

Pool Cottage Limited

Pool Cottage

Inspection report

Pool Road
Melbourne
Derbyshire
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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

Pool Cottage provides care for up to 17 people who need support with their personal care.

This was an unannounced inspection, carried out over two days on 22 and 23 December 2014. The service must have a registered manager but currently this post is vacant. 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.

We last inspected this service in August 2014. At that inspection we found the service was meeting all the essential standards that we assessed.

People said they felt safe and that the staff were able to support them in the way they wanted to be. Not all staff provided care according to people's care plans and not all staff administered medication safely. People were not

Summary of findings

always assessed by appropriate professionals for their moving and handling needs. Staff were not having supervision or regular staff meetings and this was as a consequence of the service having no registered manager.

People who used the service and their families were not always involved in the creation and review of their care plans.

Staff were aware of how to maintain people's independence and maintain control over their lives.

Staff treated people with kindness and respect. Staff made time to talk to people in the home and welcome visitors to the home. People lived in a home where staff were kind and made time for them.

People were given a choice of meals, snacks and drinks. Where people needed specialist diets, such as for diabetes, this was supported. However where people had needs around fluid intake this was not always monitored to ensure they maintained a healthy level.

Visitors could visit the home anytime they wanted and could see their relatives in private if they so wished. Visitors were made to feel welcome by the staff.

The home did not have a robust system in place when recruiting new staff. Staff understood their responsibilities to keep people safe from harm and abuse. They knew who they needed to speak to if they suspected abuse. They would contact the appropriate authorities if the provider did not take their concerns seriously.

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?

This service was not always safe.

People who lived in the home were placed at risk because safe moving and handling assessments were not always carried out and staff did not always follow safe practice when assisting people with transfers.

Not all staff followed safe practice when administering medication. People told us they felt there were enough staff and they would come quickly if they needed them.

The provider did not always follow safe recruitment practice when recruiting auxiliary staff.

Staff in the home knew how to recognise and report abuse.

Is the service effective?

This service was not always effective.

People received the support they needed to have enough to eat. They received a choice of meals. However where people needed their fluid intake monitored this was not always being done.

Since the registered manager has left staff had not received supervision or attended team meetings to ensure they maintained an effective standard of care.

Although some staff had received training in the Mental Capacity Act they did not always understand the impact this may have on people who lived in the home.

People were supported to see a doctor where they needed to and staff understood the importance of monitoring people's wellbeing.

Is the service caring?

This service was caring.

People told us that they felt well cared for and we observed staff treating people in a respectful and kind manner. Most staff were patient and always discreet when providing support to people.

We saw staff take time to talk with people showing concern and providing support where needed.

Most staff were knowledgeable about the care people needed and they understood how to support people in meeting their cultural and spiritual needs.

Is the service responsive?

The service was not always responsive.

People are not always supported to be involved in the creation and review of their care plans. We saw that some people had their needs assessed and plans created but not all people using the service had a care plan. We also saw that not everyone had received their care as described in their care plan.

People told us they were able to make decision about how they spent their day and were supported by the staff to do this.

Summary of findings

Quality assurance surveys had been carried out in the past but the service did not have robust systems in place to listen and learn from people's experiences or concerns.

Is the service well-led?

The service was not well-led.

Although there were systems in place to monitor the quality of the service, not all the systems had been completed.

Pool Cottage

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

We visited the home unannounced over two days on 22 and 23 December 2014. The inspection was carried out by one inspector. On the first day of our visit to the home we focused on speaking with people who lived in the home and their visitors, speaking with staff and observing how people were cared for. The inspector returned to the home the next day to look in more detail at some areas and to examine staff records and records related to the management of the service.

This inspection was carried out in response to information of concern received by the Care Quality Commission. We were told that people were not receiving their care and treatment in a safe and caring manner.

Prior to our inspection we reviewed information we held about the provider. We looked at any incidents the service

had notified us about and reviewed what has been happening at the service since the last inspection on 26 August 2014. We spoke with the local authority that had a contract with the home to provide care for some people living there.

We spoke with six people who lived at the home, five visitors and three care staff as well as the provider. We spent time observing the care and support given to people. We looked at records including the care records of three people, recruitment and training records for five staff as well as records relating to the management of the service.

We particularly looked at the care received for three people who used the service. We did this by looking at their care records, talking to them and to the staff who provided support to them. We spoke with staff from Derbyshire County Council who were also carrying out checks on the wellbeing of people who lived at the home whilst we were inspecting.

Before the 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. They did not return a PIR and we took this into account when we made the judgements in this report.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "I feel safe living here." A relative told us, "I feel my [relative] is safe here."

We found people were not always being protected from the risks of unsafe care practices. For example not all staff followed safe practice in moving and handling. We observed one staff member assist a person to transfer on their own and it was clear this person struggled to do this. Staff confirmed that this person needed two people to transfer them safely and this was also recorded in their care plan. We spoke with the provider and made them aware of our observations.

During this inspection Derbyshire social services were also carrying out a 'fit and well' assessment of people who they funded at the service. A fit and well assessment is where the local authority assess whether the service are safely meeting people's needs. They told us that some people who used the service had not been assessed by appropriately qualified professionals for moving and handling equipment such as hoists and rotundas. Staff told us they used the equipment they had and assisted people according to their current care plans. One plan contained no up to date information on how people should be safely moved. This could place people at risk by not being moved safely or by incorrect equipment being used.

Two of the three plans we looked at had risk assessments carried out to reduce risk when providing care. Where people had health concerns such as diabetes, there were protocols in place to show how they should be monitored and how to maintain their safety. However the care plan for the person who had moved to the home in November 2014 had a pre admission assessment but no other information about their care or what risks they may be at. This meant that any potential risk the person may be at was not identified and no plans were put in place to minimise risk. We were told that this was because they did not have a registered manager in post to create care plans. Staff told us they found out how to care for the person by speaking with the family or asking the person. We spoke with the relative. They told us they did not have concerns about the care. They said, "Someone from the family visits daily and we have not had any problems."

Following this inspection the provider had agreed with the local authority not to admit new people to the service until a manager was employed. Since this inspection took place the provider has confirmed a new manager has been appointed and will start in February 2015.

People who used the service told us they felt safe and had not heard or seen anything inappropriate. One person told us, "I am not frightened of anyone here." Relatives also told us they had not heard or seen anything of concern. We had received information of concern that people were not receiving care in an appropriate manner. We looked at what processes were in place to protect people from the risk of abuse. We saw that the home had an up to date copy of the local authorities safeguarding procedures. We spoke with three staff members who understood their responsibilities to protect people from abuse. They told us they had received training on how to recognise abuse and what they needed to do if they suspected it. We looked at training records and these confirmed that staff had received regular updates to safeguarding training. Staff told us that they were confident that people received safe and appropriate care. We spoke with the provider about these concerns and they were also aware of their responsibility to ensure people who used the service were protected against any forms of abuse.

Staff told us they shared information about people at the end of every shift. This was to ensure that all staff knew how people were and had information such as, if the GP had been or needed to be called. They told us they recorded any incidents and passed information to the provider when they visited. We saw that all incidents were recorded. It was not clear what action was taken with this information since the registered manager had left. This meant that potentially the service did not learn from any incidents or accidents and take appropriate action to minimise risk.

People we spoke with said they felt there were enough staff. One person told us, "I think there are enough staff. If you didn't feel well someone would come and see you." Another person said, "I think there are enough staff, they are a bit pushed but on the whole there is enough." Staff told us that they felt that each shift had a good mix of skills, with a senior member of staff and care staff who were trained to support people using the service. During the inspection we observed staff spending time with people. Staff did not rush people and answered call bells in a

Is the service safe?

timely manner. We observed only one member of staff rushing but when we asked people about this person, one person told us, “This is just her way, she doesn’t mean anything by it.”

We looked at the recruitment files for five staff including two new staff. Not all procedures for safe recruitment had been followed prior to the most recent people starting work at the home, such as suitable references and police checks. This potentially placed vulnerable people at risk of unsuitable people working in the service. The provider told us that the people who had been recruited were not care staff and had been recruited to work in the kitchen under supervision with minimum or no contact with people using the service. We confirmed that these staff only worked in the kitchen following discussion with other staff members.

People who used the service told us they received their medication when they needed it. One person said. “I get my tablets when I need them, and staff ask me if I need

anything if I am in pain.” Medication was stored safely in a locked trolley, which was kept in the staff office when not in use. The deputy manager had responsibility for ordering and ensuring medication was stored correctly. We looked at the procedures for storing and administering medication and these followed relevant guidance. Staff spoken with told us that only trained people administered medication.

However, we were concerned that the provider did not have an effective system for ensuring that medicines were administered correctly. Staff adopted different practices in relation to recording when they had given people their medicines and if anyone refused to take their medicines. For example one member of staff did not record when they had administered medicines where as others did. This meant that that these was a risk that people might not receive the medicines as they had been prescribed and that the provider could not be fully assured that they were meeting the requirements of the regulations.

Is the service effective?

Our findings

We spoke with people who told us they found the staff helpful and were available when they needed them. We observed staff throughout the two days and saw that staff were kind and made themselves available to provide support.

Visitors spoken with gave us mixed views about the care their relatives received. One visitor praised the care their relative received saying, "Staff are friendly and they always come quickly if I need help with my [relative]. Another visitor told us, "I am not always able to get hold of anyone in charge. I had concerns that my [relative] was looking dirty and uncared for. I think the problem is there is no manager." We spoke with the provider about relatives needing to speak to someone in charge and they told us they visit the home daily and try to make themselves available during that time.

The home did not have a registered manager and the provider had not ensured that staff received support such as supervision or appraisals. Staff spoken with told us that prior to the registered manager leaving they did receive regular supervision but since the manager had left no one has taken over this role. Care staff told us that there was a good skills mix on each shift. There would always be someone who could administer medication and someone who was first aid trained. Staff said they felt able to meet people's needs.

We looked at the training records and saw that staff had received training for a variety of courses. Staff confirmed they had completed courses to enable them to carry out their role as carer. People we spoke with said they felt that staff knew what they were doing and they were able to meet their needs.

CQC is required by law to monitor the operation of the Deprivation of Liberty safeguards (DoLS). We spoke with two care staff who told us they had received training. In discussion with them they did not fully understand what their responsibilities were to ensure people were appropriately assessed should their liberty be compromised. We were told there was no one using the service at the time of the inspection subject to DoLS.

People's consent was obtained by staff but not always recorded. People we spoke with said that staff asked them if they needed help. One person said, "Staff know how I like

things done." Staff spoken with said they always asked people what help they wanted and provided support according to their wishes. We saw that two people's care records lacked detail in order to effectively assess their capacity and their ability to consent. The previous manager had created their own format to assess a person's capacity but it had not been reviewed for four years. Staff did not have access to up to date information that reflected the person's current needs. There was potential that this person may not have had their human rights protected.

We observed the midday meal. We saw that people were offered a choice of two hot meals. We spoke with four people who used the service. They told us they mostly they liked the food and if they didn't like the choices the cook would make them something else. People told us they had plenty to eat and were offered drinks throughout the day. We spoke with one person who told us they had diabetes. They said, "They always bring me a snack at suppertime so I don't become ill overnight."

Staff told us they brought drinks round at different times of day but if someone wanted a drink they would make them one. One person's care plan indicated they needed two to three litres of fluids a day. However we saw no monitoring of this person's fluid intake. We spoke with staff and they were aware the person needed that much fluid but did not know if this was recorded anywhere. We observed a resident had a glass of juice next to them that remained untouched all day and no one encouraged the person to take a drink. This could have placed them at risk of not having enough fluids to keep them safe.

People told us they could see a doctor when they needed to. One person said, "If I don't feel well they would get the doctor for me, staff have gone with me when I have needed to see the doctor." Staff told us they monitored people's health during the day and if they had concerns would pass this onto the senior who would contact the GP. This was also discussed at the handover so all staff were aware to "keep an eye" on a person. Visitors spoken with also confirmed their relatives saw a doctor when they needed to. One visitor told us, "Since my [relative] has been here they have been so much better, I am glad they are here."

We had received information of concern about poor food storage at the service. We saw that where food needed to be stored in the freezer this was done and food was defrosted according to current good practice guidelines. We found raw meat had been incorrectly stored in the

Is the service effective?

fridge. We brought this to the cook attention who then made arrangements for it to be moved. This ensured that people were not placed at risk from contaminated food.

Is the service caring?

Our findings

People we spoke with were positive about the staff who cared for them. People who used the service did not raise any concerns about the staff. One person said, "I am well cared for, I can't ask for more." Another person said, "I wasn't well when I first moved in, they were very caring. It was good to know they would look after me." Visitors also spoke positively about the care that staff provided. One visitor told us, "Staff are very welcoming, they are friendly, from what I see I think it is wonderful."

We spoke with three staff who were able to describe how they would care for people ensuring they respected their privacy and dignity. We observed staff throughout the inspection and saw that mostly staff were caring and kind. We did observe one carer appear slightly impatient when assisting a person to transfer. When we asked people who used the service if they felt rushed by this carer they told us they didn't. One person said, "It's just her way, she doesn't mean to rush us and she does let us take our time."

We saw that staff were discreet when asking if someone needed help with personal care. We also saw staff sit and talk to people and chat about the upcoming Christmas party. During the Christmas party staff who had been on shift earlier returned to be involved and help people enjoy the festivities, which included karaoke and a buffet. We saw staff welcome family and friends who were coming for the party and there was a relaxed and friendly atmosphere. One visitor told us, "This is a local home and lot of the people who live in the home are local to the area and know the staff."

We saw people being treated with respect whilst in the communal areas. We heard staff offer choices for drinks as well as let them know what was for lunch and then later what was for tea.

Two staff we spoke with were very knowledgeable about the care needs of people who used the service. We saw they were able to provide reassurance to a person who was becoming anxious and support them safely when they wanted to leave the lounge area. People told us staff knew how they liked things to be done. One person said, "I like to have my makeup on and wear my jewellery; the staff help me with that."

Visitors spoken with confirmed their relative received care that supported their privacy and dignity. We were told that staff were always respectful when providing care. One visitor told us, "My friend always looks well cared for, they are always clean and well dressed."

During the day we saw staff communicate with people, they took their time for the person to answer any questions and from their questions it was clear they were assuming the person had capacity to make decisions about their care. We saw them knock on people's door before entering their room and always ensured their dignity was maintained by covering their clothes during meal times so as they did not become stained with food.

Visitors told us they were able to visit at any time. One visitor told us, "Someone from the family comes every day and at different times and we have no problem coming in, we are always welcomed."

Is the service responsive?

Our findings

A person who was seated in a wheelchair was leaning to one side and we saw staff help them sit more comfortably. We saw staff check this person during the day to ensure they remained comfortable.

People told us that the staff listened to them about how they wanted to spend their day. We were told that staff respected their choices such as what time they get up and when they want to go to bed. We were told by a person. "I get up when I want to and go to bed when I want. If I fancy a lie in I can do that as well." Another person said. "Staff listen to me if I need something."

Staff were able to show they knew people in the home. One staff member told us. "A few of us have worked here a long time and we know the residents really well. You can tell if they are having an off day. You just know."

People we spoke with told us that they were able to have their religious needs met. One person said, "If I wanted to see the vicar I could." We saw in two of the three care plans we looked at that people had their religious needs identified and how these would be met. Staff told us that there were arrangements with people from the local church to visit and see people. Staff also told us. "If someone wants to visit the local church we will make arrangements to take them. Where we have people who are Catholic, the local priest visits to give that person Mass."

Visitors we spoke with told us that they had not been involved with their relative's care planning when they first moved into the home nor had they been invited to review the care. People who used the service told us that staff had talked to them about their care plans and plans we looked at showed there had been some involvement of people in the creation of their plans. We saw that some plans had 'life history' information that supported staff in knowing people's personal preferences. A staff member told us. "This is like a family, we treat residents with care."

One person told us. "I am able to choose what I do and where I go, I sit where I want to for meals and they try to

accommodate any preferences I have. Friends visit when they want." We were also told by person. "We used to have meetings in the past but not anymore. We aren't encouraged to be involved in the running of the home. I make my own entertainment as I read. I think they have singers come in. It's hard work if we go out as there are so many of us in wheelchairs. I know they have quizzes but I don't always get told when they are doing them." This could result in people becoming isolated from what is happening within the home.

We found that care records did not always reflect the care that the person received. We saw that a person had said their sleep was disturbed by the light from the hallway. Diary notes indicated that this person was often awake through the night and routinely called staff for help. When we checked the person's room the window above the door which, according to the care plan, should have been covered to stop light getting into the person's room was not covered. We asked staff about this and we were told that they had removed the plastic cover at the instruction of the fire officer. No alternative arrangements had been made to meet this person's need to sleep in a dark environment. As a result the plan indicated the person was often awake during the night and could be challenging. This could place the person at risk of inappropriate care.

The Care Quality Commission (CQC) had received one complaint about the service before we carried out this inspection. We discussed the concerns raised in the complaint with the provider. They were working with the local authority and CQC to make improvements at the home where shortfalls had been identified.

We asked people if they felt able to complain. We received mixed comments about raising concerns. People who used the service said they would feel able to speak to staff or the provider about any concerns they may have and felt confident it would be dealt with. However a visitor said they would not feel comfortable complaining as they had been made to feel a nuisance when they had raised issues in the past.

Is the service well-led?

Our findings

The registered manager left in September 2014 and the service was without a registered manager. The provider had confirmed they had recruited a new manager who was due to start in February 2015.

People who used the service commented to us that they were concerned there was no longer a manager. One person told us. "There is no manager here at the moment. There needs to be one."

Staff told us that they found the provider approachable but since the manager left they had not been able to discuss their future training needs. Staff spoken with knew how to raise concerns and were aware they could contact The Care Quality Commission if they felt the provider had not taken their concerns seriously. Staff said they had team meetings in the past where issues about how to improve the service were raised. However there has been no team meeting since June 2014. This meant that staff were not given the opportunity to raise concerns or discuss any changes in practice.

The last quality questionnaire was carried out by the registered manager before they left in July 2014 and looked at the quality of food, if people were happy with their care and the living arrangements within the home. We found no follow up action plan to show what action needed to be taken as a result of the questionnaire. The provider told us they visited daily and spoke with staff and residents to ensure they were well cared for.

People also said they had not been asked for their opinion of the service nor had they been invited to attend meetings about what was happening in the home. There is potential that the provider may not always know what is happening in the service.

We looked at the audits that were in place to ensure that the service was safe and well managed. We found that since the last registered manager left no audits around maintenance had taken place.

We saw that safety maintenance such as portable equipment testing and chair lift checks had been carried out and ensured that people who used the service were protected from unsafe equipment.

We saw that the deputy manager had carried out an audit of falls that had taken place in the home; this looked at patterns and trends. However there was no action plan to minimise falls for people in the future or what action was taken to protect people who were experiencing a higher number of falls such as referrals to the NHS falls clinic.

Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. We saw that not all incidents that occurred in the home had been reported to CQC. This meant we would not be able to check if appropriate action was taken. We discussed this with the provider who assured us that any future incidents would be reported.

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.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.