

Adiemus Care Limited

Nayland House

Inspection report

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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

This inspection took place on 13 January 2015 and was unannounced.

Nayland House is a residential care home which provides accommodation and personal care and support for older people, many of whom had been diagnosed with dementia. This service is registered for up to 54 people. On the day of our inspection there were 49 people living at the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People's safety had been compromised in the management of their medicines. We could not be assured that people received their medicines as prescribed. Internal audits had failed to identify errors in medicines records, which meant that people were at risk of not receiving their medicines as prescribed.

Summary of findings

Staff received the support and training they needed when starting their employment in order to carry out their duties. However, staff had not received training in the Mental Capacity Act 2005 and related Deprivation of Liberty Safeguards. This meant that staff lacked understanding with regards to their roles and responsibilities in supporting people's best interests when they lacked the capacity to make decisions about their everyday lives. The management told us that training was planned for the near future.

Staff had the required knowledge to recognise abuse and understood their roles and responsibilities in reporting any safeguarding concerns to the relevant authorities.

We were not assured that the provider's system for the recruitment and selection of staff was robust in protecting people from risk as gaps in employment had not been identified and discussed with staff. References had not been validated to ensure they had been provided by the most recent employer as is required.

Staffing levels had been assessed according to the dependency levels of people who used the service. Staff and the manager told us that staff absences were managed well from within the staff team.

The dining experience for people who used the service was positive and where people required assistance by staff to eat and drink, this was provided with warmth and understanding.

People had access to a range of health care professionals which included general practitioners, dieticians and community nurses in response to health concerns that had been identified.

Staff received regular supervision and access to annual appraisals which provided opportunities for discussion and planning of staff training and development needs.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the 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.

People were being put at risk because their medicines had not been managed safely.

Where risks to people's safety had been identified, the service had been responsive to reduce this risk.

Staff had the required knowledge to recognise abuse and understood their roles and responsibilities in reporting any safeguarding concerns to the relevant authorities.

We were not assured that the provider's system for the recruitment and selection of staff was robust in protecting people from the risk of employing staff who were not of good character.

Requires Improvement



Is the service effective?

The service was not consistently effective.

Newly appointed staff received induction training and shadowing opportunities to support them in gaining the knowledge they needed to meet the needs of people.

Staff had not received training in understanding their roles and responsibilities regarding the Mental Capacity Act 2005. This meant that staff did not have the full understanding of the implications of the Act and associated Deprivation of Liberty Safeguards.

People had access to a range of health care professionals which included general practitioners, dieticians and community nurses in response to health concerns that had been identified.

Staff did not always follow the advice of dieticians. Nutritional supplements had not been administered as prescribed. Where records had been maintained of people's food and fluid intake these were found not to be accurate.

Requires Improvement



Is the service caring?

The service was caring. People were positive about the care they received.

We observed staff who treated people in a manner that was kind and respectful with people. However, people also told us they struggled to understand and be understood by a high number of staff due to their limited understanding of the English language.

Good



Summary of findings

People told us their privacy and dignity was always maintained when they were supported with personal care. Staff were able to explain to us how they supported people to maintain their privacy and dignity. This demonstrated that people's privacy and dignity was respected and promoted.

Is the service responsive?

The service was not consistently responsive. People were able to make decisions about their care but told us they would like more opportunities to be involved in the review of their care.

Meetings were held where people had been asked for their views about the quality of the food provided.

Information recorded within care plans and daily records was focussed on the tasks in relation to people's personal care needs. Care plans did not consistently record people's personal life histories and evidence planning to enable people to live the lives they would choose and how their independence would be promoted.

Requires Improvement



Is the service well-led?

The service was not consistently well led. People told us the manager and staff would listen and act on any concerns raised but also said there could be more opportunities provided to consult with them such as regular reviews of their care plans.

Staff meetings were held which gave staff the opportunity to discuss the needs of people, share information, raise concerns and identify areas for improvement.

There were processes in place for reporting incidents and accidents. The provider analysed information to identify any patterns that needed to be addressed.

Requires Improvement



Nayland 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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 January 2015 and was unannounced.

The inspection team consisted of two inspectors.

Prior to our inspection we asked the provider 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. We considered information which had been shared with us by the local authority. We also looked at safeguarding concerns reported to the Care Quality Commission (CQC). This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect. This enabled us to ensure we were addressing potential areas of concern.

On the day we visited the service, we spoke with eight people living at Nayland House, one relative, a health care professional, five care staff, one senior staff, the cook, the manager, the deputy manager and the operations manager.

Following our inspection we spoke to three relatives of people who used the service.

We observed how care and support was provided to people throughout the day. Including the midday meal on two units. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at four people's care records and carried out pathway tracking for three people. Pathway tracking is where we look at a person's care plan and check that this is being followed and their needs met. We did this by speaking with the staff that cared for them, observation of care provided and by looking at other records relating to how the provider monitored the quality and safety of the service.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe. Comments included, “I do feel safe, the staff are always kind.”, “I do not worry about being safe I am well looked after” and “I do not have any concerns I feel safe with all the staff here.”

However, we found that people were not protected from the risks associated with the management of their medicines. We carried out an audit of medicines in stock, looked at information in medication administration records and care notes.

Systems were in place to record when medicines had been received into the service and when they had been administered to people and when they were disposed of. We found numerical discrepancies where we were unable to account for 10 out of 11 people’s medicines. This was because the amount in stock did not match the receipt and administration records. We found that not all stocks of medicines received into the service had been recorded on the medication administration records. We therefore could not be assured that people had received their medicines as prescribed.

The management audit systems in place which would enable effective monitoring of people’s medicines were ineffective in identifying medication errors. Information recorded in the Provider’s Information Return (PIR) and discussions with the manager told us that medication administration records were being audited daily and management audits carried out on a monthly basis. We found that daily audits checks had not been consistently carried out for all people as we found gaps of up to two weeks. We also noted that where previous audits had found errors in medication administration there was no record that these errors had been investigated and resolved. The provider’s audits had not picked up the issues we found at this inspection. We were therefore not assured that people received their medicines as prescribed.

This meant that there had been a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Three staff files we reviewed showed us that the provider had a system in place for the recruitment and selection of staff. Disclosure and Barring (DBS), criminal records checks

had been carried out and references obtained. However, we were not assured that the provider had taken action to obtain a full employment history and had identified gaps in applicant’s previous employment history. For example, we saw that two references viewed for one member of staff appeared to be written in the same hand writing as the person’s application form without evidence of a company stamp or headed note paper. The manager told us they would investigate this and respond to us with their findings. We did not however receive any feedback from the manager regarding this. We were not assured that the provider had taken steps to protect people from the risk of staff employed who had not been verified as of good character.

This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us that staffing levels had been assessed according to the dependency levels of people who used the service. Six care staff and two seniors were allocated to the service on a daily basis. During our visit we noted there was a shortage of one staff member. One person told us that on occasions when there was a shortage of staff, which meant they had to wait for staff to assist them with washing and dressing in the morning which did not suit them. We observed that when people requiring assistance from staff used their call bell staff responded quickly to their requests.

One relative told us, “There is a high turnover of staff so you don’t get to know staff well before they go again. This does impact on [my relative] when they have to get used to yet another stranger helping them with personal care.” The manager confirmed that a total of 15 staff had left within the last 12 months. They also told us that the provider’s had taken action to recently increase staff pay which had improved the ability to recruit staff and it was anticipated that this would reduce the turnover of staff and provide consistency of care for people.

The provider’s safeguarding adults from abuse and whistle blowing policies and procedures informed staff of their responsibilities to safeguard people from harm. Staff told us and records confirmed that staff had received training in the safeguarding of adults from abuse. Staff demonstrated a good understanding of what constituted abuse and knew what to do if they had any concerns about people’s safety or welfare. Care staff told us that if they suspected abuse

Is the service safe?

they would report it to the provider or to the relevant safeguarding authority. This demonstrated that staff had the required knowledge to recognise abuse and understood their roles and responsibilities in reporting any safeguarding concerns to the relevant authorities.

Risk assessments had been carried out to guide staff in the prevention of pressure ulcers, protection from moving and handling risks and falls prevention had been completed.

Where risks to people's safety had been identified, the service had been responsive to reduce this risk. For example, people who were at risk of developing a pressure sore had protective equipment in place such as a pressure mattress and pressure cushions. Where people had been assessed as at risk of malnutrition, advice had been sought from specialists such as general practitioners and dieticians.

Is the service effective?

Our findings

People told us that they enjoyed the food that was provided by the service. One person said, "The food is very good and we have plenty of it." Another said, "Excellent, couldn't be better."

Menus viewed described availability of a choice of suitable and nutritious food and drink. We saw that people with the capacity to do so chose their meal from a choice of two main meals. People were able to eat in the dining room or within their own rooms according to their choice.

Care records contained information regarding people's food likes and dislikes. Nutritional assessments had also been completed. Where it had been identified that people were at risk of poor nutrition and hydration, their weight had been monitored and referrals had been made to dieticians for specialist advice. However, staff did not always follow the advice of dieticians. Nutritional supplements had not been consistently administered as prescribed. Where records had been maintained of people's food and fluid intake due to their risk of malnutrition, these were found not to be accurate. Staff had recorded amounts of food and fluid offered but not what was actually consumed. This demonstrated that people at risk of malnutrition and dehydration were not adequately monitored.

Where people at risk of malnutrition had been prescribed nutritional supplements following the advice of dieticians or general practitioners we found the amount of stock did not match with the administration records. There was a surplus of stock for two people who had been assessed as at high risk of malnutrition. Weight records showed us that both these people had lost significant amounts of weight in the previous four months. One person's care records showed they had regularly refused meals. We were not assured that people had received their nutritional supplements at regular intervals as prescribed. Steps had not been taken to protect the health, welfare and safety of people assessed as at high risk of malnutrition.

This meant that there had been a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed care and support provided during the lunchtime period. People were given choices of where they preferred to eat their lunch. We noted that people were offered choices of what food and drink they preferred. The dining experience for people who used the service was positive. Staff spent time providing one to one support for people who required help to eat their meals. No-one was rushed and suitable conversations were heard to encourage appetites.

The Providers Information Return (PIR) stated that all staff received regular supervision and access to annual appraisals which provided opportunities for discussion and planning of staff training and development needs. All staff told us they had been provided with a programme of training as part of their induction before they started work. This included opportunities to shadow other staff in learning their roles and responsibilities. However, staff had not received training in understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. Staff we spoke with demonstrated a lack of understanding of the law in relation to supporting people who lacked capacity to make decisions about their everyday lives.

Staff lacked knowledge in understanding their roles and responsibilities with regards to the MCA and DoLS. Care plans contained limited information with regards to the restriction on people's movement for example in the use of bed rails. This had the potential to put people at risk of not being referred to the appropriate authority to have their best interests assessed in the planning of their care and support. The manager told us that this training had been planned and would be provided to staff in the near future. This was also confirmed by the operations manager.

People had access to a range of health care professionals which included general practitioners, dieticians and community nurses in response to health concerns. One person told us, "I can't fault them, they always get the doctor when I need one." Another person told us, "They make sure I see the chiropodist regularly."

Is the service caring?

Our findings

People were complementary about the staff team who supported them. They told us staff were kind and treated them respectfully. One person said, "I get on well with all the staff here. I have no complaints." Another person told us, "Staff are polite, friendly, patient and caring."

Relatives told us that staff were in the main kind and caring in their approach to people. One relative told us, "The majority of staff treat [my relative] with kindness and compassion. Some are less passionate about the job, for example when we observed one member of staff blowing bubble gum whilst helping someone. Otherwise we have had no concerns." Another relative told us, "The staff do their best and we have always observed them to be courteous. Our only concern is the language barrier whereby [my relative] struggles to understand what some staff are saying and this causes frustration."

We spent time observing staff as they were working. We noted that conversations with people were kind and respectful. People with a hearing impairment or who were unsure of what was being said were supported by staff who crouched down to eye level to ensure the person understood what was being communicated. However, prior to our inspection and during our visit relatives told us of their concerns at the high numbers of staff where English was not their first language, who they had observed struggling to understand the expressed needs of people. We also observed some interactions where people with dementia struggled to understand what staff were trying to communicate to them. Some staff communication with people was limited to one word questions and answers. One person told us, "The staff are nice to me but I cannot understand all of the staff and this makes it a bit difficult at

times." One member of staff who told us they had been employed for several months struggled to understand our questions and was unable to tell us the name of one person they cared for and were unable to describe adequately the needs of this person. We were not assured that all staff had the necessary skills and knowledge they needed to adequately meet people's needs. We discussed our concerns with the management team during our visit who told us that this is an issue they were monitoring.

During the morning we observed on the dementia unit one person ask a member of staff if they could sit in a lounge along with other people. Staff responded by instructing this person to sit in another lounge alone as there were not enough chairs. We asked staff if an additional chair could be brought into the lounge to enable this person to enjoy the company of others. Staff responded to our request immediately. We discussed this incident with the management team who told us they would provide additional seating to avoid this situation in the future.

People told us their privacy and dignity was always maintained. Comments included, "They are always professional when helping me with a bath and I feel respected." Staff we spoke with were aware of the need to protect people's dignity whilst supporting them with personal care. Staff were able to explain how they did this. This demonstrated that people's privacy and dignity was respected and promoted.

People told us they had their personal preferences respected and taken into account. For example, choosing when and how personal care was provided, choosing what to wear and using their own choice of time to get up in the morning and go to bed. This demonstrated that staff had supported people to express their views and make decisions about their daily care and support.

Is the service responsive?

Our findings

We found comprehensive information in people's individual care plans but this was in the main focused on the planning of people's personal care needs and was mainly task focussed. We found limited information that evidenced assessment of what people could do for themselves and the planning of support which would promote their independence, what interests they would like to be involved with and how they could be supported to pursue them.

Daily records evidenced how care had been provided by staff. Information was focussed on the tasks that had been performed in support of people's personal care needs. Care plans had space to record people's personal life histories but these were not always completed or the information contained there was limited. We discussed this with the management team who recognised that as well as limited information about the life history of individuals there was a lack of guidance to describe people's choice and preferences about how they liked to live their daily lives. The management team recognised the importance of such information and would take action to improve the quality of the information provided to staff.

People told us the manager and staff would listen and act on any concerns raised but also said there could be more opportunities provided to consult with them such as regular reviews of their care. This was also confirmed by relatives. One relative told us that concerns they had raised previously had been looked at in detail and that appropriate action had been taken but a regular meeting

to review care would ensure that issues did not escalate. We discussed this with the management team who told us that their intention was for care plan reviews involving people and their relatives to take place but ongoing arrangements for these had slipped.

People told us that regular residents meetings were held where they were asked their views about the quality of the food provided. We saw from a review of meeting minutes that people had been consulted on the quality of the food and their views had been communicated back to the chef. The chef told us how he regularly attended resident's meetings and gave examples of changes made to menus as a result of the comments received.

The service employed 55 staffing hours of staff time to support people with access to individual and group activities. At the time of our visit only 36 hours were being provided due to staff vacancies. We observed a staff member who led a ball game session in the afternoon in one lounge. Some people told us that they had been involved in various group and individual activities which provided them with stimulation but others told us how they spent long periods of time without social stimulation with a particular concern expressed by relatives of people who lived on the dementia unit. One relative told us, "People here need more stimulation and need it more regularly. The staff do their best but people with dementia need more to keep them occupied." The manager told us that it was anticipated that once a new member of staff had been recruited this would improve the quality of group and individualised activities for people.

Is the service well-led?

Our findings

The service had a registered manager in post. The manager was supported by a team of senior staff. It was evident from our discussions with the management team and from our observations that they were clear about their roles and responsibilities. The manager told us they were “well supported” by the provider.

Staff told us they felt valued and supported. They told us they were listened to and supported by the manager and senior staff when dealing with any issues relating to the care of people. Staff described how the manager promoted an open culture where staff were able to question practice and raise concerns in supervision and staff meetings.

A relative told us, “The manager’s door was always open”, if they needed to discuss anything. Another told us, “I like the manager but not always sure they are challenging enough with staff.”

The provider had a system in place to respond to concerns and complaints. The providers policy detailed timescales for responding to concerns and guidance for managers in recording the action they had taken in response and the outcomes including improvements to the service as a result. We found that not all complaints received within the last 12 months evidenced the timescales taken in response to people’s concerns and neither records maintained of the outcome of complaints including a record of the action taken by the provider. This meant that the provider did not always have an audit trail to evidence their response in accordance with their policy on handling complaints. The

operations manager explained the outcome of complaints recorded and told us that they would take steps to ensure records evidenced a trail of action taken in response to complaints and how they would use their findings to plan for improvement of the service.

The manager confirmed that there were processes in place for reporting incidents and accidents. We saw that these were being followed. Incidents were reviewed by the provider to identify any patterns that needed to be addressed for example the monitoring of falls.

There was a rolling programme of audits carried out by the provider’s compliance team who visit the service on a monthly basis. We viewed the findings from the latest audit which showed that the service was compliant with the majority of their internal standards and actions had been planned in response to areas which required further improvement. For example, audits of medication, where care plans had not been updated to reflect people’s current care needs and action taken in response to requirements made by inspectors following a recent environmental health inspection of the kitchen.

The Provider’s information Return (PIR) stated that there had been no medication errors within the last 12 months. This conflicted with information provided from compliance team audits. In addition the manager’s audits were not robust in identifying medication administration errors identified at this inspection. We were therefore not fully assured that the provider had robust systems in place to monitor the quality and safety of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs</p> <p>The registered person did not take proper steps to ensure that each service user had been protected against the risks of malnutrition.</p> <p>Nutritional supplements had not been administered as prescribed.</p> <p>The provider did not ensure that service users were protected against the risks of unsafe or inappropriate care and treatment arising from a lack of accurate information regarding food and fluid consumed.</p> <p>Regulation 14 (1) (a) (b) (4) (a) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not protect people against the risks associated with the unsafe use and management of their medicines, by means of the making of appropriate arrangements to ensure people received their medicines as prescribed.</p> <p>Regulation 12 (1) (2) (f) (g).</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>

This section is primarily information for the provider

Action we have told the provider to take

The registered person did not take robust steps to identify gaps in employment, confirm validity of references to ensure that people employed were of good character with relevant qualifications, skills and experience.

Regulation 19 (a) (i)(ii) (b)