

Prime Care (UK) Limited

Sylvan House Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Sylvan House Residential is a 'care home' providing accommodation, nursing and / or personal care for up to 20 younger and older adults; some of whom lived with dementia. At the time of the inspection 18 people were living at the home.

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

Inadequate and ineffective quality assurance and overall governance measures meant that the provision of care people received was compromised. Quality performance measures were not effectively in place, areas of risk were not safely managed, and regulatory requirements were not complied with.

Routine audits, checks and risk management tools were not completed. We were not assured that overall assurance and governance measures were effectively monitoring the quality and safety of care people received.

People did not always receive a safe level of care and areas of risk were not robustly monitored, reviewed or safely managed. Care records did not always contain the most relevant information, care plans were not regularly evaluated and areas of risk were not regularly assessed.

Not all infection prevention and control (IPC) measures and arrangements were robustly in place. We were not assured that the transmission of COVID-19 was effectively managed. However, the provider was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Due to the current pandemic, staffing levels caused some difficulties for the provider. Staff shortages meant that routine care staff were often allocated to domestic and kitchen duties and high numbers of agency staff were being used. We have made a recommendation regarding staffing levels and improved recruitment procedures that need to be considered.

People told us they felt safe living at Sylvan House; staff were familiar with the safeguarding procedure. However, we identified that only five out of 13 care staff had completed safeguarding training.

Safe medication practices were in place. However, we identified that topical cream storage required improvement and not all staff medication competency assessments had been completed. Medicines were administered in accordance to their administration instructions, 'as and when' (PRN) medicine procedures were in place and controlled drugs were safely managed.

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 'good' (published 19 July 2019).

Why we inspected

We initially carried out an unannounced IPC outbreak; this was to follow up on IPC arrangements and to follow up on concerns we had received in relation to the provision of care being delivered. However, additional concerns were identified and it was agreed that the inspection would be expanded, as a result we conducted an unannounced focused inspection.

We undertook a focused inspection due to the concerns we identified around IPC, staffing, safe care and treatment and good governance as well as additional information of concern we received. We reviewed 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.

We looked at IPC 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.

The overall rating for the service has deteriorated to 'requires improvement'. This is based on the findings at this inspection. We found evidence that the provider needs to make improvements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sylvan House Residential Care Home 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 have identified breaches in relation to safe care and treatment and good governance. Please see the action we have told the provider to take at the end of this report.

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 meet with the provider following the publication of this report to discuss how they will make changes to ensure they improve their rating to at least 'good', we will request an action plan to understand what they will do to improve the standards of quality and safety and we will work with the 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Sylvan House Residential 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 prevention and control measures in place. This was conducted so we could 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

Sylvan House Residential is a 'care home'. People in care homes receive accommodation, nursing and / or personal care as a single package under one contractual agreement. The Care Quality Commission (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

We gave a short period notice of the original IPC inspection due to the COVID-19 outbreak and measures that needed to be in place for our visit. However, once the inspection was expanded to a focused inspection, no announcement was made.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return prior to this inspection. 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. We used all of the information we received to plan our inspection and formulate a 'planning tool'.

During the inspection

We spoke with the five people who lived at Sylvan House, five relatives about their experiences of care their loved ones received, the registered manager, six members of staff and two external professionals.

We also spoke with the nominated individual / provider who is also responsible for supervising the management of the service.

We reviewed a range of records including three people's care records, multiple medication administration records, and three staff personnel files in relation to recruitment. We also reviewed a variety of records relating to the management and governance of the service, including policies and procedures.

After the inspection

We continued to review evidence that was sent remotely as well as seeking clarification from the provider to validate evidence found. We looked at audit and governance data, as well as infection prevention and control policies and procedures. We also informed the local authority of the concerns and areas of risk we identified.



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 'good'. At this inspection this key question has 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

- Assessment of risk, safety monitoring and management measures were not always in place. People were exposed to unnecessary risk and safety was compromised.
- Care records did not contain the most up to date information and risks was not effectively monitored or assessed. For instance, one person who was at risk of falls had not had their falls risk assessed since June 2020 and another person did not have relevant mental health care plan or risk assessment in place.
- There were systems and processes in place to manage and mitigate risk, but these were not being completed by staff. For instance, weight charts, repositioning charts, waterlow and nutritional assessments were not always being completed as per guidance.
- Environmental health and safety checks were not always being completed. For instance, monthly window restrictor checks, fire safety checks and call alarm checks had not been completed for a period of time.

We found no evidence that people had been harmed. However, people were exposed to risk and their safety was compromised. 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 responded immediately after the inspection. They confirmed how areas of concern were being addressed to ensure people were protected from harm.

- Regulatory compliance certificates were in place.
- People, relatives and staff told us safe care was provided. One person told us, "I love it here now."

Preventing and controlling infection

- IPC arrangements and procedures were not always in place.
- COVID-19 screening arrangements were not complied with. Visitors and professionals were not asked to complete COVID-19 declaration forms and temperature checks were not routinely taken.
- Cleaning schedules were not accurately being completed by staff and cleaning schedules for frequently touched areas were not in place.
- Staff completed weekly PCR tests. However, we were not provided with evidence that staff were engaged in the required LFD testing programme.

We found no evidence that people had been harmed. However, people were exposed to risk and their safety was compromised. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social

The provider responded immediately after the inspection. They confirmed how areas of concern were being addressed to ensure people were protected from harm.

- Staff were observed wearing the appropriate PPE and PPE stock levels were well managed.
- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Staffing and recruitment

- Recruitment measures were in place however COVID-19 had impacted staffing levels.
- Staff were safely recruited into their positions and the appropriate pre-employment and criminal record checks were in place. However, not all required documentation was found in personnel files. This was raised with the provider during the inspection.
- Staff sickness and a number of vacancies meant that staffing levels were impacted. Routine care staff were often allocated to domestic and kitchen duties and a high number of agency staff, who were often unfamiliar with the service were being utilised.
- Staff told us, "We're run off our feet but we try our best."

We recommend the provider considers their current recruitment programme to ensure there are appropriate staffing levels in the event of emergency situations.

Using medicines safely

- Safe medicine management procedures were in place.
- Medication administration training and competency assessments were taking place. Although competency assessments needed to be completed for two members of staff.
- Although oral medicines were appropriately stored, topical creams needed to be safely locked away in people's bedrooms. This was brought to the providers attention on the day of the inspection.
- Medicine temperatures were routinely monitored, controlled drugs were countersigned by two members of staff and 'as and when' (PRN) protocols were in place.
- Medication administration records (MARs) contained all medications that should have been administered and MAR stock balance checks were accurate.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- Systems and processes to safeguard people from the risk of abuse were in place. However, we identified not all staff had completed safeguarding training.
- An accident and incident reporting procedure was in place. However, it was not always clear if lessons were learnt or if improvements had been recognised.
- Staff explained their understanding of the safeguarding procedures and the importance of protecting people from harm.
- All four people told us they felt safe living at Sylvan House. One person said, "I feel safe and well looked after." All five relatives expressed that they felt their loved ones received safe care.

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 'good'. At this inspection this key question has deteriorated to '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 failed to ensure effective quality assurance processes were in place. Therefore, risk management and regulatory compliance was not consistently achieved.
- Inadequate governance and quality assurance measures meant that the quality and safety of care was not effectively assessed, monitored and risk was not always mitigated. For instance, care record audits, medication audits, IPC audits and health and safety audits were not being completed and therefore improvements were not being identified.
- Breaches of regulation meant that the provider was not clear about their regulatory responsibilities and was unable to demonstrate their compliance with CQC's fundamental standards. The registered manager and staff were not always clear about their roles or responsibilities.
- An 'action and improvement' plan was devised in April 2021. However, this did not contain any of the concerns we identified and did not provide assurances that quality monitoring and governance measures were effectively in place.
- The lack of managerial and provider oversight within the home meant that the quality and safety of care was compromised, and the expected standard of care had deteriorated.
- Records and evidence we reviewed was often out of date, inconsistent and did not reflect current compliance. For instance, the training matrix was not up to date, did not reflect training staff had completed and did not provide assurances that there was effective oversight.

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

- We were not always assured that an empowering, positive, person-centred, approach to care with good outcomes for people was being achieved.
- Areas of risk were not effectively monitored, the support needs of people were not being evaluated and people's health and well-being was not routinely assessed.
- We could not be assured that people always received a tailored level of care that was centred around their current support needs. Outdated and inconsistent care record information meant that people potentially received care that was no longer relevant.

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

- People, staff and the public were not encouraged to get involved in the planning or provision of care being

delivered; there was no evidence to support how feedback helped to enhance or improve the quality of care people received.

- The provider confirmed that 'resident' meetings did not take place and quality surveys were not circulated.
- There was no systematic process in place to capture or respond to complaints, views or suggestions about the quality and safety of care.
- The provider confirmed that staff meetings were taking place. However, we were not provided with any evidence of meeting minutes or discussions held.

We found no evidence that people had been harmed. However, the provider failed to ensure there were effective governance and quality assurance measures in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. They confirmed how areas of concern were being addressed to ensure people were protected from harm.

- Following the inspection, the provider submitted an updated action plan to demonstrate how they were going to address the concerns that were identified.

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.

- Duty of candour responsibilities were complied with.
- Relatives confirmed that effective communication had been maintained and staff regularly contacted them to discuss any significant information.

Working in partnership with others

- The home worked in partnership with other external agencies and professionals.
- People received care and support from external professionals such as continence teams, community nurses, district nurses and local GP's.

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 failed to ensure that people routinely received safe care and treatment; the quality and safety of care was compromised and people were exposed to risk.</p>

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure that effective governance and overall quality assurance measures were in place. The provision of care was not effectively assessed or monitored, risks were not always mitigated and improvements were not being addressed.</p>

The enforcement action we took:

Warning notice was issued