eight care plans the staff rota, training matrix and policies regarding recruitment and complaints.

We carried out a Short Observational Framework for Inspection (SOFI) over the lunch time period. SOFI is a tool to help us assess the care of people who are unable to communicate to us their experience of the care they received.

Is the service safe?

Our findings

We spoke with ten people who lived at Scarletts and they all considered the service was safe. One person said, “All the staff know me and nothing is too much trouble.” They also said I know the manager very well and trust them.”

Arrangements for emergencies and risks at the service had not been identified. The fire door next to the staffroom corridor leading to the front of the building was locked. The manager informed us that a new locking system was fitted the next day which enabled people to exit the building as required without the need of a key. The risk was that while this situation existed people could not exit the building through this door unless they or staff had the key and impact was serious that people could have been stuck in this area of a burning building.

The fire door next to room 42 was wedged open, as were five other doors that we observed as we toured the building with the manager. These were all removed. The manager disposed of all of them so staff were unable to use them again and said they would address this with staff at the next staff meeting. This had situation had not been identified by the manager and staff and without our inspection these doors would still be wedged open leaving people at significant risk of harm. Had this been identified by the manager previously. Without our inspection these doors would still be wedged open leaving people at significant risk of harm.

The magnetic fire closure next to room 42 was not working. The maintenance person and the manager were unaware that it was not working correctly. This was repaired on the day. People were at significant risk of harm from the effects of fire as this fire door was not in the correct working order.

There were metal clinical waste bins available for disposing of clinical waste, these were in a poor condition there was bare metal where the protective paint had fell off. The increased risk to people of not replacing these waste bins or keeping them in good repair was harm from clinical waste and possibility of cross infection. Toilet brush holders in the toilets were seen to contain a blue liquid. The manager told us that this was disinfectant and that it should not have been left in the toilets. The manager

arranged for the blue liquid to be removed. The risk was people with dementia could have mistaken this liquid as suitable for drinking which would have been harmful to their well-being.

Two radiators in the toilets on Squirrel unit did not have radiator covers on them. There were no radiator covers in the wheelchair store on the first floor which was accessible to all people. Five further radiators were missing radiator covers in the lounge. This was a significant risk of harm to people from suffering burns from the unprotected radiators.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the lunch time medication round, two members of staff were dispensing medication from two medicine trolleys, positioned next to each other in the corridor outside the dining room. One person put the medication away before locking their trolley and taking the keys with them before entering the dining room to administer the medication. The second person took the medication which they had dispensed into a medication pot and proceeded into the dining room. They had left a rack of blister packed medication on the trolley. While both staff were administering medicines to people in the dining room neither of them had a clear sight of the medication trolley. The medication on the trolley was left unattended for three minutes. This posed a risk to people that they may have taken medicines which were not prescribed for them.

The medication fridge which was located in the senior carer's office was faulty. The door could be opened without unlocking the lock. The fridge contained medication including insulin and Clarithromycin Paediatric suspension which needed to be stored in the fridge below 8 degrees. The fridge temperature records were placed on the medication fridge door and temperatures were to be record three times a day am, pm and night. The records from 1/4/2015 to 26/4/2015 were incomplete as temperatures had not been recorded as required on 19 occasions. The record also identified that the temperatures had exceeded that maximum safe storage temperature of 8 degrees on 7 occasions. The manager stated that they was unaware of this and they would take action to address the issue. The risk of not storing medication at the required temperature is that the medicines may not be as effective as required. This could have a serious impact upon people's well-being.

Is the service safe?

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with said they felt safe in the service and felt comfortable in the company of staff who assisted them. One person told us, “I feel safe here, I am really happy and like the staff and other people who live here.” People said they felt able to raise any concerns with the manager who they said was often visible and conducted a daily walk round the home.

We saw evidence which confirmed the service had safeguarding policies and procedures in place. These were designed to protect people from harm, but were not sufficient with regard to identifying risks in the environment. Staff we spoke with told us they would immediately raise any concerns with their manager of which they were aware and they were confident they would take action to address concerns raised. One staff member told us, “Safeguarding is covered in our induction and we discuss examples of different types of abuse and what we should do in those circumstances.”

One person told us, “There is never a problem with staffing always seems to be enough staff here.” On the day of the inspection, staff were visible and people were attended to

within appropriate timeframes, after pressing their call bell. Also some people were receiving one to one care and we observed staff consistently stayed by their side to keep them safe, by talking and providing reassurance.

We spoke with the manager about staffing levels, they told us they rarely used an agency for care staff and they were able to arrange cover for sickness from their staff team. This was confirmed by the rota we saw for the current and previous month. The manager did not use a system or dependency tool to ensure there were enough staff to meet peoples’ needs. They informed us they would use a dependency tool in the future to support the way they currently worked out the number of staff required to be on duty at anytime to meet people’s needs. Two staff told us there were enough care staff on duty.

The manager explained to us the recruitment process that was in place and how it was designed to protect people from harm by employing staff that were suitable to work at the service. We spoke with two members of staff and they confirmed to us that their references had been checked and the service had also checked with the Disclosure and Barring Service to ensure they did not have a history that would make them unsuitable to work with older people. They told us about their induction and training they received around keeping people safe, which all confirmed the information given to us by the manager.

Is the service effective?

Our findings

The service ensured the needs of people were consistently met by competent staff that were sufficiently trained and experienced to meet people's needs effectively. One person told us. "I enjoy doing a bit of gardening and feel quite independent."

People received care from staff knowledgeable and skilled to carry out their responsibilities. One person told us. "The staff are good and have come to help me in the night when I have needed some help."

We spoke with three staff and they confirmed that they had supervision with the manager and a yearly appraisal. They said the training they received was informative and well organised. The manager told us how training was organised and how they planned supervision and yearly appraisal sessions. A member of staff told us. "I have learnt a lot from my supervision and feel quite confident working here."

Another member of staff told us. "I shadowed a member of staff for 2 weeks, when I first began and before I was part of the staff rota. I had regular catch up meetings with the manager and completed moving and handling training before assisting with moving and handling tasks."

We saw the training matrix which was planned for the year. We saw that the vast majority of staff had completed their refresher training during the year, but there were 3 staff members that had not done so. The manager told us these staff were booked onto the next training sessions.

Staff communicated effectively with each other. At the end of each shift there was a handover of information to the staff coming onto duty, consisting of what had happened and any requirements to be fulfilled for the new shift. A member of staff told us. "Handovers are important so that we know about any changes in anyone's conditions and what needs to be done on the shift." They also told us that they had sufficient time to write in the notes and care plans as required.

We spoke with the manager about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), and they confirmed that all the senior staff and most of the staff had received training and further training was planned for the remaining staff and refresher training during 2015.

The manager told us about the DoLS referrals that had been made and we saw that the documentation was in order. This meant that the service was using the (MCA) appropriately.

People were supported to have sufficient to eat and drink. Our observations during the lunch time and afternoon tea showed that staff supported people with their needs. One person said. "The meals are very nice." People told us that they could choose what to eat and this was supported by the manager and catering staff who said there were at least two main choices of meal per day plus alternatives such as soup, sandwiches and salads. We saw that the service displayed pictures of the meals to support people to make a choice. There were various options for breakfast, evening meals and at coffee and tea-times. One person told us. "There is a nice variety of food here." We saw that staff asked people if they wanted tea or coffee and did not assume what drink the person would like to consume. Some people choose to have their meals in their rooms if they so wished, while some others received their care in bed on a permanent basis.

People's weights were recorded monthly to monitor their well-being. Nobody had been identified at risk of mal-nutrition and the manager informed us that nobody was being cared for in bed in a permanent basis. Some people chose to have some of their meals in their rooms, while most people came to the dining room for the main meal of the day.

People were supported to maintain good health. One person told us. "I am fine, they look after me very well." Another person told us. "They have done a great job looking after me, I get annoyed because I would like to do more for myself and cannot, which is so frustrating. The staff know this and are understanding." Each person was registered with a GP, Dentist, Chiropodist and Optician. We saw records of the GP visits and people attending Optician appointments. A member of staff told us about the time they had taken time read a person's care and then build up a relationship with the person. They said. "I realized that we had much in common and hence we were able to have some good conversations." We saw in the care plans that the service had sought the advice and help of Doctors and District Nurses as required. Part of the service refurbishment had included making a space available for visiting professionals to write notes.

Is the service caring?

Our findings

Positive and caring relationships had developed between the people and the staff. During our visit we saw staff speak to people in a kind and caring manner and showed respect for people's choices. One person told us. "The staff are kind and the manager is very nice."

Staff told us they respected people's views, preferences and how they wish to spend their time. For example, people who preferred to get up late and those who liked to eat their meals in their rooms.

The care was person centred and needs led. People told us they were happy with the care they received and their views were listened to and considered. One person told us. "I talk with the staff about the time I was young, no mobile phones then, in fact no phones at all expect for the one at the other end of the village. They are amazed as am I about how things have changed." We saw that staff did not rush and treated people with understanding and respect, asking them if they wanted to leave the dining table and explaining to them what they were doing in order to assist them.

Our use of the Short Observational Framework for Inspection (SOFI) tool found interactions between staff and people were positive with no negative interactions. We found people's choices were respected; staff were calm and patient and explained things well. We found staff asked people for their choice around daily living, such as if they wanted to go outside. Our observations indicated that staff knew people's likes and dislikes for example one staff member said. "Here is your tea how you like it." Staff were calm and patient with people and explained things well, taking time to support the spoke word with gestures and hand signals.

People said they were involved in making decisions about their care. They told us they were aware of their care plans and had input into their reviews. People also told us that there were meetings and they felt confident that they could approach the staff whenever they needed to do so.

We spoke with three staff about people's preferences and needs. Staff were able to tell us about the people they were caring for, any recent incidents involving them and what they liked and disliked. People told us that they were involved with making decisions about their care. One person told us. "They never do anything that has not been discussed and it is all written down in my care plan."

A member of staff told us that they knew how a person liked to dress with regard to colour and style of clothing. They told us. "Trousers and shirts are preferred to jogging trousers and T-shirts, but we check each time and go from there." It was also important that they got up at about the same time each day. They were sure that if this was not respected the person would be unhappy as they did not want to rush for breakfast, so hence the importance of knowing this information and caring appropriately. The care plans we examined were written using positive language, focusing upon what people could do and the support they required, instead of stating what the person could not do for themselves. We saw information in the care plans which encouraged independence when and where possible.

Seven people we spoke with said their privacy and dignity was respected. People said when staff were providing personal care, doors were closed and curtains drawn. We observed that this was routine during our observations on the day of the inspection. This indicated to us that the management and staff valued the importance of ensuring people's dignity.

Is the service responsive?

Our findings

People received care, treatment and support that met their individual preferences and choices. People we spoke with all recalled meeting the manager and discussing with them their needs assessment before coming to the service. One person said. “The manager was kind, understanding and answered all my questions, so I was happy to go to Scarletts”.

We saw the pre-admission assessment used by the service and saw that in each of the care plans that this process had been completed and related to the care plan. To ensure that people’s care was individual to them, the assessment identified how the person liked to be addressed and identified needs and what was important to the person. One person told us that they had spoken with the manager about their care and the manager had written down the changes into the care plan.

We noted in the care plans that time had been taken to record individual preferences such as food and drink of choice. We observed during the inspection that this had been respected. The manager showed us around the service and asked for people’s permission if they and we could enter their rooms. We saw that rooms contained people’s personal items including photographs, pictures and ornaments. One person told us. “I enjoy the trips out especially to the seaside, not everyone wants to go but it is our individual choice, I would go anywhere because the trips are a change and well organised.”

People told us they had access to activities and entertainments. The manager explained to us that a room had been converted into a resource for activities and we saw evidence of paintings, crafts and hobbies. One person told us they had enjoyed using the room and painting again. Another person told us how they enjoyed watching

television in the lounge with the friends they had made since coming into the service. While they also liked to spend time by themselves in the afternoon after lunch. This was respected by the staff.

People reported the home enabled them to access the community and maintain relationships with family and friends. We saw arrangements were in place to assist people to access events outside of the service. We observed one staff member took a person into the garden to enjoy the pleasant weather and look at the garden plants.

People we spoke with told us they did not have any complaints. One person told us’ “There really is nothing to complain about.” Another person said. “I have no complaints, my friend did not make a complaint but spoke to the manager about how things could be better and they sorted it out.” Another person told us that the staff were responsive to their requests and the maintenance staff were very helpful. They said. “You do not need to complain, you raise things with people and they help you or sought them out.”

The manager told us they had regular contact with the people. The manager explained to us that the service did have a complaints process in place, if so required and people were informed of this both verbally and given a service induction pack which included how to complain. They explained to us how they would address people’s concerns and would request support from the provider as appropriate. There were no current complaints recorded while we saw seven compliments and thank you cards that had been received.

One person told us that their family visited them often and the staff made them welcome. The manager informed us that they included into the care plan how and when families liked to be contacted about their relative’s health and wellbeing.

Is the service well-led?

Our findings

Documentation which related to the management of the service required improvement.

The service fire prevention and quality audit records state that all fire doors will be checked on a weekly basis. Records seen stated that checks took place monthly. We spoke with the manager and maintenance person. The maintenance person told us that they had followed what had been done by the previous maintenance person. The manager was not aware that the fire exit checks had not been carried out weekly as identified on the organisations documentation. The impact was that people had been put at an increased risk of harm from fire injury.

This is a breach of Regulation 15, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

There was a lack of quality assurance and audit processes, as the problems we found during the inspection had not been identified prior to our visit. In addition, there were insufficient care plan audits to determine whether information in care records was up to date and relevant. This showed us that quality assurance systems at the home were not robust and required improvement to ensure risks were identified and quickly rectified. The impact was that people had been put at an increased risk of harm as the care plans had not been updated.

This is a breach of Regulation 17, of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The care plan of a person with a diagnosis of depression did not explain the current treatment or had treatment been stopped. A person had been invited to attend an appointment to access potential complications of their diabetes, but there was no record that they had attended. The risk was that the person would not receive the treatment required for this condition which would have an impact on their well-being.

This is a breach of Regulation 9, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

All the people we spoke with said there was a positive atmosphere in the home. For example one person told us. "It's relaxed here and the manger is very nice." Another person told us. "Good care team."

The service supported people to express their views. One person told us. "They do ask me what I think; the manager has done this on a few occasions." They also told us that it was a pleasant place to live and they liked the company from other people.

People told us the manager saw them on a regular basis. From our observations people seemed relaxed and had a good rapport with staff. The manager was highly visible and available to people who lived at the home.

One member of staff told us. "You can talk to the manager, they are supportive." Both management and staff told us that the home had an open door policy for addressing concerns. The manager also worked regular shifts alongside their staff which they told us demonstrated support and leadership.

We found the management operated an on call system to enable staff to seek advice in an emergency. Staff confirmed with us this was the case and had been used to ensure problems were effectively managed. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

Resident and staff meetings were in place which were an opportunity for staff and people to feedback on the quality of the service. Staff and residents both spoke positively about these meetings and said management listened to and acted on their comments. This included developing the garden area, where people had begun to grow plants.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014 Person-centred care.</p> <p>People who use services care must be appropriate and meet their needs. Regulation 9 (1) a and b.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.</p> <p>The service must ensure the proper and safe management of medicines Regulation 12 (g)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2014 Premises and equipment.</p> <p>All premises and equipment used by the service provider must be suitable for the purpose for which they are being used and properly maintained. Regulation 15 1 (c) and (e).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Action we have told the provider to take

Regulation 17 HSCA 2008 (Regulated Activities)

Regulations 2014 Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part of the Act Regulation 17 (1)