

The Fremantle Trust

Sir Aubrey Ward House

Inspection report

Prospect Road
Marlow
Buckinghamshire
SL7 2PJ

Tel: 01628890150
Website: www.fremantletrust.org

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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

Sir Aubrey Ward House is a residential care home registered to provide personal and nursing care up to 60 people aged 65 and over. At the time of the inspection there were 50 people using the service.

The service accommodates people across four floors each of which has separate adapted facilities.

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

We received mixed views from relatives about the care provided. We also received mixed views from staff we spoke with. However, all stated things were improving since the appointment of the new manager.

We checked food and fluid charts and medicine charts during our visit. We found these were inconsistent and did not always record up to date information. For example, some food and fluid charts we saw did not record the amount of food and fluids people had consumed consistently. Some charts showed people had only consumed one meal throughout the day and fluids were not recorded, some charts recorded people had been offered very little fluid throughout the day. In addition, some charts were blank. Medicine charts were checked by another member of staff who had recorded 'no discrepancies' however, we found this not to be the case. Some signatures were missing, and two people had not received their medicine due to lack of stock. We followed this up the manager at the time of our inspection. The manager confirmed this would be addressed with immediate effect.

Accident and incidents were recorded but not always analysed to enable lessons to be learnt.

The provider had good systems in place to prevent the control of infection and was following government guidance in relation to the Covid-19 pandemic.

Several senior staff had left, and the manager was recruiting to fill these roles. We saw there were adequate staffing levels to meet the needs of people using the service. The manager told us recruitment was ongoing and they were always available to 'help out' when required.

Staff we spoke with told us there had been a culture of poor behaviours of senior staff and not all staff felt able to speak up to voice their opinion about the service. We were told this was being broken down gradually, but there was still a way to go.

The governance systems were not always effective. For example, medicine auditing, food and fluid charts and care plan auditing. However, the provider was in the process of introducing a new computerised system to monitor these systems more robustly.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 April 2019) and there were multiple breaches of regulation. During this inspection we found the provider was still in breach of Safe Care and Treatment and Good Governance.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found sufficient improvements had not been made and the provider was still in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and safe care and treatment. We also needed to check what improvements had been made since the last inspection to address the breaches of regulations. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe and well led only.

We have found evidence that the provider needs to make improvements. Please see the key question safe and well led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

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 remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sir Aubrey Ward House on our website at www.cqc.org.uk.

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 monitor the service.

We have identified continued breaches in relation to safe care and treatment and good governance at this inspection.

Follow up

We will continue to monitor information we receive about the service until we 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 ●

Sir Aubrey Ward House

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 preventative 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 one inspector 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

Sir Aubrey Ward House 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 did not have a manager registered with the Care Quality Commission. However, the person managing the service had applied to become the registered manager. Registered managers 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.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspection. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection-

We spoke with the area manager, the person currently managing the service, the deputy manager, and three members of staff. We also spoke with two visiting professionals who were present during our inspection. We made contact by phone with seven family members following our inspection.

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 each person's medication administration chart, three care plans and additional charts in relation to the care plans. We also viewed records relating to the management of the service.

After the inspection–

We continued to seek clarification from the provider to validate evidence found.

We sought more information after the inspection relating to complaints and training records.

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 requires improvement. At this inspection this key question has remained the same. 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.

Systems and processes to safeguard people from the risk of abuse. Assessing risk, safety monitoring and management. Safeguarding incidents were documented and reported according to current guidance.

At our last inspection the provider had failed to adequately assess the risks to people's health, safety and welfare. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider is still in breach of Regulation 12. We checked food and fluid charts and medicine charts during our visit. We found these were inconsistent and did not always record up to date information. For example, some food and fluid charts we saw did not record the amount of food and fluids people had consumed consistently.

- People were not always protected from risks associated with their care. We saw where people required monitoring of their fluids this was not consistently completed. For example, one person who had a catheter insitu did not have a running total of their output. In addition, their intake was not sufficient to prevent related complications in relation to their catheter and we saw recordings that suggested a potential health issue but there was no evidence that this had been followed up. We discussed this with the manager who told us recording needed to be strengthened and further training was being sourced.
- Where people required their food intake to be monitored due to malnutrition this was inconsistently recorded and on some occasions the charts were blank. For example, some food and fluid charts we saw did not record the amount of food and fluids people had consumed consistently. Some charts showed people had only consumed one meal throughout the day and fluids were not recorded, some charts recorded people had been offered very little fluid throughout the day.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate people were protected from avoidable harm. This placed people at risk. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

The inspection was prompted in part due to concerns received about staffing levels and safe care and treatment.

Recruitment of staff was ongoing we saw sufficient staffing levels during our inspection. We checked the duty rota and found adequate staffing levels were deployed to ensure people received support in a timely manner. We also observed each unit and saw sufficient staffing levels to keep people safe.

Using medicines safely

- People received their medicines as prescribed. However, we found some gaps in medicine records. We checked individual medicine administration records (MAR) and found some missing signatures which was rectified during our visit. However, the daily auditing tool used to check signatures on a daily basis had not highlighted these gaps. The manager told us they were changing the way medicines were administered to strengthen the auditing process.

Preventing and controlling infection

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. We observed staff wearing PPE appropriately. The provider was promoting safety through the layout and hygiene practices of the premises. Guidance for hand washing personal protective and infection control were displayed in the service. The providers infection control prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were recorded when incidents occurred. However, there was limited evidence to demonstrate that analysis of these events had taken place. The manager told us this is something that will be addressed immediately.

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 requires improvement. At this inspection this key question has remained the same. 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.

At our last inspection the provider failed to ensure systems to monitor and improve the quality of the service were effective. Which meant that people were at risk of receiving a poor service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

Staff we spoke with told us there had been a culture of poor behaviours of senior staff and not all staff felt able to speak up to voice their opinion about the service. We were told this was being broken down gradually, but there was still a way to go.

- The provider's systems for identifying and managing risks were not always effective. For example, in relation to people who required nutrition and hydration monitoring these issues were not always identified and addressed in a timely manner.
- We found records of food and fluids were not being maintained and completed as necessary. We checked food and fluid charts and medicine charts during our visit. We found these were inconsistent and did not always record up to date information. For example, some food and fluid charts we saw did not record the amount of food and fluids people had consumed consistently. Some charts showed people had only consumed one meal throughout the day and fluids were not recorded, some charts recorded people had been offered very little fluid throughout the day. In addition, some charts were blank. We checked individual medicine administration records (MAR) and found some missing signatures which was rectified during our visit. However, the daily auditing tool used to check signatures on a daily basis had not highlighted these gaps.
- Audits did not highlight these issues to drive improvements. Issues found at our last inspection such as assessing the risks to the health and safety of people using the service and maintaining accurate records in respect of people using the service had not been improved. This means the provider had not made improvements since our last inspection and the requirements for Safe Care and Treatment and Good

Governance had not been met.

- We found no evidence that people had been harmed however, systems were not robust enough to demonstrate that governance of the service was managed effectively. This placed people at risk of receiving ineffective care. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We had received concerns from whistle blowers before our inspection. They told us management were not approachable and they felt they could not discuss concerns about the quality of care. Staff we spoke with told us "We have had lots of managers over the years at the moment we are breaking the culture here it is a slow process."

We discussed this with the manager during our inspection. They told us they had regular meetings and one to one discussions with all staff where concerns could be addressed.

- Relatives we spoke with gave us mixed responses to the care their relative received. One relative told us, "The general culture had always seemed controlling. Many staff seem uneasy with the new manager and hopefully will start to check and improve their behaviour. Many are manipulative and uncaring. There has been a whole raft of issues..... that showed lack of dignity and respect. I think the new manager has a massive task ahead of her. At the moment certain staff cannot be trusted and are expert manipulators."

- Another relative told us "We all receive a weekly newsletter from the new manager. She's been here for about 2 months. The new manager seems proactive and seems to be introducing different methods, such as getting key workers more involved with relatives. I don't see what's going on in mum's unit now, but mum tells me that things are good, and she is happy."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care.

- Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The manager was familiar with this requirement and was able to explain their legal obligations in the duty of candour process. We saw examples of apologies made when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- The provider had engaged with people using the service, their relatives, representatives and staff around changes made to manage the risks associated with the Covid-19 pandemic. This had included changes made to manage risks associated with the pandemic. This had included changes to visiting and infection prevention and control in line with Government guidance.

- We saw evidence that the provider worked with external agencies such as health and social care professionals to help meet the needs of people using the service.

- Relatives confirmed they had been consulted about their family members care. One relative told us, "Residents meetings have taken place via Zoom meetings since the new manager started about two months ago. This new manager seems to have an open approach and wants to hear if there are any concerns. She regularly emails us all with information updates. There was very little information coming through before

this new manager started".

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not assess the risks to the health and safety of people using the service. The provider did not ensure records were completed for people at risk of dehydration and malnutrition.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not maintain accurate and contemporaneous records in respect of each service user. The providers auditing tool was ineffective.</p>