

Larchwood Care Homes (North) Limited

Sowerby House

Inspection report

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Sowerby
Thirsk
North Yorkshire
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Tel: 01845525986

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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

Sowerby House is a residential care home providing personal care for younger adults and older people who may be living with a physical disability or dementia. The service is registered to support up to 51 people in one adapted building. Thirty people were using the service when we inspected.

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

People were at increased risk of harm because infection prevention and control practices were not always safe and effective. Good practice guidance had not been followed to help minimise risks relating to COVID-19. The provider's audits had not identified and addressed the issues and concerns we found.

Management were approachable and responsive to feedback. They acted in response to our concerns to make improvements to help keep people safe. We will check and make sure improvements continue and are sustained at our next inspection.

Staff were safely recruited, and enough staff were on duty to meet people's needs. People provided positive feedback about the service and the kind and caring staff. The registered manager was approachable and responsive to feedback addressing any issues or concerns people had.

People had a choice of meals and felt staff provided good support to help make sure they ate and drank enough. However, records relating to people's food and fluid intake did not always provide a clear picture of the support provided and we spoke with the provider about reviewing these.

Medicines were managed and administered safely.

Staff understood how to identify and report safeguarding concerns. Risk assessments were in place to guide staff on how to safely meet people's needs. The registered manager reviewed all accidents and incidents to identify any actions that could be taken to prevent a similar thing happening again.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was Good (published 1 August 2018).

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about the management of people's medicines, support with meals and drinks, staffing and infection prevention and control practices. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with infection prevention and control practices, so we widened the scope of the inspection to become a focused inspection which included the key questions of Safe and Well-Led only.

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.

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 infection prevention and control practices and governance. You can see what action we have taken at the end of this full report.

Follow up

We requested an action plan from the provider to understand what they would 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 ●

Sowerby 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 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 one inspector.

Service and service type

Sowerby 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 had a manager registered with the CQC. This means 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

The first day of our inspection was unannounced; we told the provider we would be visiting on the second day.

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.

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 this information to plan our inspection.

During the inspection

We spoke with four people who used the service, and five members of staff including the registered manager, deputy manager, regional manager and care workers.

We reviewed a range of records. This included recruitment records, medicine records and people's care plans and risk assessments. A variety of records relating to the management of the service, including audits and policies and procedures were also reviewed.

After the inspection

We received further evidence by email and continued to seek clarification from the provider to validate evidence found. We made telephone calls to gather people's feedback about the service. We spoke with four people who used the service, three members of staff and received feedback from three health or social care professionals about their experience of the care provided to people.

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 comprehensive inspection this key question was rated 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 an increased risk people could be harmed.

Preventing and controlling infection

- People were not adequately protected against the risk of infection. Staff did not always use PPE effectively and safely.
- There was a risk staff would spread infections as they did not consistently follow good hand hygiene practices when supporting people.
- PPE was not stored safely to minimise the risk of it becoming contaminated before staff used it.
- Staff had not followed the provider's policy and procedures to minimise the risks associated with visitors to the service and of staff spreading infections.

Although there had not been a COVID-19 outbreak at the service, these failures in infection prevention and control practices put people at increased 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.

- The provider took immediate action in response to our concerns including delivering additional training, completing spot checks on staff's practice and making improvements to how PPE was stored. We will monitor progress to make sure improvements continue and are sustained.

Assessing risk, safety monitoring and management

- People felt safe living at Sowerby House. Feedback included, "I am very pleased to be here, it is the most comfortable of all the places I have been" and "It's a clean and comfortable home, and very caring."
- People's needs were assessed, and risk assessments used to provide guidance to staff on how to safely meet their needs.
- People gave positive feedback about the choice, availability and support provided with meals and drinks. One person said, "We get some lovely food - sometimes it is better than others, but you always get enough to eat and drink." However, food and fluid charts did not always provide a clear record of the support provided to help make sure people ate and drank enough.
- Health and safety risks were monitored and managed to help make sure the environment and equipment used was safe.

Using medicines safely

- People were supported to take their prescribed medicines. Medicines were securely stored, and records kept of medicines administered.
- Staff had been trained on how to safely administer people's medicines. Competency checks were used to

make sure they understood and followed good practice guidance.

- We spoke with the registered manager about reviewing records and ensuring there was a clear audit trail relating to unused medicines waiting to be returned to the pharmacy.

Learning lessons when things go wrong

- The registered manager reviewed all accidents and incidents to identify any patterns or trends. This helped make sure appropriate action was taken to keep people safe and prevent a similar thing happening again.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff trained to recognise and respond to any safeguarding concerns.
- Safeguarding concerns were reported to and investigated by the local authority's safeguarding team when necessary.

Staffing and recruitment

- People were supported by safely recruited staff. Appropriate recruitment checks were completed to help make sure suitable staff were employed.
- Enough staff were deployed to safely meet people's needs; although people said they sometimes had to wait for support at busy periods. A person explained, "The staff help as quick as they can. If you press your bell you don't have to wait very long. If they can't help you straight away they come in to check you are ok before coming back."
- The registered manager monitored staffing levels and had a system in place to help make sure sufficient staff were deployed to meet people's needs.
- Agency staff were used where necessary to help maintain safe staffing levels.

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 meant the service management and leadership had been inconsistent and not always supported the delivery of safe, high-quality care.

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

- The provider's quality assurance processes had not been effective in monitoring the quality and safety of the service in relation to IPC practices.
- The provider and registered manager had failed to ensure good practice guidance had been fully embedded and followed to reduce the risk of people catching and spreading COVID-19.

The failure to ensure robust IPC practices were in place and followed was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- The provider and registered manager were responsive to feedback and acted to make improvements in response to our concerns.
- Effective audits were used in other areas to help monitor the quality and safety of the service. For example, health and safety audits were used to make sure the environment was safe.

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

- Staff were observed providing kind and caring support to meet people's needs. People praised the overwhelmingly kind and caring staff. If there were concerns, people felt listened to and that their concerns were addressed. A person told us, "The carers are so kind, and they never complain."
- People and staff told us management were approachable and supportive. Feedback included, "The people in charge are always nice and kind, and they talk to you and sort things out."
- Staff praised the teamwork and communication. One member of staff explained, "[Registered manager's name] is very approachable – they are the best manager I have worked under. I can go to them at any time they are brilliant."

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 registered manager understood their responsibility to be open, honest and apologise to people if things went wrong.

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 17 HSCA RA Regulations 2014 Good governance Systems and processes had not been established and operated effectively to assess monitor and mitigate risks relating to the health, safety and welfare of service users. Regulation 17(1)(2)(b).

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider and registered manager had not done all that is reasonably practical to assess and mitigate risks relating to preventing, detecting and controlling the spread of infections. Regulation 12(2)(a)(b)(h).

The enforcement action we took:

We issues a Notice of Decision to impose conditions on the provider's registration.