

Porthaven Care Homes No 2 Limited

Savernake View Care Home

Inspection report

Priory Court
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Savernake View Care Home is a nursing home in Marlborough providing care for up to 64 people, some of whom live with dementia. Accommodation is provided over two floors which are accessed by a lift and stairs. People have their own rooms and access to communal rooms such as lounges, dining rooms, cinema and activity rooms. On the ground floor people are able to access secure gardens. At the time of our inspection there were 53 people living at the service.

People's experience of using this service and what we found

Prior to the inspection we received whistleblowing concerns about the management approach and people's care and support. We continued to receive concerns during the inspection and shared all of them with the provider. We did not find evidence to substantiate all the concerns, but we did find some areas required improvements. We also received positive feedback about the service during the inspection from staff, relatives and professionals.

Whilst risks to people's safety had been identified, action needed to mitigate risks by monitoring areas such as re-positioning had not always been recorded. Behaviour support plans to give staff guidance on how to support people when they were distressed were not detailed. Staff did not have the training they needed or the guidance to support people when they experienced distressed reactions.

Incidents and accidents had not always been recorded or reviewed to take action to prevent reoccurrence. In addition, actions required such as referring to other agencies or notifying CQC had not taken place in all cases.

People were supported by sufficient numbers of staff but at times there were unfilled gaps on the rotas due to short notice sickness. We have made a recommendation about staffing.

People and relatives told us they thought the service was safe. Staff had been trained on safeguarding but were not all able to demonstrate they understood their responsibilities around whistleblowing. The provider had posters up at the service with information about safeguarding and the whistleblowing policy was available to staff, but we have made a recommendation about this.

Medicines were managed safely; staff had been trained and had their competence to administer medicines checked. However, topical creams were not stored in the medicines room and had not all been dated when opened. The provider took action during our inspection to address this shortfall.

Staff were not always wearing appropriate personal protective equipment (PPE) when needed. The provider had given staff training on using PPE safely and had ample stocks of PPE available. People and staff were being tested regularly for COVID-19 as per the government guidelines.

Visitors to the service had to have a Lateral Flow Test which is a quick COVID-19 check providing results within 30 minutes. Staff screened all visitors checking temperatures and symptoms. Visitors were provided with PPE to wear during their visit.

The home was clean and smelt fresh. We observed windows were open to provide additional ventilation. Staff tried to encourage social distancing and seating had been arranged to promote this.

Quality monitoring systems were not robust and had not always identified shortfalls at the home. We had received whistleblowing concerns about the negative culture at the service and some staff told us the registered manager did seem to treat some staff more favourably. We also received positive feedback about the registered managers approach and management style. We have shared the concerns with the provider to review as part of their management oversight.

People felt listened to and were able to attend meetings. The provider sent out regular emails to relatives to keep them updated with changes to COVID-19 guidance. During the inspection the provider organised listening events for the staff which they told us they would continue to provide.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 30 August 2019).

Why we inspected

We received concerns in relation to people being locked in their rooms overnight by staff, unsafe staffing numbers, poor incident management and concerns about individual staff member's approach. As a result, we undertook a focused inspection and visited the service at 23:00hrs to start reviewing the concerns. We reviewed the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to good governance and failing to notify CQC of significant events at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Savernake View Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Savernake View Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced and the first day started at 23:00hrs.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service, the regional director, registered manager and seven members of staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 16 people's care records and multiple medication records. We looked at six staff recruitment files, maintenance servicing information and health and safety records.

After the inspection

We spoke with a further four people and five relatives about the care and support received. We also spoke with a further 16 members of staff and two professionals who had visited the service. We continued to seek clarification from the provider to validate evidence found. We reviewed training data, quality monitoring records, incident forms and analysis, meeting minutes, policies and procedures.

We met with the nominated individual following day one and spoke with them again following day two. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk management plans were in place, but actions required to mitigate risks were not always recorded. For example, people at risk of constipation or pressure damage were placed on monitoring charts. We found there were gaps in the recording of these, which meant the provider could not be sure the right action had been taken at the right time. This placed people at risk of harm.
- People who experienced distress reactions did not have detailed guidance in place for staff to know how to support them safely. We saw incidents of distress had occurred which had resulted in distress for other people and one member of staff being harmed. Staff also told us they did not feel they had been given enough training to know what to do when people were distressed.
- Systems and processes to manage and review incidents to prevent reoccurrence were not robust. For example, one incident where a person had experienced distress had been reviewed. The learning was for staff to change their approach. However, as staff had little guidance in people's management plans and no strategies to use to deal with challenging situations, this placed people and staff at risk of harm.
- Three people at the service always required a 1-1 member of staff to be with them. We were not able to see risk assessments in place to demonstrate how the provider was managing the risks of this type of care. Two people had agency staff as their 1-1 carer for shifts of 12 hours. This was a long time for one member of staff to be supporting one person. The provider told us the agency did their own risk assessments, but the provider had not obtained a copy for their records or assessed the risks involved for people in their care.

Systems were not robust in assessing, monitoring and mitigating risk relating to the health, safety and welfare of people and staff. This placed people and staff at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- This inspection was carried out as we received a whistleblowing concern that people were being locked in their rooms at night. We found this was not the case as people were able to open doors from the inside by using the handles. People were also able to lock their own doors when they wished.
- During the inspection we continued to receive further whistleblowing concerns about the care, culture and management of this service. The provider, the registered manager and staff told us the whistleblowing concerns were not true and had been sent to us by disgruntled staff. The provider told us they would investigate concerns raised thoroughly and they took all allegations of abuse seriously.
- Some staff we spoke with did not know the process for whistleblowing and did not demonstrate understanding of how to raise a concern outside of the service. The provider told us staff had training on this during their induction and there were posters up at the service to give staff guidance. However, one member

of staff told us they would not report any concerns outside of the service which was a concern for us. We shared this with the provider.

We recommend the provider seek advice and guidance on how to make sure staff understand the process of whistleblowing and that awareness to the policy is refreshed for staff on a regular basis.

- Despite the shortfalls, people and relatives told us people were safe. Comments included, "I have never had any cause to worry that [relative] is safe", "This is a secure establishment; it makes me feel safe" and, "I have my own key to my room, and I can have possessions locked away."

Staffing and recruitment

- We received whistleblowing concerns that there were not enough staff on duty at all times. Staff we spoke with told us there were not enough staff when there was short notice sickness.
- People and relatives told us there was enough staff, but one relative felt the service could be short of staff at weekends. Comments included, "As far as we can see there are lots of staff", "I think that there is enough staff here" and, "The staffing varies, some weekends they struggle with staff."
- On both of our site visit days, staff had phoned in at short notice to say they were sick. The registered manager phoned other staff and agency staff to cover the gaps.
- The provider used a dependency tool to calculate staffing numbers and rotas were staffed according to people's needs. However, short notice sickness had placed a strain on staffing.
- In addition to this there had been longer term gaps on the domestic rotas, which had not been filled with agency staff. Care staff had been asked to carry out domestic duties in addition to their care duties. This placed additional pressures on the care team.
- The registered manager told us short notice sickness was being addressed and recruitment for staff had been successful.

We recommend the provider seeks feedback from people and staff to help calculate staffing numbers in addition to using a dependency tool.

- Staff had been recruited safely. The necessary pre-employment checks had been carried out.

Using medicines safely

- Medicines were managed safely. The service had an electronic medicines system which would alert staff to any discrepancies. Staff had been trained and had their competence checked.
- Medicines were stored safely in the medicines room. However, we saw topical creams were being stored in a different cupboard which was not being checked for temperature. We shared this with the provider who took action to remedy this shortfall. We also saw topical creams had not all been dated when opened, which we shared with the provider.
- People who were prescribed 'as required' medicines had protocols in place to guide staff on how to administer this type of medicine. We observed some required more detail which we shared with the provider.
- People had their own medicines administration record (MAR) and for the ones we reviewed there were no unexplained gaps in recording. People had their medicines as prescribed. One person told us, "I am given my medication regularly and they do not forget me."

Preventing and controlling infection

- We were not assured that the provider was using PPE effectively and safely. We observed two occasions when staff were not wearing the appropriate PPE.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Four incidents of safeguarding had not been reported to the local authority or notified to CQC. Providers are required by law to notify CQC of significant events and incidents of alleged abuse.
- We raised this with the provider who informed us they would complete the notifications without delay. CQC use these notifications to monitor services and failure to complete them does not give an accurate picture of events in a service.

We found no evidence people had been harmed however, the provider had failed to notify CQC of significant events in the service. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

- Other actions required following incidents had not always happened and systems had failed to identify these omissions. In addition to the local authority and CQC not being told about incidents, we also saw an injury to a member of staff had not been reported to the Health and Safety Executive.
- Quality monitoring systems were not effective in assessing, monitoring and improving quality and safety. We found gaps in people's monitoring records and some care plans did not give staff guidance to support people when they were distressed. We also observed two members of staff did not wear the correct PPE which had not been identified.
- All topical creams had not been dated when opened and medicines audits had not identified this. Medicines errors were being recorded on incident forms, but we observed one medicines incident had not been recorded. This meant we were not able to see action taken to prevent reoccurrence. The registered manager told us staff would fill out an incident form for all medicine's incidents going forward so learning could be identified.
- We received concerns that staff were not aware of new admissions in a timely way and did not have information about them to write an accurate care plan. One member of staff told us, "It can be so stressful looking after new residents, we have a brief description about them, we don't know their behaviour traits, we don't have the time to talk about their needs. When new people are coming in we don't know who they are and what their behaviour is."
- We reviewed a person's care plan who had been recently admitted. We found this person had not been added to the home's handover sheets and their care plan contained inaccurate information. The registered manager confirmed this person's needs were not accurately recorded and they would address this. The

provider informed us they would take action to make sure staff were aware of new admissions in a timely way.

Failing to have robust systems in place to assess, monitor and improve the quality and safety of services and to mitigate risks relating to health, safety and welfare of people and staff placed people and staff at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A registered manager was in post and they were supported by a deputy manager. The clinical lead post and head of residential care post was vacant. This placed additional pressures on the management team.
- The registered manager told us they were advertising for the management vacancies and were making use of other staff in the interim. Adjustment had been made to the staffing structure and an additional post of senior care had been created. It was hoped this role would help with medicines and some management duties.
- People and relatives told us the service was well-led, though some did not know the staffing structure in the home. Comments included, "The staff and management are approachable", "We know who the manager is. They have sent us emails regarding the changes and government guidelines" and, "We feel that the home seems to be well led although not sure of the line of command within the staffing. It is not clear who is who, but they seem to know what they are doing."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- This inspection was carried out in response to whistleblowing concerns we received about the service. Part of the concerns were that the registered manager favoured a group of staff and this created a negative culture.
- We spoke to staff about the concerns and whilst they said the culture was not negative, there were some concerns about some staff being treated more favourably. Comments from staff included, "I have seen a click, there are a group of staff who the manager has favoured", "I don't get involved in the gossip that goes on, I will advise them to go to the manager" and "[registered manager] is very nice, she is very helpful, this is the best place I have worked." We have shared the concerns received with the provider.
- The provider assured us they were visible at the service very regularly and they felt staff would approach them with any concerns. The regional director told us they often visited and worked at the home so they could pick up on any issues quickly.
- The service had received many handwritten compliments and thanks about the care provided. People were being cared for by staff who enjoyed their jobs. Staff told us, "I like the feeling you get when you help someone, I like seeing their smile", "Every day is different, I like a busy environment. I have to deal with things, so my days go quick and I don't get bored. This job keeps me going" and "I love the interaction and no day is the same, talking to the residents, hearing their stories, makes me feel like I make a difference."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Prior to the inspection we received concerns that the registered manager had not always addressed concerns raised by staff. Feedback from the staff about the management approach was mixed. Comments from staff included, "I am happy with management, [registered manager] is always there, she supports me", "I will go to [registered manager], she usually responds. I tell her and she will deal with it. It might not be straight away" and "Staff don't want to go to the manager, they think they have already told her, or she never does anything about the concerns."
- We shared the concerns we received with the provider. They organised for senior management to visit the

home and carry out listening activities with the staff. Action to improve staff engagement was identified and a plan put in place to carry out the recommended actions.

- People were able to attend meetings to discuss life at the service and make suggestions for activities and events. There were activity staff employed who took responsibility for organising meetings for people with the registered manager. Comments from people included, "We do have residents' meetings, they ask our opinion and act upon it" and "They ask my opinion and I feel listened to."
- The registered manager had an open-door policy which meant people, relatives and staff could go to see them at any time. In addition to this, the registered manager held listening sessions whereby they put time aside to be available to anyone who wanted to talk with them.
- Relatives were kept up to date with guidance and visiting information by email. One relative told us, "We were informed of the changes regarding COVID-19, and any incidences they would call us and make us aware."

Working in partnership with others

- The service worked in partnership with professionals to make sure people had their health needs met. An advanced practitioner nurse visited weekly to review people's needs. Other professionals such as social workers and specialist dementia teams had also been contacted for support.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	The provider failed to notify the Care Quality Commission of alleged abuse. Regulation 18 (1) (2) (e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to have effective systems in place to assess, monitor and improve the quality and safety of the service, and to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and staff. Regulation 17 (1) (2) (a) (b)