

HC-One Limited

Daneside Mews

Inspection report

Chester Way
Northwich
CW9 5JA

Tel: 0333 999 8509

Website: <http://www.hc-one.co.uk/homes/daneside-mews/>

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection was unannounced and took place on the 26 November 2015.

The service was last inspected on the 26 February 2014 and we found that the service was meeting all the regulations we reviewed.

Daneside Mews provides accommodation and personal care for up to thirty four older people living with dementia. The service has single room en-suite accommodation over two floors. Each floor has a lounge, a dining area, bathing and toilet facilities. There is a

garden to the rear of the service, which has seating and tables and can be accessed by people who use the service during periods of good weather. At the time of the inspection there were 28 people using the service.

The service had a manager in place who was in the process of applying to the CQC to become registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

At this inspection we found that whilst there were some elements of good care and practice, there were a number of breaches 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.

Staff were not always clear about what to do if they had a safeguarding concern. They told us that they would go to the registered manager with any concerns, however some staff were unsure of what to do if the registered manager was unavailable or if they were involved in the concerns. This meant that people may not receive the support they need to address safeguarding concerns.

The registered manager did not have a system in place for assessing the number of staff required which meant that people were at risk of not receiving the correct level of support.

There was a robust recruitment process in place which ensured staff were suitable to work in a care setting.

There was a disciplinary procedure in place, however we found that this was not always used appropriately, for example some essential staff training had been out of date for up to five months, despite a request from the registered manager that this be completed.

Medication was stored securely and an audit system was in place to ensure that medicines were being administered correctly. .

Staff were not clear on the principles of the Mental Capacity Act 2005 and care plans gave unclear information around people's mental capacity. Mental capacity assessments and best interest decisions for people were not always made in line with the Mental Capacity Act 2005 code of practice. This increased the risk that decisions were being outside of the legal framework which would impact upon people's rights.

Some staff had received formal supervision and the registered manager had a schedule in place for those staff who had not yet been supervised.

People's privacy and dignity was respected and staff treated people with respect. People's rooms were kept clean and tidy and people were happy with the service they received.

Care plans were reviewed on a monthly basis, however this was not always a thorough or accurate process, for example some care plans contained unclear and conflicting information about people's needs. There were examples where people's dietary and mobility needs were not clearly recorded. This meant that care staff may not always know how to deliver appropriate care and support.

Staff felt supported by the registered manager and positive changes had been implemented. An external professional told us that they had seen positive changes within the service since the registered manager had come into post.

There was system in place for checking the quality of the service people received, however it was not fully effective, for example we saw that one of the audited files contained conflicting and unclear information which had not been identified.

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 always safe.

Some staff did not have an adequate understanding of reporting safeguarding concerns which left people vulnerable to abuse.

The registered provider did not have a staffing tool in place to determine the number of staff required to meet the needs of people using the service.

The recruitment process for new staff was safe.

Requires improvement



Is the service effective?

The service was not always effective.

Staff did not display a thorough understanding of the Mental Capacity Act 2005, and the associated deprivation of liberty safeguards (DoLS) leaving people at risk of receiving support that was not in line with best practice.

Care plans provided conflicting information about people's mental capacity. Decisions made in people's best interest had not been formally recorded. This and placed people at risk of having their rights infringed.

Requires improvement



Is the service caring?

The service was caring.

Staff were respectful during interactions with people and there was a warm atmosphere throughout the service.

When providing care and support staff respected people's dignity and privacy.

The service was clean and tidy throughout.

Good



Is the service responsive?

The service was not always responsive.

Care plans did not always include sufficient information about how to meet people's needs.

There were activities available for people to join in on a daily basis.

The registered manager responded to people's concerns and kept a log of actions taken.

Requires improvement



Is the service well-led?

The service was not always well led.

There were audit systems in place however these did not always identify issues where improvement was needed.

Requires improvement



Summary of findings

The registered manager did not always adhere to the disciplinary procedure where it was needed.

The registered manager had made a number of positive changes to the service people received.

Daneside Mews

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.

The inspection was unannounced and took place on the 26 November 2015.

The inspection was carried out by an adult social care inspector. Prior to the inspection taking place we contacted the local authority contracts and commissioning team, and the local authority safeguarding team and they raised no

concerns about the service. Before the inspection, the registered provider had completed a provider information return (PIR). A PIR is a questionnaire that is sent to the registered provider and allows them to give an overview of their service, including areas that are doing well and areas that they are striving to improve.

During the inspection we looked at four people's care files and two staff files which included recruitment records. We also looked at other records relating to the management of the service. We spoke with two people who used the service, two relatives and one visiting professional. We also spoke with five members of staff and the registered manager. 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.

Is the service safe?

Our findings

People and their relatives told us that they felt that the service was safe, their comments included “I feel safe here”, “I don’t have any concerns about my [relative’s] safety”.

Staff told us that they had completed safeguarding training and they knew some of the signs that may indicate abuse. Staff comments included “People may become withdrawn”, “People’s behaviour may change”. Staff told us that they would report safeguarding concerns to the registered manager or other senior staff. However some staff were unsure of what to do if management were unavailable, or if the concerns involved management. Staff comments included; “I wouldn’t know what to do if the manager wasn’t in”, “Safeguarding issues should be sorted in house. I wouldn’t have to go to a higher authority”. Staff were aware of the whistle-blowing policy and they showed us a poster in the staff room with a number they could contact if they had any concerns.

The registered manager had a system for reporting low-level safeguarding concerns to the local safeguarding authority on a monthly basis. The registered manager demonstrated an understanding of safeguarding concerns which were more serious and we saw evidence that she had been in direct discussion with the safeguarding team regarding a particular safeguarding incident for advice and guidance.

One relative told us that they did not think there were enough staff within the service; “There aren’t enough staff here, I’ve raised this with the manager”. We spoke with staff who told us that they felt more staff were required; “We could do with a few more staff”, “[There’s] not enough staff. [People who need the support of two staff] take two people off the floor. If there’s an issue somewhere else it’s difficult to respond quickly”.

Staffing rotas showed that there were usually two members of staff on each floor with one senior carer split between both floors. This raised some concerns as five people within the service required the support of two care staff to meet their needs, which meant that both care staff on one floor would have been occupied when supporting one of these people. The registered manager informed us that there was

no staffing tool in place to determine the number of staff required, however did inform us that the registered provider was in the process of employing an additional senior carer.

We cross-referenced these concerns with the accidents and incidents records. These showed that between the beginning of September and the end of November there had been a total of ten accidents and incidents, none of which had met the threshold for investigation by the safeguarding authority. This indicated that people had not come to significant harm within the service and did not suggest that there was an ongoing risk of harm.

The registered manager kept a record of accidents and incidents that had occurred. These incidents were discussed in monthly meetings with staff, along with actions taken to address and minimise the level of risk. The minutes from these meetings showed that equipment such as bed sensors and crash mats were in place for people who required them, to minimise the risk of injury.

Fire drills were completed on a monthly basis and a record of them was kept. People had personalised emergency evacuation plans (PEEPs) in place which outlined how staff should support them in an emergency. We noted however that these were not in line with the registered provider’s own guidance which stated that PEEPs should contain information on how to manage any complex behaviours or anxieties. We raised this with the registered manager who told us that she would update these.

We looked at the recruitment files for two members of staff and found that the recruitment processes were adequate to ensure that people’s safety was maintained. The disclosure and barring service (DBS) provides important information that allows employers to determine whether applicants are of suitable character to work with vulnerable people. Both staff members had received an up-to-date DBS check and written references were obtained from their two most recent employers.

The registered provider had a disciplinary process in place, however we found that this was not always used appropriately. We saw an example where essential staff training had not been updated despite requests by the registered manager that this be completed. The registered

Is the service safe?

manager had not made use of the disciplinary procedure despite this remaining an issue for a period of five months. We raised this with the registered manager who told us that she would address the issue.

Medication was kept in a secure room on the first floor which was locked when not in use. All medication was contained in locked cabinets, and controlled drugs were stored in a separate, secure cabinet. Fridge temperatures were monitored on a daily basis and recorded to ensure that medication was kept at the right temperature.

A daily record was kept of the quantity of medications held for each person. The registered manager completed a monthly audit to ensure these were correct. We looked at the records for three people and found that the quantity of the medications we checked corresponded to these records. A medication administration record (MAR) sheet was signed by staff on a daily basis to show that medication had been administered and at what time.

An infection control audit had been carried out by The Cheshire & Wirral Partnership NHS Foundation Trust on the 22 October 2015. The audit had identified that the sluice rooms required refurbishment, including new flooring and a larger hand wash basin. The registered manager had a formal action plan in place and work was due to take place on the 26 November 2015 to address these issues.

We recommend that the registered provider facilitate training for staff to update their knowledge around the processes of reporting safeguarding concerns.

We recommend that the registered provider review staffing numbers and implement a staffing tool to determine the number of staff required to meet the needs of people within the service.

Is the service effective?

Our findings

People and their relatives told us that staff were good at their job, their comments included; “They’re good at what they do, they help me when I need support”, “Staff are generally good”. People told us that they enjoyed the food that was served, “The catering is good here”, “I enjoy the food”.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests.

Staff told us that they thought they had received training in the MCA 2005, however they did not know the basic principles of the act and lacked knowledge about DoLS. It is important for staff to be aware of the principles of the MCA 2005 as this legislation sets mandatory guidelines for care staff to follow in everyday interactions with people who do not have the capacity to make certain decisions.

The registered manager had identified those people who required a DoLS and an application was pending with the local authority to carry out the assessments.

People’s care plans did not contain clear information about whether they had capacity to make decisions around their own care needs, for example records for one person stated “[name] is able to consent to care”, however the care plan also stated that there was a sensor mat in place to alert staff if they attempted to get out of bed during the night. There was no indication that this person had been consulted around the use of a sensor mat. Another person’s care records stated that they could “consent to care”, however a discussion with the registered manager indicated that this was not the case, and that changes around the provision of this person’s care were being made by other professionals in this person’s best interests.

We saw that care plans for people with special dietary requirements did not give sufficient consideration to people’s mental capacity. One person’s records stated “[name] is on a diabetic diet. [name] likes sweet biscuits or chocolate”. There was no indication of whether these

options were being restricted, or whether diabetic alternatives had been offered. No best interest decision had been made around restricting this person’s meal options to maintain their physical wellbeing.

At lunch time one person living with diabetes was served ice cream with a berry sauce. The person had also been served a cottage pie with cabbage and carrots for lunch, however their care file stated that they required a “Thick puree’d diet”. We raised this as a concern with the registered manager who informed us that this person’s needs had been discussed with the diabetic nurse and they were able to eat ice cream with no ill effects. The registered manager also told us that a discussion had taken place with a speech and language therapist (SALT) who had said that this person was able to have a normal diet. This information had not been recorded within the care plan. This meant that care staff would be unable to provide the correct level of support and placed this person at risk of receiving inappropriate care.

People told us that they enjoyed the food. We saw that there was a menu on display at the entrance to the dining rooms on the ground and first floors, which outlined the options available for each day. Staff were attentive to people’s needs and gave support with eating and drinking. Where people were not enjoying their food, staff offered an alternative and encouraged people to eat and drink sufficient amounts.

People’s care files contained information about visits from external health professionals. We saw that people were actively supported to access support from the GP, district nurses and other professionals. We saw that the registered manager had a keen interest in making sure people received the support they required, for example prior to us arriving she had contacted the district nurse team and the GP requesting urgent support for one person.

There was a new training system in place which allowed the registered manager to monitor the training that staff had attended and training which was overdue. A recent team meeting showed that the registered manager had identified that not all staff were up-to-date with their training and had asked that this be completed. There was a formal induction process in place for new staff which included a period of completing mandatory training and shadowing.

Is the service effective?

Staff told us that they received supervision, however as the registered manager was new to her post she had not yet managed to have a supervision with all staff. The registered manager showed us that she had a schedule in place for completing supervision and staff files showed evidence that some supervisions had been completed.

We recommend that the service seek support and training for staff around the Mental Capacity Act 2005 and DoLS.

Is the service caring?

Our findings

People told us that the service was caring, their comments included “Staff are very friendly”, “Yes staff are caring”, “Staff are helpful, friendly and accommodating”.

The majority of staff had completed training on equality and diversity and further training in the subject was planned for staff who had not yet completed it.

People had not been supported to access the local advocate support service, however the registered manager advised that she would make contact with them to discuss the kind of support that they can offer to people. We identified one person who would have benefitted from the support of an advocate. We referred this person’s details onto the local authority to request an early review following the inspection.

We observed staff during interactions with people and found that they treated people with dignity and respect. Staff spoke kindly and were sensitive in their approach, for example one person was displaying anxious behaviour which staff responded to with distraction techniques whilst guiding them into another of the communal areas, away from the cause of their anxiety. Throughout the inspection we saw people laughing, and staff speaking fondly with people which indicated that a good rapport had been developed.

During meal times staff were on hand to offer support to people who were having difficulty eating and drinking independently. We saw examples where staff gave a clear explanation to people about the support they were providing and why.

Staff were discreet whilst attending to people’s personal care needs and they ensured that toilet or bedroom doors were kept closed to maintain people’s privacy. We spoke to a visiting professional who told us that they thought the service was caring for those people receiving end of life care, ensuring that their comfort was maintained. We also saw that the registered manager had ensured that health professionals provided ongoing support for people who were receiving end of life care.

People’s care files were kept in a secure cabinet in a locked office which ensured that people’s confidentiality was maintained.

Care files contained information on “important things about my life”, “what I enjoy”, and provided relevant details that would help staff to understand the people they were supporting.

The service was kept clean and tidy throughout, and some improvements were in the process of being made where there was some wear and tear to the fabric of the building. We saw that people were supported by domestic staff with keeping their bedrooms clean, and saw that the bathrooms and toilets were also clean and tidy. People each had their own bedroom which contained personal items such as photographs and ornaments which gave the environment a homely feel.

Is the service responsive?

Our findings

People told us that they felt the registered manager would listen to their concerns, comments included; “The manager is responsive to any concerns”, “I would feel confident in going to the manager with concerns”.

Each person had their own care file which contained information about how staff were to meet their needs. Care files contained personal information including next of kin details and religious preferences. Some people’s care files also contained a ‘seven day temporary care plan’ which was developed prior to people entering the service, enabling staff to deliver the appropriate care and support whilst a permanent care plan was developed and implemented. There was evidence to show that people had been involved in the development of their care plans, for example one care file stated “[name] dislikes potatoes” whilst another stated “[name] enjoys reading before bed”.

Whilst care files contained personalised information we found examples where this information was conflicting and unclear. For example, one person’s care file contained a risk assessment dated the 18 August 2015 stating that they were at low risk of choking, however the care plan dated the 27 August 2015 stated that they required supervision and a “thick pureed diet” during meal times. We checked on what this person had eaten for lunch and found that they had been served cottage pie with cabbage and carrots. It was unclear whether the information in the care file was out-of-date or whether they had been served an inappropriate meal. The registered manager informed us that this person’s diet had been reviewed and they no longer required a special diet, however this was not reflected in the care records.

We looked at the care files for two people living with diabetes and found that neither contained adequate information on the effective management of their diabetes. For example, there was no information on what signs and symptoms would indicate blood sugars were too high or too low and what action staff should take in these situations. This meant that care staff may have been unsure of what actions to take in the event of an emergency.

We also saw that the care files for two people contained conflicting information around their mobility, for example

both had manual handling risk assessments which stated that they required the assistance of one member of staff when mobilising, whilst their care plan stated that they required the assistance of two staff for short distances. We raised these discrepancies with the registered manager who informed us that she was in the process of auditing the care files and would rectify these issues.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations because care plans and risk assessments did not contain sufficient information to show that adequate consideration had been given to the risks associated with managing people’s needs.

Both the ground and first floor had separate lounge and dining areas for people to use. These were well-lit spaces which were comfortable and spacious. There was an activities room which had recently been redecorated and a designated activities co-ordinator developed weekly activities based on people’s preferences. Activities that had taken place included bingo and pumpkin carving.

People within the service had recently celebrated one person’s birthday, which had included decorating the communal areas. This person told us that they had had a “wonderful time”, and their family had also written in expressing their gratitude to the registered manager and the staff for their efforts.

People who used the service and their relatives told us that they knew who to talk to about any concerns or complaints. They also told us that they felt confident in approaching the registered manager and that their concerns would be listened to and acted upon.

A record of comments and complaints and the actions taken to address these was in place. These showed that the registered manager had taken appropriate actions to address concerns raised about the service. There were a number of compliments displayed in the entrance to the service for people to read.

The registered manager told us that she had not yet held a relatives meetings, however she was planning to hold one at the end of November to gain feedback on improvements that could be made.

Is the service well-led?

Our findings

People, their relatives, staff and one external professional told us that they felt the registered manager had had a positive impact on the service, their comments included; “Since she [the registered manager] took over it’s (the service) has improved in leaps and bounds”, “She’s the best manager we’ve had”, “The manager is responsive to any concerns”. Staff told us that they would go to the registered manager if they had any concerns and told us that they felt she was supportive.

A new manager had been appointed within the service in July 2015 and had applied to the CQC to become registered. The previous manager had been in post for four months before leaving. As a result of this there were some inconsistencies evident around the management processes, for example a schedule of care plan audits had only come into action with the new manager had come into post.

There were risk assessments and care plans in place for people. There was evidence that these were reviewed on a monthly basis, however we found examples where care files contained conflicting information which impacted upon the overall accuracy of the information provided. This meant that reviews were not always thorough or accurate. It is important that information in care files is up-to-date so that care staff can provide people with the correct level of support.

The registered manager showed us that since coming into post she had started completing a care plan audit and was aiming to audit three care plans per week. The audits ensured that all required paperwork was contained within the care file and set actions to be completed to bring the care files up-to-date. However, we saw that one care plan which had been audited contained conflicting and unclear information, which indicated that audits did not look in sufficient detail at care plans. The audit process did not make an analysis of information gathered to identify the root cause of issues and how these could be prevented from occurring in the future.

There was no system in place to support the registered manager in determining the numbers of staff required to support people who used the service, based upon their level of dependency. This would impact upon the ability of the registered manager to ensure that people received the

correct level of support from the correct number of staff. The registered manager informed us that the registered provider was in the process of employing an additional senior carer and acknowledged that at times the service could be short-staffed which resulted in her having to spend time on the floor.

There was a disciplinary policy in place, however the registered manager had not made use of this in one situation where it would have been appropriate. It is important that disciplinary procedures are used to ensure that standards of care remain high.

An audit was completed on a monthly basis by the provider which aimed to identify areas within the service that needed improving. Some areas for improvement had been identified and incorporated into an action plan, for example improvements outlined by infection control, however the provider led audit had neglected to identify issues and discrepancies contained within people’s care records.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as insufficient and ineffective systems were in place to assess, monitor and improve the service that people receive and to protect them from the risk of harm.

The registered manager held monthly staff meetings, within which information was shared and discussed with staff to keep them up-to-date on any issues. Minutes from these meetings showed that issues relating to falls were discussed with staff and how to ensure that the risk of falls were prevented.

We spoke with an external professional who told us that on entering into the post the registered manager had made contact with them to introduce herself, this had helped build up a good working relationship. This professional also told us that they had found the registered manager to be receptive to suggestions on how to maintain people’s general health and wellbeing.

Staff were familiar with the management structure within the service. Both units were overseen by one senior carer who, in turn was supported by the registered manager. The registered manager told us that the registered provider was

Is the service well-led?

currently working to fill a deputy manager and senior carer vacancy. The registered manager spent time on both units each day and held a short meeting each morning to discuss issues that staff needed to be aware of.

In the entrance to the service there was a copy of the service user guide and the statement of purpose for people to look at. These documents provided information on what people should expect from the service, and described the purpose and vision of the service.

The registered manager had scheduled her first relatives meeting for the end of November, the aim of which was to gain feedback on the performance of the service and identify areas that may need improvement.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met: There was conflicting information contained within people's records which had not been picked up by care plan reviews. Care being carried out was differed to the information provided by the care plan.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met: Audit processes were not in-depth enough to identify where improvements needed to be made. Disciplinary procedures were not used as appropriate to ensure that the quality and the safety of the service was maintained. There was no staffing tool to support the manager in determining the number of staff required to meet the needs of people.