

Valorum Care Limited

John Masefield House - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

John Masefield House is a residential care home providing personal and nursing care for up to 22 physically disabled adults. There were 22 people living at the service at the time of the inspection.

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

The service was not well-led. The provider did not have effective systems in place to monitor and improve the service. There had been significant changes in the management of the service which had resulted in poor leadership and oversight. Everyone was complimentary about the new home manager and the positive changes that had already been made as a result of them joining the service.

Risks to people were not always assessed and managed to ensure action was taken to mitigate risks. This included risks associated with the use of equipment, eating and drinking and diagnosed health conditions. We were not assured that the provider had implemented effective infection control systems to ensure people and others were protected from the risks associated with COVID-19. Systems in place did not ensure the safe management of medicines. Health and safety measures in place in the environment did not always ensure people were safe.

There were sufficient staff to meet people's needs. However, the service relied on a significant amount of agency staff which impacted on people's care.

Relatives did not always feel that communication through the COVID-19 pandemic had been effective and told us arrangements to keep relatives in touch with loved ones had been sporadic.

People did not always receive food and drink to meet their needs. We received mixed feedback about the quality of food. However, we received positive feedback about the new chef who had recently joined the service.

Care plans were not always up to date and contained conflicting information relating to people's care needs and how these should be met. However, care plans did include person-centred information that enabled staff to know people well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Where people were supported by staff who knew them well, people were treated with dignity and respected as unique individuals. However, some staff did not always treat people with respect. People were involved in decisions about their care and supported to access advocacy services.

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

Rating at last inspection

This service was registered with us on 6 August 2019 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement published on 10 July 2018.

Why we inspected

The inspection was prompted in part due to concerns received about lack of equipment, impacting on people's quality of care and lack of leadership and provider oversight of the service. A decision was made for us to inspect and examine those risks.

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 coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, and well-led sections 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 risks to people's safety and the effectiveness of management systems to keep people safe.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from 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.

Special Measures:

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than

12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

John Masefield House - Care Home with Nursing Physical Disabilities

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 a specialist advisor with a specialism in neurological conditions. An Expert by Experience made telephone calls to relatives. 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

John Masefield 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.

Notice of inspection

We gave a short period of notice of the inspection to check whether anyone in the service had tested positive for COVID-19 or had symptoms of the virus.

What we did before the inspection

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 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 sought and reviewed information from the provider relating to the management of the service. We reviewed some parts of four people's care plans.

One inspector spoke with nine members of staff by telephone and the Expert by Experience spoke with eight relatives by telephone.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service. We spoke with seven members of staff including the home manager, quality lead, team leader, nurses, activity staff and the chef.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek further evidence relating to the management of the service. We spoke with one professional who visited the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were not always assessed and managed safely. One person had bed rail protectors on their bed rails that had been identified as not safe to use. These were still in place on the day of the inspection. No risk assessment or management plan had been completed.
- Where people were assessed as requiring equipment to reduce risks, equipment was not always used effectively. Pressure mattresses were in place to reduce the risk of pressure damage. These were not always set appropriately for people.
- People were not always supported in line with their care plan to ensure risks associated with eating and drinking were managed. One person's care plan identified they required a specific consistency of food. This had changed following a review by a health professional. Staff were not aware of the changes and the person was not receiving the correct consistency of food to meet their needs.
- People did not always receive support to ensure that risks associated with diagnosed health conditions were met. One person required compression wraps applied daily to manage their condition. The person did not have the wraps applied on the day of the site visit and staff were not aware the person required the wraps to be applied.
- Concerns raised with CQC prior to the inspection identified that people did not always have access to appropriate equipment to ensure their care needs could be met. This included access to safe and appropriate moving and handling equipment which resulted in some people having to remain in bed. The provider was working with health professionals to identify and obtain appropriate equipment for people. However, at the time of the inspection people did not always have access to appropriate equipment.
- Systems to manage the health and safety of the environment were not always effective. The provider had a legionella risk assessment but had not ensured that actions identified from the assessment had been taken. There was not a competent person appointed to ensure that all risks relating to legionella were being mitigated and to ensure that monitoring was regularly taking place.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure risks to people were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Risks relating to infection control were not always effectively managed. There were no cleaning records for people's rooms. Cleaning staff told us they did not record this.
- Infection control audits had not been completed on a regular basis during the COVID-19 pandemic. Infection control audits did not monitor the systems and processes that should be in place to manage the

risks relating to COVID-19.

- Individual risk assessments had not been completed for staff or people using the service to identify the risk levels in relation to contracting COVID-19.
- There were no clear plans in place to identify how risks relating to the spread of infection would be managed in relation to the environment. There were no zoning and cohorting plans in place in advance of any outbreak.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure risks relating to infection were managed effectively. This placed people at risk of infection. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were somewhat assured that the provider was using PPE effectively and safely. However, we observed one member of staff who removed their mask when speaking with a person within a two-metre distance.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for people using the service and staff.

Using medicines safely

- There were no effective systems in place to ensure that medicines were managed safely. There had been no medicines audits since July 2020.
- Where issues were identified, policies and procedures for medicines recording errors had not been followed.
- Systems to ensure all staff administering medicines were competent were not always effective. Despite several medicines' errors, agency staff did not have their medicines competency assessed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure medicines were managed effectively. This placed people at risk of infection. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff administering medicines followed good practice guidance when administering medicines.
- Where people were prescribed medicines 'as required', there were protocols in place with clear information to guide staff when the medicine may be required.

Learning lessons when things go wrong

- Systems to monitor accidents and incidents were not always effective and did not enable accidents and incidents to be monitored for trends and patterns.
- An incident record had not been recorded on the provider's monitoring system. The form was not fully completed and there was no record of any action taken to mitigate the risks of a reoccurrence.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate accidents and incidents were effectively monitored and reviewed. This placed people 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

- People and relatives told us people were safe. One relative said, "I don't think there is any risk at all."
- Staff had completed safeguarding training. Staff had a clear understanding of their responsibilities to identify and report any concerns relating to harm and abuse. One member of staff told us, "If I had a safeguarding concern then I would first inform my team leader, I also know that I can raise directly with the safeguarding team."
- The provider had policies and procedures in place to ensure people were protected from harm and abuse, this included notifying outside agencies appropriately. Records relating to safeguarding concerns were not always complete. We spoke to the home manager who was taking action to review the safeguarding records.

Staffing and recruitment

- People and relatives were concerned about the number of agency staff supporting people. One person told us, "New one [agency staff] every day it seems." One relative said, "There is only one member of staff there that I still recognise. There are no local members of staff left. They use a lot of agency staff."
- We spoke to the provider and home manager about the lack of permanent staff. They told us they were actively recruiting. The provider had recognised the difficulty of recruiting staff due to the rural location and was looking at ways to overcome this difficulty.
- The home manager told us they worked closely with the staffing agency to ensure continuity of staff where possible. Staff rotas showed that there was consistency of agency staff.
- Staff told us staffing had improved. One member of staff said, "I used to feel rushed and stressed, but recently I don't, I think staffing has improved massively."
- The provider had effective recruitment processes in place which supported safe recruitment decisions. This included pre-employment checks to ensure staff were suitable to work with people living at the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- People did not always receive food and drink in line with their care plans. Information about people's dietary needs made available to catering staff was not up to date.
- People were given a choice of meals. A member of the catering team told us people were asked each morning what they would like. Menus were not available in alternative formats to meet people's individual communication needs. However, staff who knew people well were able to identify what food people liked.
- Relatives were not always complimentary about the food. One relative told us, "Chefs have been in and out. Some of the food has been diabolical. There is a new [chef] who has just started. She introduced herself to me on Monday, she wants to cook what people like. Which is a good sign."
- On the day of the inspection people appeared to enjoy their meals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and regularly reviewed. These were used to develop individualised care plans.
- Care plans reflected current guidance. For example, care plans detailed people's oral health needs and how those needs should be met.

Staff support: induction, training, skills and experience

- Staff told us they had access to training and supervisions. One member of staff told us, "I feel supported and have supervision. We have opportunities to discuss how things are and any training we need."
- Staff had completed a range of training that gave them the skills and knowledge to meet people's needs.
- The provider ensured that agency staff had completed appropriate training before allowing them to work in the service. Agency staff completed an induction process when they first worked at the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed people were supported to access health professionals when required. However, records were not always updated to reflect professional guidance given.
- The service worked with specialist health professionals to support people to manage specific conditions.

Adapting service, design, decoration to meet people's needs

- Some areas of the service required decoration and refurbishment. The home manager had recognised this

and was working with the provider to develop a refurbishment programme.

- The provider had identified an area of the service to be refurbished to enable a COVID-19 secure internal visiting space where relatives and friends could visit people safely inside.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had completed training in MCA and understood how to support people in line with the principles of the act. One member of staff told us, "We must always assume capacity and work in the best interests of people we support."
- DoLS applications had been made appropriately to ensure any deprivations were legally authorised.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were not always treated with dignity and respect. We saw one person had requested support with personal care. A member of staff walked away from the person without responding to their request or explaining whether they would be returning to support them.
- The provider had not ensured consistent leadership which impacted on the culture at the service. Staff told us the culture was improving.
- People were encouraged to be independent and we observed people moving freely around the service where they were able.
- Relatives felt people were treated with dignity and respect. One relative told us, "Yes, yes whenever they change [person] they shut the curtains. They knock on the door."

Ensuring people are well treated and supported; respecting equality and diversity

- We saw many examples of staff treating people with kindness and compassion. Staff who had worked at the service for some time clearly knew people well. There was a positive atmosphere with people and staff enjoying cheerful banter.
- Most staff valued people as individuals and ensured they considered people's individual needs when supporting them. One member of staff told us of the importance of considering individual needs when planning care and gave detailed examples of how support was tailored to ensure people were supported in the way they chose.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions to ensure care was provided in line with their wishes. One relative told us, "They [staff] talk to [person] and tell them what's happening. [Person] likes to be involved that way."
- Relatives told us they were involved in decisions and that care reviews were carried out regularly.
- The service identified when people may benefit from the support of advocacy services and had arranged for independent advocates to be involved to ensure people's voices were heard.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were disorganised and difficult to navigate to find the information which was most current and relevant. The manager told us they planned to review care plans and re-write them in a more easily accessible format.
- Care was not always being delivered in line with guidance contained within care plans.

There had been a failure to ensure there was an accurate, complete and contemporaneous record for each person using the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some care plans contained detailed person-centred information about people's life histories, needs, preferences and wishes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a range of activities. There had been no trips out during the COVID-19 pandemic, which were missed by people. The activity staff worked with people to try and identify ways to keep them engaged and avoid isolation.
- People and relatives did not feel the provider had done enough to enable people to keep in contact with loved ones during the COVID-19 pandemic. One person told us, "Out there it's so cold I worry I might get pneumonia. They say because of Corona we can't have visitors inside." Relatives comments included; "We can sit in the covered area. I can sit and talk to [person]. I am allowed one visit a week only. I am not happy about that. I have suggested that they partition off a communal area" and "We Face Time every week. The communication was not great from the home. They could have done better."
- Following the inspection, the provider told us they were adapting an area inside the service to enable relatives and friends to visit safely.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans identified people's communication needs. However, this information was not always up to date.

- Staff we spoke with were knowledgeable about people's communication needs. One member of staff told us, "We've had training on the intensive interaction, and we do it once or twice a week."

Improving care quality in response to complaints or concerns

- Complaints were recorded. However, there was not always a record of the outcome of the complaint and what action had been taken to resolve issues raised.
- The provider was in the process of implementing a new complaints policy and procedure which would ensure all complaints would be logged. It would also enable the provider to keep an overview of progress and outcomes of all complaints.

End of life care and support

- Some care plans contained advance care plans identifying people's wishes. However, these were not available in all care plans.
- Some care plans contained DNACPR (Do Not Attempt Cardiopulmonary Resuscitation). These identified that they had been discussed with people and their relatives where appropriate.

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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider had failed to ensure there were effective systems in place to monitor and improve the service. There had been no audits completed since July 2020, this included audits relating to health and safety, care plans, medicines and infection control. Systems introduced to monitor pressure mattresses were not effective.
- There had been several managers at the service since the provider registered in August 2019, which had resulted in poor and conflicting management. A relative said, "We have had some not so good managers, and interim managers. One [manager] was so harsh all the staff left. Now we have the new one." One member of staff told us, "Every time a new manager comes, they have different ideas. Sometimes the residents don't feel included in decisions. Previously we've had a manager and deputy who said different things to [person] (about their condition). We just need continuity."
- The provider had failed to keep oversight of the service which resulted in the concerns raised with CQC and this inspection.
- The provider did not have effective systems in place to monitor the service and ensure people were safe. Systems had not identified the issues found during the inspection.
- Systems for learning from incidents and accidents were not effective. The provider's system had not been completed since July 2020. This meant the provider could not review the system to identify what could be learnt from incidents and accidents.
- These issues have not been a result of the impact of COVID-19.

There had been a failure to effectively assess, monitor and improve the service to ensure people were safe. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was new manager in post who had been appointed shortly before the inspection. Everyone we spoke with was aware of the new manager. Staff were positive about the manager. One member of staff said, "[Manager] is new to the role, but already I feel she is making a difference. The culture is definitely improving."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives had little confidence in the provider and felt the provider had not been open and honest about the situation within the service. Comments included; "Something at the home has gone horribly wrong. There are hints about CQC and local authority being involved. A bit of honesty to the families would be good. Since the beginning of the year most of the long service staff have left" and "The place has lurched from one disaster to the next. They [provider] have made unfortunate decisions with new managers. When they have lost a lot of the staff [provider] says nothing. They seem to be working to conceal something. It is a desperate upsetting situation. Things have got worse."
- Staff also felt that it was difficult to trust what they were told due to the significant management difficulties the service had encountered. One member of staff said, "With so many changes it's hard for staff and people to trust anybody."

The provider had not ensured effective communication to enable feedback about the service to be shared and acted upon. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All relatives we spoke with had been contacted by the new manager who had introduced themselves and given contact details should anyone have concerns they wished to raise.
- A quality assurance questionnaire had been sent to all people using the service and relatives. A member of the management team told us the completed questionnaires had been returned and would be analysed and an action plan developed to ensure improvements were made based on feedback.

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

- The provider was aware of their responsibilities under the duty of candour regulation.

Working in partnership with others

- The provider was working closely with health and social care professionals to improve the service and resolve issues raised that resulted in this inspection.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that risks were assessed and managed to ensure people received safe care and treatment. This included risks associated with medicine management, infection control, use of equipment and environmental risks.</p>

The enforcement action we took:

We issued a warning notice.

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 failed to ensure effective systems were in place to monitor and improve the service. The provider had not done all that was practicably possible assess, monitor and mitigate the risks to the health safety and well-being of service users. The provider had failed to ensure an up to date, accurate care record was kept for all service users.</p>

The enforcement action we took:

We issued a warning notice.