

The Royal Buckinghamshire Hospital Limited

The Royal Buckinghamshire Hospital

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



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 took place on the 5, 6 and 12 November 2014. The inspection was unannounced. This is the first inspection of the service since being registered with the Care Quality Commission (CQC).

The Royal Buckinghamshire Hospital is registered as a care home with nursing to provide care for up to 14 people. The aim of the service is to rehabilitate people

and promote their independence. As a result the provider employs a team of nursing and care staff, physiotherapists, occupational therapists and a resident medical officer (RMO)

At the time of our inspection there were seven people living in the home. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

Summary of findings

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.

Although people told us they felt safe we found The Royal Buckinghamshire Hospital was not providing safe care and people’s safety was compromised in a number of areas. Risk assessments were in place but did not provide clear guidance for staff to minimise risks to people. As a result we saw risks in relation to moving and handling and pressure sores were not properly addressed and managed.

We found aspects of safety of the building was compromised. This was because risk assessments were not in place in relation to fire safety practices and security of the building. Doors that should be locked were left open, fire doors were propped open, smoke detectors were covered, a radiator was loose and another radiator was uncovered. Contingency plans were not in place either to provide guidance on the actions to take in the event of an emergency.

The records in relation to safe recruitment practices were not up to date. This was because staff files did not include evidence that the required recruitment checks had taken place.

We found safe systems were not in place in relation to infection control. This was because appropriate measures were not taken to manage and reduce the potential risks of cross infection. Staff did not know who had responsibility for infection control in the home. Cleaning schedules were not detailed either to ensure staff were clear of their responsibilities in relation to cleaning and infection control prevention.

In the records viewed we saw medicines was given as prescribed however a medication administration policy was not in place to provide guidance for staff on all aspects of medicines administration to ensure medicines was safely administered.

Staff were not inducted into their roles and some staff were unclear of their roles. They did not have the required training and no assessment procedures were in place to ensure they had the appropriate skills and competencies to carry out specific tasks. Senior staff were facilitating

training but they had not been trained to deliver the training. Staff felt supported and nurses and carers received one to one supervisions however, senior staff were not formally supervised.

People’s care plans did not provide clear guidance for staff on how people’s care needs were to be met. As a result some people were at risk of receiving inconsistent and unsafe care.

Quality monitoring systems were in place and the provider had identified some of the issues we found but had not yet acted on them. We found however some audits had not picked up the shortfalls we identified and therefore the monitoring and auditing processes were ineffective. We have made a recommendation in regards to the management of the service.

Accurate records were not always maintained in respect of each person who used the service and records in respect of staff were not accessible and available either.

People told us they thought the service was well managed. Staff told us the senior member of the team was available, approachable and supportive to them but the registered manager was less accessible and did not have a presence in the home to monitor and ensure it was well led.

People told us they were happy with their care and commented “the care is fantastic and the rehabilitation therapy is exceptional”. We found staff were caring and supportive of people.

People’s health needs were identified. People had access to a range of health professionals on site as well as being able to access other health specialist if required. We found people’s religious and cultural needs were met and a translator was available on site to ensure they could communicate with people who’s first language was not English.

People were not sure of the formal process for making a complaint but they said they would feel able to talk to staff. The service has a complaints procedure in place and complaints were logged.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010,

Summary of findings

which from the 1 April 2015 is 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 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.

Moving and handling risk assessments lacked detail as to how staff were to support people to move and people were put at risk

Staff recruitment files did not have the required records in place to evidence staff had the required checks carried out to ensure they were suitable to work with people at the home.

People were protected from harm as staff were aware on when and how to raise a safeguarding alert.

Inadequate



Is the service effective?

The service was not always effective.

Staff were not suitably inducted, trained or supervised in their roles to ensure they had the required skills and competencies to meet people's needs.

People were able to see health professionals to meet their needs.

People's nutritional needs were identified, risk assessed and managed.

Requires Improvement



Is the service caring?

The service was caring.

Staff were kind, caring and supportive of people.

People's privacy was promoted and they were treated with dignity and respect.

People's religious and cultural needs were met.

Good



Is the service responsive?

The service was not always responsive.

People's care plans were not always detailed and specific to ensure consistent care was provided. Where people's needs changed the care plan was not updated to reflect the action required to meet the change in the person's needs.

On admission people were assessed and a personalised programme of rehabilitation was put in place to meet their needs.

The service provided care for people from abroad. A translator was available in the service and some key documents were displayed and available in other languages to help with communication

Requires Improvement



Is the service well-led?

The service was not always well-led.

Requires Improvement



Summary of findings

A quality auditing system was in place but audits failed to pick up where action was required to improve practices. Monitoring visits took place but action plans were not monitored to ensure issues the provider had identified were being actioned.

Staff were not clear about their roles and were unaware who had responsibility for lead roles. They felt the registered manager was approachable but not always accessible.

Policies and procedures were not always available to staff and records were not accurate and properly maintained to protect people from the risks of poor care.

The service responded quickly to our concerns and put measures in place to ensure improvement during our inspection.

The Royal Buckinghamshire Hospital

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 checked 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 inspection took place on 5, 6 and 12 November 2014. The inspection was unannounced which meant the provider and staff did not know we would be visiting. The inspection team consisted of two inspectors, a pharmacist and a specialist advisor who was a physiotherapist.

The inspection was in response to information of concern we had received. Before the inspection we reviewed the information we held about the service. This included

notifications. A notification is information about important events which the provider is required to tell us about by law. We also spoke with the local authority safeguarding team in relation to their involvement with the service.

On day one and two of the inspection there were seven people living in the home. On day three there were five people. Over the course of the three days we spoke with six people, two relatives, a consultant, the responsible medical officer (R.M.O), the head of nursing, three nurses, three support staff, six therapists, the cook, chef, cleaner, laundry staff, and head of domestic services. We also spoke with the registered manager, regional manager and a representative of the provider.

We looked at a number of records relating to individual care and the running of the home. These included four care plans, medicine records for seven people, ten staff files, accident/incident reports and audits. We observed practices and observed moving and handling techniques.

Is the service safe?

Our findings

People told us they felt safe however we found the service was not safe.

Risk assessments were in place which identified risks in relation to falls, pressure areas, use of bed rails, self-medication, specific medical conditions such as epilepsy and diabetes and moving and handling risks. Control measures were put in place which reduced the risks for people.

We saw the moving and handling assessments lacked detail as to how staff were to support people. They provided guidance for staff on equipment required to move people but did not provide the detail on how these were to be used by staff to ensure safe care for people. Moving and handling plans should outline the number of people required, equipment and method used in moving people. This was not the case in the moving and handling assessments viewed and meant that people were at risk of not being moved and handled safely.

We observed a person transferring from their bed to a wheelchair. The person used a wooden sliding board which the nurse had adapted by wrapping a large sliding tube around it. We questioned why this piece of equipment had been adapted in this way. The person told us it was to reduce the risk of their skin being damaged during the transfer. We discussed this with the physiotherapy staff. They were not aware that the nursing staff were using the equipment in this way. They outlined to us how the person should be moved to prevent skin damage which was not in line with what we saw and was not detailed on the person's moving and handling assessment.

Nursing staff told us the physiotherapy staff assessed people's moving and handling requirements. Physiotherapists confirmed this was the case. However, nursing and care staff were not always using the same manual handling assessments as the physiotherapists. There was a lack of detailed consistent guidance made available to them to enable them to move and handle people safely.

There was a lack of effective systems to identify and manage potential risks in the environment of the service. The provider had a policy on risk assessment. It indicated the provider would have risk assessments in place to manage risks to employees and other person's who may be

affected by work activities. We saw risk assessments were in place in relation to risks posed to people as a result of their identified needs. We asked to see risk assessments in relation to the health, welfare and safety of people who used the service and others. We were told these were not available or implemented. This was potentially unsafe and posed risks to people's health and safety.

The service had a defibrillator. A defibrillator is an electrical device that provides a shock to the heart and reduces the risk of death from a cardiac arrest. There were no checks taking place to ensure the defibrillator was fully charged and fit for use. There was no policy or procedure provided for staff on the action to take in the event of such a medical emergency. The provider had not established which staff were suitably trained and competent to use the defibrillator. We spoke with four nurses. Two of those nurses were clear that in the event of a cardiac arrest they would dial 999. The other two nurses told us they would start pulmonary resuscitation, call 999 and confirmed they would use the defibrillator. Therefore there was a risk to people's safety as nursing staff were unclear of the actions to take in the event of a medical emergency.

The service had oxygen cylinders for use in a medical emergency. We asked to see what checks were taking place on the oxygen cylinders to ensure they were fit for use. The staff were initially unable to locate the oxygen cylinders as they had been stored away due to on-going building work. Once located we found they were not being checked to ensure they were fit for purpose. On day two of the inspection a check list for the oxygen had been introduced. However, when we viewed the checks these were not correct. The two full cylinders were recorded as being on the first floor when in fact these were on the second floor. This could have resulted in a delay in accessing oxygen in the event of a medical emergency. This was corrected immediately by the provider when we pointed out the mistake.

We viewed accident and incidents records and saw the procedure was not being followed. The provider had an accident reporting policy in place. This outlined how accidents were to be reported, investigated and remedial action taken. It indicated the accident book would be reviewed regularly by senior management to ascertain the nature of incidents that occurred in the work place. Accidents and incidents were recorded but were not

Is the service safe?

investigated or acted on to prevent reoccurrence and reduce risks to people. Instead the accident report was signed off, filed and action was not taken to further safeguard people.

These findings and practices put people at risk of receiving unsafe care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9(3) (b)-(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was undergoing extensive refurbishment and updating. As a result the service was noisy and there was disruption throughout the home. We made a referral to the local fire safety authority because of the concerns we found in relation to fire safety. The smoke detectors in the basement had been covered with rubber gloves. We were told this was because the dust from the refurbishment work regularly set them off. The stairs between floors were closed off to allow for the stairs to be refurbished. We asked to see a risk assessment to support these practices but none was available. These were put in place and available on day three of the inspection. We saw fire doors were propped open throughout the home on all three days of the inspection. These practices were unsafe and put people at risk in the event of a fire. We raised these concerns with the provider who ensured that all fire doors were closed and arranged for automatic door closures to be fitted throughout the building in the near future.

On day three of our inspection the fire alarm was activated. We noticed the assembly point was not outlined on the fire procedure on display. We viewed the fire records. It was not recorded if the fire extinguishers, fire doors and emergency lighting had been checked. Staff were not clear who was responsible for fire safety. The lack of clarity of staff roles in relation to fire safety and the lack of fire safety checks was unsafe and had the potential to put people at risk in the event of a fire.

We saw three gas cooker rings in the main kitchen were left on and unattended. We saw doors that had a notice on "to keep locked at all times" were left open including the medical supplies room which had a key pad lock on. We saw other doors could not lock as the locks were broken. These practices were unsafe and the potential to put people at risk of injury.

We saw an incident report dated 25 October 2014 where there was no gas. The incident report indicated staff did not know who to contact to sort it out. We asked to see the contingency plan for the home to outline to staff the action to take in the event of a major incident at the home such as fire, flooding, electric, gas or water supply failure. This was not available which had the potential to put people at risk in the event of a disaster at the home as staff did not have the information made available to them to handle such an event.

When we arrived at the service on day two of the inspection the automatic front door was open and the reception area was unmanned. The service is situated in the town centre and this had the potential to put people at risk from unauthorised people accessing the building. This was addressed on the day and suitable arrangements put in place.

We saw the radiator cover in the sitting room on the first floor was loose and falling off. Another radiator in this room was not covered to protect people from the potential risks associated with a hot uncovered radiator. On day three of the inspection we were told the radiator cover had been fixed but it came loose when we checked it. This was unsafe and had the potential to put people at risk of injury.

These findings and practices were unsafe. This was breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Satisfactory recruitment checks had not been made on staff to confirm their suitability to work at the home. We looked at ten staff files the files did not contain full recruitment information or checks as set out in the provider's policy and required to keep people safe. For example, there was a lack of information relating to conduct in previous employment and in three files there was no evidence that a Disclosure and Barring Service (DBS) check had been undertaken. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with vulnerable adults. We raised this with the provider, they provided evidence that DBS checks had been made except for one member of staff. The provider immediately stopped this person working directly with people until this check had been completed.

Is the service safe?

We looked at the files of nine professionals employed to work in the service. These files did not evidence that checks had been made to confirm the registration of these staff with their professional bodies. This had the potential to put people at risk of being cared for by staff who were not registered with the relevant professional body to which they were accountable to.

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection concerns were raised with us about the cleanliness of the home and suitability of equipment. We saw the carpet in the hallway, sitting room and in one person's bedroom on the first floor of the building was stained. The walls and skirting boards were also marked. A staff member told us they had infection control training and talked us through the different colour codes and mops for different areas of the home. They told us they had a cleaning schedule so they knew which areas needed cleaning. The kitchen on the second floor of the home smelt and on day one of the inspection the main kitchen was untidy and the area around the cooker was greasy. Not all food in fridges were labelled and dated which meant people could be given food which was not fresh. One of the freezers doors did not close properly and a heavy water bottle was being used to keep it shut. We saw not all food in the freezer was covered and sealed and as a result exposed food was covered in frost and may not be fit for consumption.

The cleaning schedule for the equipment was a tick list of cleaning chores for night staff. It did not include guidance to outline the frequency of the cleaning and how the items were to be cleaned. The cleaning schedule indicated equipment such as commodes and moving and handling equipment were cleaned weekly. Staff told us they were all responsible for cleaning the equipment and that it was cleaned after each use. We saw the commodes and moving and handling equipment in use was clean and had an up to date service.

On day two of the inspection we became aware one person was being barrier nursed. Barrier nursing is where extra precautions must be taken to prevent the risk of cross infection to the person, staff and others. We had not been alerted to this on day one of our inspection and there was

no notice on the person's door to alert visitors or others to this. On day one of the inspection the person's bathroom door leading into the main corridor was open whilst staff were in there tidying up after supporting the person with their personal care. We looked at the person's care plan. It outlined the person was being barrier nursed and staff were refer to the poster on the person's wall to guide them in performing barrier nursing. This meant staff had to go into the person's bedroom to read the guidance on how to provide the barrier nursing. Staff told us they were aware the person was being barrier nursed and said they knew what precautions they had to take. One staff member told us they put on gloves and aprons before entering the bedroom. Another staff member said all the equipment they needed was in the person's bedroom and they put the protective equipment on when in the bedroom. This had the potential to put people and others at risk of cross infection as proper steps were not taken to alert people to the risks.

There was an infection control policy which outlined staff's responsibly to prevent infection and roles and responsibilities of specific staff in relation to infection control. The infection control policy outlined how waste disposal, spillages, accidental exposure to blood, hand hygiene and cleaning were to be managed. The guidance indicated an individual method statement would be provided to detail how each area should be cleaned, what chemicals were to be used and what protective equipment was to be worn. This was not included with the policy and was not available to staff. Staff told us they had received infection control training. The training record showed that 30 out of 67 staff had received infection control training in September and October 2014. This placed people at risk of cross infection as not all staff had received the required training and practices were not safe.

An infection control audit was carried out in October 2014 and actions from this were still being addressed. There was no infection control risk assessment in place to ensure that all infection control risks were identified and managed. This was provided after the inspection. There was confusion as who the infection control lead was. Staff told us it was the quality control and clinical governance manager. The quality control and clinical governance manager was unaware of this and told us the registered manager was. We were provided with a draft copy of the organisational chart and responsibilities on day three of

Is the service safe?

the inspection. This indicated the quality control and clinical governance manager was the infection control lead. They had not received any training in this area to fulfil the role to ensure they fulfilled their responsibilities.

These findings and practices were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked to see policies and procedures in relation to medication administration and were told that they were being updated and were on the registered manager's computer. At the time of our inspection there was no medication policy available to staff. We raised this with the provider who ensured a copy of the policy was available for staff immediately.

We saw people's prescribed medicines were handwritten on their medication administration record (MAR) and signed by the RMO. The MAR charts included the name of the medicines, dosage and instructions for use and also the person's allergy status and other personal details. We saw no gaps of administration on the charts viewed. We saw one person refused their medicines because they were fasting for religious reasons. The reason was recorded on the MAR and we saw that nurses had arranged to give the medicines when the fast ended and had recorded this.

One person was assessed as being able to administer their own medication. There was a comprehensive risk assessment in place and the person's consent obtained. Weekly checks took place to ensure the person was taking their medication as prescribed.

The service kept a log of orders and receipts so that supplies of medicines did not run out. Records of waste and returns of medicines were all recorded. Storage of medicines were all secure. Fridges were all locked and the temperature monitored daily.

The home had a full staff team. Due to the low number of people using the service there was sufficient staff available to meet people's needs. The home also employed therapy, catering, housekeeping, administration staff and a doctor who was on site. People told us the staffing levels were always good and staff were accessible and available. We observed staff were responsive to call bells. People confirmed staff immediately responded to the call bells and this provided them with reassurance and security.

The provider had a safeguarding adult's policy and we were told the policy had been discussed with staff. Staff understood their responsibilities in relation to safeguarding people. They were aware of how to report suspected abuse. They said they had received training in safeguarding adults. The training records showed that 50 out of 67 staff had received training in safeguarding adults.

Is the service effective?

Our findings

People told us they felt staff had the required skills and training to do their job. They told us they were involved in their care and consented to the care being provided. One person commented; “I have signed my care plan and know what the rehabilitation programme entails”.

The current provider was registered with the Care Quality Commission to take over the running of the service on the 9 September 2014. During our inspection we found that records in relation to training were not up to date and it was not clear what training staff had received. Staff told us that much of their training had been completed with the previous provider, although records were not in place to support this.

Staff told us they felt suitably trained to do their job. However, we found there was no formal system in place to assess if staff had the skills and competences to do specific tasks. For example, some people received medicines administered intravenously (by injection). Nurses told us only nurses competent in intravenous administration and medical practitioners gave intravenous injections. We saw no evidence of any competency assessments and the provider did not have a list of which staff had this training. The nurses we spoke with said if they did not have the training they would not undertake this task.

We were provided with additional training that nurses had undertaken in specialist areas after the second day of the inspection. The training matrix was not up to date and did not reflect the training records we received during the inspection. These findings had the potential to put people at risk of not receiving effective care as the provider had not assessed the competency of staff to fulfil their roles.

We were provided with a training matrix which showed gaps in training for induction, safeguarding (SOVA), moving and handling, health and safety, infection control, first aid, food hygiene, fire, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards training (DoLS). Where the training matrix indicated staff had aspects of this training a training certificate was not available to confirm this was the case. We saw from the training matrix provided that 21 out of the 40 staff directly involved in moving and handling people did not have up to date moving and handling training. On day three of the inspection we saw

this had been addressed and a further 36 staff were trained in moving and handling. There was evidence that medication administration training was planned for later in November 2014.

The organisations policy on staff supervision outlined the supervision policy applied to all staff members including care, management, catering, domestic and maintenance. It also indicated nurses would receive clinical supervision to meet the Nursing, Midwifery Council (NMC) post registration requirements.

Senior staff were not being supervised effectively. One senior staff member told us they had one supervision since being in post. They said they did not feel supported and was not clear of their role. They said they had not received a job description and there was none on their file. Another senior staff member told us they also had one supervision since being in post. They did not recall if it had been recorded and there was no record of supervision on their file. The registered manager told us they had informal supervisions and support. There was no record of this on their file. This had the potential to put people at risk of not being supported by staff who were suitably supported and supervised.

These findings and practices meant the provider was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw supervision of nurses and health care assistants was taking place. The head of nursing supervised the nurses on the day shift and they said the nurses on nights supervised each other. The nurses supervised the health care assistants. The nurses told us they had done a mentorship course so felt confident to supervise junior staff. The nurses and health care assistants said they felt supported in their roles.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. It ensured the service only deprived someone of their liberty in a safe and correct way and this is only done when it is in the best interest of the person and there is no other way to look after them. The organisation had a policy on DoLS and the training matrix indicated 33

Is the service effective?

out of 67 staff had been trained in it. An assessment in relation to DoLS was also undertaken to ensure that people were not being restricted in any way. During discussion with staff they demonstrated they understood when and why a DoLS would be required. One person living at the service at the time of this inspection had a DoLS authorisation in place.

The service was acting in accordance with the Mental Capacity Act 2010 (MCA). The MCA provides protection for people who are assessed as not having the capacity to make decisions in regards to their care and treatment. It ensures that decisions are taken in people's best interests. People's files recorded that they their capacity was assessed when they were admitted to the service. People's files recorded that their capacity to make decisions was assessed when they were admitted to the service. Then reassessed at times when decisions needed to be made. We saw that decisions were taken in people's best interest and the views of health professionals and relatives were taken into account.

People had access to health professionals to meet their specific needs. The people who came from abroad to receive a service were under the care of a consultant. There was a Responsible Medical Officer (RMO) on site who completed the assessment, admission and was involved in the on-going care and support of people. People from the UK were registered with a local GP. People had access to physiotherapists and occupational therapists on site and each person had a weekly programme of therapy. We saw one person had been referred to the speech and language therapist and the home accessed dietitians when this was

required. There were regular reviews of people's care and progress with their rehabilitation programme. A relative told us staff were quick to respond to changes in their relatives care and seek medical input if required.

People told us they were very happy with the meals provided. One person described the meals as very good. They commented "I can have whatever I want". We observed the meals being served and saw that they were nicely presented and appealing. We were told people choose to eat their meals in their bedrooms. People we spoke with were happy with that arrangement and said they would choose to eat their meals in their bedroom even if a communal facility was available. We saw people were provided with three meals a day. They were given a choice of meals. The records indicated there was a lack of variety in the menu. We were told this was because the menu was person centred, individualised and reflected people's choices. We saw special diets such as puree meals, diabetic and halal meals were catered for. These were recorded in people's files and catering staff were able to tell us who required a special diet. Notes and records were maintained of meals chosen and eaten.

People's files contained a care plan on the support required with meals. For one person who required support from staff this was detailed and informative as to the level of support required including the positioning of the person at meals. People's files contained a nutritional risk assessment and indicated if the person was at risk of malnutrition or not. Where a risk was identified food and fluid charts were in place and completed.

Is the service caring?

Our findings

People told us they were happy with their care. They described the care as fantastic and the rehabilitation therapy as exceptional. One person commented it is “second to none and I have already made huge progress, I wish I had known about this place sooner as my mobility and independence would have been so much better” A relative told us when their relative was admitted it was a huge learning curve for staff in getting to know their needs, wants and likes. They commented “my [relative] is very happy here now and staff always acknowledge them”.

We observed staff engaging with people throughout the inspection. They were kind, gentle, reassuring and appeared to have a good understanding of people’s needs and how they liked to be supported. We heard staff chatting, laughing and engaging positively with people. During discussion with staff they were able to tell us how people were to be cared for.

People told us the staff had the time to spend with them. As a result they told us their care was not rushed or pressured. One person commented “I can take as long as I need to get up and ready, they just patiently wait and support me”.

Two of the people living at the service had indicated they wanted their personal care needs carried out by a member

of staff of the same sex. One person’s care plan made reference to this, the other one did not. However the person told us this was always granted and all the staff we spoke with confirmed they were aware of this.

We were told people had a keyworker. A keyworker is a named member of staff who supports a person with all aspects of their care. The people we spoke with were not aware who their keyworkers were or what that meant for them. We saw people had signed their care plans and were involved in the planned care.

The service catered for people who had special cultural, religious needs and wishes. We saw that these were respected. One person had a family member stay in their bedroom with them because this was what they required. We saw the times for meal, medication administration and therapies were adapted to suit one person’s religious and cultural needs.

People felt their confidentiality was respected. They told us staff promoted their privacy and dignity at all times. One person commented “they always knock on my door, even when it is open”. People told us staff were respectful to them and called them by their preferred title or name. We observed bedroom doors were shut when people were being supported. We saw staff knocked on people’s bedroom doors before entering.

Is the service responsive?

Our findings

People told us staff were responsive to their needs. One person told us how they had an accident the night before and staff were quick to respond and provided them with immediate first aid and regular checks throughout the night. Other people told us that their programme of rehabilitation was adapted to suit their progress and setbacks. Whilst feedback from people indicated the service was responsive we found improvements were required.

We looked at four care plans. We found they outlined the person's needs and long term goals but the action to reach the goal was not always detailed and specific. We saw care plans were evaluated. Changes in people's needs were outlined within the evaluation of the care plan but the plan of care was not updated to reflect that. For example, we saw the way a person was to be moved and handled had changed but the care plan or moving and handling assessment had not been updated to reflect the change. We saw one person's care plan made no reference to how they were to be supported with personal care. The person told us they required female staff to assist them and this was not recorded. We saw two out of three care plans outlined people's specific religious needs and special diet. However, there was no care plan or guidance around how or when the person's religious needs were met so that personal care and the therapy programme did not clash with it. We observed one person had a monitor in their bedroom which could be heard in the office. It was not recorded on their plan of care and there was no risk assessment in place which indicated why it was necessary. Staff told us it was to promote the person's safety as the person could not use the call bell. We saw other care plans were detailed in relation to managing diabetes, epilepsy and percutaneous endoscopic gastrostomy (PEG) feed.

These findings indicated people were not protected against the risk of receiving care and treatment that was unsafe. This was breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9(3) (b)-(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were not aware of a complaints procedure and did not recall being given a copy of it. However they told us if they had any concerns or

complaints they would raise them with staff. They felt confident staff would listen and deal with them. We were provided with a copy of the organisations complaints procedure. It outlined verbal complaints were considered to be level one complaints. Written or unresolved level one complaints were a level two complaint. It indicated complaints should be investigated and responded to within 20 days.

We looked at the record of complaints. We saw one verbal complaint was recorded. A record was made of the outcome of the complaint but there was no evidence action was taken. We recommend the provider records action taken in response to complaints to reduce the risk of complaints reoccurring.

We saw people admitted to the service had their needs fully assessed. We discussed with the RMO their role at the service. We understood that there was 24 hour RMO cover from Monday to Friday and at the weekends consultants called to see people. The RMO told us that they were only responsible for privately funded people from abroad and when people arrived at the service they carried out an admission assessment sometimes jointly with the person's consultant. We saw details of the assessment in the person's care plan and saw that it was detailed and a comprehensive assessment of the person's medical needs. We saw people from the UK were assessed prior to admission. On admission a nursing assessment was completed for each person and from that care plans were put in place. After admission the physiotherapist and occupational therapist carried out their own assessments. These were extensive assessments of people's abilities and movement. From these a rehabilitation programme was put in place and commenced which was person centred to meet their individual needs.

The RMO told us that they spoke several languages and the service had a translator to enable them to communicate effectively with people. We heard arrangements being made to book the translator to support a person with an appointment. We were told posters such as fire instructions, safety signs, safeguarding posters and brochures were available in Arabic to meet the needs of the majority of the people at the service. The complaints guide, information booklet and safety information was in the process of being translated.

One person commented they missed social activities but understood that was not the nature of the service. Each

Is the service responsive?

person had a weekly programme of rehabilitation which included exercises and/or the use of the hydrotherapy pool. We saw up to date equipment was provided to enable people to be rehabilitated and mobilised. The service had recently purchased an Esko Bionic suit. We were told it was the first one of its kind in the country. It was designed for adults with paralysis, stroke and other

disabilities to enable them to stand and walk. We observed a person walking with the exoskeleton. This was put on the person safely and the equipment was used in a controlled manner. The physiotherapist told us they had been shown, on a training course, how to use the equipment with the person and the staff member was consistent and confident in supporting the person to walk.

Is the service well-led?

Our findings

We found the service was not always well led.

We were provided with the organisations policy on Quality Assurance and Management. It outlined that they placed a strong emphasis on providing the highest quality service possible for all of its service users. They do this through seeking the views of people, relatives and others involved in people's care at regular meetings and through annual surveys. The policy also outlined that there would be a continuous self-assessment and regular monitoring, reviewing and auditing of its practices and procedures.

We saw audits of medications, care plans, waste management, hand hygiene, accident/incidents and complaints were taking place. The audit failed to ensure accident reports were reviewed and signed off by management as per the organisations policy on accident reporting. The audit of complaints failed to pick up that the action taken in response to the complaint was not recorded. Audits of care plans failed to pick up the issues we had identified in relation to the care plans and risk assessments not being detailed, specific and reviewed when people's needs changed.

We saw the provider was not following legislation in relation to the code of practice on prevention and control of infections and related guidance and the Health and Safety at Work Act 1974. This was because infection control was not been appropriately managed and health and safety risks were not being identified and managed either. Staff were not adequately supervised, supported and trained and the lack of guidance and protocols for staff meant that staff had developed their own ways of working which were not being monitored and addressed. This had the potential to put people at risk of receiving care which was inappropriate.

The manager told us they had action plans in place to identify what needed doing. There was no evidence that these action plans were being monitored through supervision or at quality monitoring visits. We saw monthly monitoring visits took place and a compliance assessment visit was also carried out by the provider on the 22 October 2014. This was a detailed and comprehensive report which

picked up the gaps in training, issues with medication and records. There was an action plan in place to address the issues raised but these were not addressed at the time of the inspection.

The provider acknowledged to us that the registered manager had been given other priorities and had not been fully concentrated on managing the service. They ensured that this would change and the registered manager would prioritise the management of the service.

All of the concerns we raised were dealt with promptly. For example, the concerns we had in regards to manual and handling were addressed by the provider. They arranged for practical manual handling training to be provided for all staff over the weekend of the inspection period. Therefore by day three of the inspection all these issues had been addressed.

We were provided with the organisations policy on service user feedback. The policy made no reference to surveys, frequency or timing of them. People told us they thought they could say what they thought about the service but was not aware of any formal mechanism for doing so. We were provided with the results of a survey for one person that took place in October 2014. It indicated the questionnaire was given on discharge and the person was happy with their care. There was no evidence that the outcome of surveys were being analysed to provide overall feedback on the quality of care and actions taken to address shortfalls.

These findings and practices meant the provider was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found records were not accurate and maintained. People's care plans contained duplication of information. They were not in order so as a result risk assessments and care plans were not easily accessible. Risk assessments in relation to moving and handling, pressure area care and barrier nursing were not detailed to prevent risks to people. Daily records did not outline the detail of the care given and observed. For example in one person's file we saw they were at high risk of developing pressure ulcers. The management plan for the risk was to move them four hourly. We saw in the turning chart record from the 3 to 9 November 2014 there were five occasions where they were not repositioned four hourly. On one of those occasions the

Is the service well-led?

records indicated they were not moved from their chair to bed for nine and a half hours. We were told by staff the person was moved from side to side when in their chair. This was not recorded on the turn chart or daily records viewed. Food temperature and food monitoring charts kept in the kitchen were not filed and accurate records were not accessible of how people made food choices. Staff induction, training and supervisions records were not maintained. The induction, training and supervision records that were available were not in order in that they were in a pile in the head of nursing's office. Staff recruitment files did not have the required information either.

These findings and practices meant records were not suitably managed. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which corresponds to regulation 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they thought the service was well managed. Staff told us a senior member of the nursing team was

accessible, available and approachable. Staff said they would only go to the registered manager if they had something serious to discuss with them. One staff member said the registered manager did not have a visible presence in the service. A second staff member said the registered manager was very busy. Another staff member commented that they think the registered manager is approachable but not readily available. On day one of our inspection policies and procedures were not available and not accessible as the registered manager was on leave. This also meant they were not accessible to staff either. These were printed off and available on day three. Some staff told us they were not clear of their roles and job descriptions were not available for two staff members we spoke to. The registered manager told us they had not been allowed to manage the service as they were supporting new initiatives and constantly distracted from their day to day responsibilities. The provider confirmed this was the case and said it would be addressed immediately.

We recommend the registered manager is given the time and resources to manage the service to ensure regulations of the Health and Social Care Act 2008 are met.

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 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>Breach of Regulation 9 of the Health and Social Care 2008 (regulated activities) Regulations 2010, which corresponds to regulation 9 (3)(b) -(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider failed to take proper steps to ensure each person was protected against the risk of receiving care or treatment that was inappropriate or unsafe</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>Breach of Regulation 15 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2010, corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>Breach of Regulation 21 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2010, corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Action we have told the provider to take

The registered person did not operate an effective recruitment procedure.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control

Breach of Regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2010, corresponds to regulation 12 (2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person failed to ensure people who used the service, staff and others were protected against identifiable risks of infection.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

Breach of Regulation 23 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2010, corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person did not have suitable arrangements in place to ensure staff received appropriate training, professional development, supervision and appraisal.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

This section is primarily information for the provider

Action we have told the provider to take

Breach of Regulation 10 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2010, corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person did not have an effective operation of systems in place to enable them to assess and monitor the quality of the service and to identify, assess and manage risks.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

Breach of Regulation 20 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2010, corresponds to regulation 17 (2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person failed to ensure accurate records were maintained in respect of people who used the service and staff.