

Astral Care Limited

Manor House

Inspection report

Manor Road
Lydd
Romney Marsh
Kent
TN29 9HR

Tel: 01797321127

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09 February 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

This was the first inspection of this service since it registered under Astral Care Limited. The inspection was undertaken on 9 February 2016, and was an unannounced inspection. The Commission received concerns in relation to the service. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to those concerns.

The service is registered to provide accommodation and personal care for up to 22 older people who may be living with dementia. The premises are a detached house with a garden, situated in Lydd. The service has 19 bedrooms, three of which are twin rooms. Eight rooms have ensuite facilities. Bedrooms are spread over two floors which can be accessed by the use of a passenger lift. People had access to two bathrooms, separate toilets and a dining room, lounge and quiet lounge. There is street parking available nearby. 18 people were living at Manor House at the time of the inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People did not have their needs met by sufficient numbers of staff. Staff rotas were not based on people's needs or the environment in which people lived. People had limited opportunities for meaningful activities.

People were not protected by safe recruitment procedures. Some application forms did not show a full employment history and gaps in employment had not been explored when staff were interviewed. Staff felt the provider and their consultant were not approachable and were not confident that they would change things for the better.

Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns to the registered manager and to outside agencies like the local council safeguarding team. However, the policy for staff to follow was not written by the current provider and did not contain current information, for example, it referred to out of date regulations.

Staff knew how to blow the whistle and were confident they could raise any concerns outside agencies if needed. The registered manager responded appropriately when concerns were raised.

The new owner visited the service around twice a week and was being advised by a consultant. People lived in a satisfactory environment. Equipment had received regular checks or servicing to ensure it was safe.

Medicines management was safe and people received their medicines when they should. Risks associated with people's care and support had been assessed.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

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

People's needs were not met by sufficient numbers of staff on duty.

Recruitment process and safety checks were not sufficiently robust to make sure only staff who were suitable were employed.

Staff understood how to keep people safe from harm and abuse but policies relating to keeping people safe did not reflect current legislation.

Personal emergency evacuation plans were not in place for each individual or always reflective of people's changing needs.

People were supported to take their medicines safely.

Requires Improvement 

Manor House

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 and in response to information of concern we had received. 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.

This inspection took place on 9 February 2016 and was unannounced. The inspection was carried out by two inspectors.

This focused inspection was brought forward and undertaken as a result of concerns received by the Commission. Therefore the provider was not asked to complete 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. Prior to the inspection we reviewed information we held about the service. This was limited as the service had only been registered since 21 December 2015, but included notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with two people who were able to tell us about their experience of living at the service, two relatives, the registered manager and four members of staff.

We reviewed people's records and a variety of documents. These included three people's care plans, risk assessments, medicine administration records, accident and incident records, daily reports made by staff, policies and procedures and the staff rotas. We carried out general observations of staff carrying out their duties, communicating and interacting with people to help us understand their experiences.

We contacted three social care professionals before and after the inspection that had had recent contact with the service and received their feedback.

Is the service safe?

Our findings

People commented "I'm safe here, I can do most things for myself. The staff guide me when I need them to. The staff are all kind" and "Could do with another couple of staff, everyone is rushing around." A visiting relative said, "She's very safe indeed." However, we found some areas of people's care and treatment was not always safe.

People's needs were not met by sufficient staffing, there was no dependency assessment tool in place, the new provider had not completed an assessment of the environment or each person's support needs to ensure that staffing levels were safe and met the needs of the people living there. At the time of the inspection there were 16 people living at the service, as two people were being treated in hospital. No planned activities took place during the inspection, observations showed that during the inspection most people slept in the lounge, watched TV or wandered around.

Staff told us there were usually three care staff on duty during the day 8am to 8pm and two staff on duty at night 8pm to 8am, where staffing levels and availability allowed, an extra member of staff worked between 6am-8am. We were told this was to support people who chose to get up early and spend time in the lounge whilst others were being supported to get out of bed upstairs. In addition there were domestic and kitchen staff who worked seven days a week. The registered manager and staff told us that since the change in provider they were no longer able to use agency staff to cover gaps on the rota and were expected to cover gaps themselves. The registered manager mainly worked Monday to Friday, although they told us they often needed to cover gaps on the care rota, for example, they had worked a wake night on the night prior to the inspection and told us they had worked 24 hours on care during the week of the inspection. They were supported by a deputy manager, who worked full time although all their hours were on shift and they did not have any additional hours for management tasks. Until recently they had had eight hours allocated to administrative duties, however, these had been stopped by the new provider. We were told that these hours had been valuable time for the manager and deputy to work together, ensuring documents and records were reviewed and current. The removal of these hours had placed increased pressure on the registered manager in being able to ensure that paperwork was reviewed and updated in a timely manner.

Staff told us there were a number of people who did not sleep at night and often wandered around. Staff said that it was sometimes difficult to manage with only two staff on the nightshift because of the layout of the building and the needs of people throughout the night, for example, if a person needed support to be moved with a hoist, both members of staff would be supporting this person and would not be available to support anyone who was not asleep, this could potentially leave people at risk of harm.

The service no longer had a dedicated maintenance person. The provider and their consultant had taken the decision that they would attend to maintenance tasks as and when necessary, however this meant that as the provider was not always available at the service, staff had been told that they must complete tasks like repairing net curtains, changing lightbulbs and other small maintenance task. Staff told us they did not have time in addition to their caring duties to complete maintenance tasks.

We asked the registered manager what the on-call arrangements were for out of office hours should staff need support in an emergency and were told that they were always on call, there was no additional support from the provider.

The provider had failed to provide sufficient numbers of suitably qualified, competent, skills and experienced staff to meet people's needs. This is a breach of Regulation 18(1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not protected by robust recruitment procedures. The new provider had not recruited any new staff so we looked at recruitment files of staff previously recruited. Recruitment records did not all contain the required pre-employment checks to make sure staff were suitable and of good character. For example, full work histories were not available on all of the files that we looked at and gaps in employment had not been noted as checked. One file did not contain evidence of a Disclosure and Barring Service (DBS) check, although the registered manager showed us an email to confirm the check was in place and after the inspection was able to evidence that the check was clear. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. No DBS check was available for the provider's consultant, we asked for this to be evidenced after the inspection but the provider was unable to provide a current check. The recruitment and selection policy that was in use was out of date and did not reflect the requirements of schedule 3.

The provider had failed to meet the requirements of schedule 3. This is a breach of Regulation 19(2) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a safeguarding adults policy for staff to follow that included reporting to external agencies like the police or social services, however this was not written by the current provider and did not contain current information, for example, it referred to out of date regulations. Staff were aware of whistle blowing and knew how to blow the whistle on poor practice to agencies outside the organisation, however, the whistleblowing policy did not contain current information relating to the new provider.

The provider had failed to have proper systems and processes in place to protect service users from abuse and improper treatment. This is a breach of Regulation 13(1)(2)(3) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff showed an awareness and understanding of different forms of abuse and knew what to do if they witnessed or suspected abuse. Training in safeguarding was provided to all new staff and the registered manager was organising refresher courses for the whole staff team to keep everybody up to date. People looked comfortable with other people and staff. One person told us they felt confident to raise concerns and were sure that they would be listened to by the registered manager and staff.

There was not an up to date procedure in place for emergencies, such as, fire or gas/water leaks. For example, the plan in place referred to being able to evacuate to the services' sister home, which is no longer applicable. The manager told us they had had a discussion with a representative from the local community hall but this had not been confirmed as available for people to be accommodated in if they needed to be evacuated from their home. Most people had a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person had to ensure that they can be safely evacuated from the service in an emergency. However, these were not always reflective of people's changing needs and not completed for people who had recently moved into the service. This could increase people's risk of being in danger during an emergency.

The provider had failed to have proper systems and processes in place to protect service users in the event of an emergency. This is a breach of Regulation 12 (2) (b) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The building provided a satisfactory environment and equipment was suitably maintained. There was a system to ensure checks had been completed on gas, electric and portable appliance tests. Certificates confirmed these were in date. There were records to show that the premises received regular checks and servicing, such as checks for fire alarms and fire equipment. Fire drills were carried out and documented.

Staff reported accidents and incidents to the manager who was responsible for making sure appropriate action had been taken to reduce the risk of accidents happening again. Accidents and incidents were reported to external agencies as required. The reports were analysed by the registered manager to check for any patterns and trends so that they could be addressed and they could learn from any mistakes.

People had risk assessments in place for bathing, going out of the building, using the nurse call system and falls. People's mobility had been assessed, the moving and handling assessments contained the number of staff required for a task and any equipment that might be used and detailed how the person should be moved safely. Staff had received training to complete these tasks safely.

Medicines were stored securely and at the right temperature to ensure the quality of medicine people received. Medicines such as eye drops and topical creams were dated on opening. Medicines that were no longer required were stored in a locked cabinet in the medicines room. These medicines had been entered into the returns book whilst they remained in the service. This meant there was a clear audit trail of medicines within the service and reduced the risk of misuse.

There were clear medicine administration procedures in place. During the inspection we observed that safe practice was followed and people's consent was gained. Medication Administration Records (MAR) charts showed people received their medicines when they should or appropriate codes were used. A list of signatures of staff who could administer medicines was in the MAR file.

Where people were prescribed medicines on a 'when required' basis, for example, to manage constipation, pain or skin conditions, there was individual guidance for staff on the circumstances in which these medicines were to be used safely and when they should seek professional advice on their continued use.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to have proper systems and processes in place to protect service users in the event of an emergency. This is a breach of Regulation 12 (2) (b) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to have proper systems and processes in place to protect service users from abuse and improper treatment. This is a breach of Regulation 13(1)(2)(3) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to meet the requirements of schedule 3. This is a breach of Regulation 19(2) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care

The provider had failed to provide sufficient numbers of suitably qualified, competent, skills and experienced staff to meet people's needs. This is a breach of Regulation 18(1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.