Mrs Bimla Purmah

# Angel Court Residential Care Home

## Inspection report

Manor Road Precinct
Walsall
West Midlands
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Tel: 01922633219

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11 September 2017

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## Ratings

| | |
|---|---|
| Overall rating for this service | Inadequate |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service well-led? | **Inadequate** |

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 20 and 21 June 2017. The service was rated as inadequate overall and was placed into special measures. A number of breaches of legal requirements were found at the inspection. On the 18 July 2017 we served the provider with two warning notices.

The first warning notice was served for a failure to comply with Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. We found the provider had an inconsistent approach to the assessment and recording of risk, failed to ensure the safe management of medicines and did not have sufficient care workers available to keep people safe. The provider was given until the 18 August 2017 to demonstrate compliance with the regulation.

The second warning notice was served for a failure to comply with Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance. We found the provider had ineffective systems to improve the quality of the service and ineffective audits. The provider was given until the 1 September 2017 to demonstrate compliance with the regulation.

On 11 September 2017 we undertook an unannounced focused inspection of the service to check the progress that had been made by the provider to meet the legal requirements in respect of the key questions of Safe and Well-Led. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Angel Court Residential Care Home on our website at www.cqc.org.uk".

At this inspection, we found that the provider had made improvements. We concluded that the legal requirements in respect of the breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as referred to in the warning notice, had been met. We were however unable to conclude that the provider had improved sufficiently to meet the legal requirements in respect of the breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Angel Court Residential Care Home provides accommodation for up to 25 people who require personal care. On the day of this inspection there were 25 people living at the home. A number of the people at the service lived with dementia, frailty and physical disabilities.

There was a registered manager in post who was also the provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the Service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At this inspection the registered manager was unavailable. We were assisted by the newly appointed manager, who we were informed would be applying to become the registered manager of this service.

We found there had been an improvement to the way risks were assessed and managed. Care workers had received clear instruction regarding reporting and recording incidents which enabled appropriate changes to be made to people's care plans to reduce risk.

People told us they felt safe at the service. We found changes had been made to the building to improve safety for people and reduce the risk of infection identified at our last inspection.

The provider had restructured staff rotas to enable sufficient care workers to be available to meet the needs of people, and to protect them from harm, throughout the day and night.

The provider had begun to assess and record people's capacity to make decisions, and where required considered best interest decisions for people. We found however that concerns identified at our last inspection, and in the warning notices served regarding the use of covert medication had not been fully addressed. The new manager informed us the matter would be dealt with as a matter of urgency.

People received sufficient amounts of food and drink for their health and wellbeing. Each person had a risk assessment completed for nutrition to allow their weights to be monitored and kept within safe levels.

The provider had maintained a record of safety checks undertaken at the service, and the equipment used by care workers when providing personal care had been tested.

The provider had introduced new systems and processes to improve and monitor the quality of the service however insufficient time had elapsed since our inspection in June 2017 to determine if the changes would be able to sustain improvement at the service.

The overall rating for this service has been determined to be inadequate and the service will therefore remain in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their 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?

**Requires Improvement**

The service was not consistently safe

People felt safe and were supported by care workers who were aware of the need to report concerns which could place people's safety at risk, however we found some care workers safeguarding training was not up to date.

The provider had introduced a new system to assess risks to people, however further improvement was needed to ensure all risks were reduced.

The lack of effective best interest decisions in respect of the management of covert medication for some people created a risk and may infringe their legal rights.

### Is the service well-led?

**Inadequate**

The service was not well-led.

There was insufficient evidence to demonstrate that the provider was fully involved with the changes required and had a plan to improve the service.

The new systems introduced by the new manager to monitor the quality of care and improve the service had not been in place for a sufficient period to meet the requirements of the legislation.

# Angel Court Residential Care Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook the unannounced focused inspection of Angel Court Residential Care Home on 11 September 2017 to enable us to check the improvements that had been made by the provider to meet legal requirements following our comprehensive inspection of the service on 20 and 21 June 2017, and the subsequent service of two Warning Notices both dated 18 July 2017. The inspection was also prompted in part by a need to ensure people were receiving safe care and treatment because of safety concerns identified at the provider's other residential care home.

We inspected the service against two of the five questions we ask about services. We considered whether the service was Safe, and whether the service was Well-Led. This is because the service was not meeting legal requirements in relation to those questions.

The inspection was undertaken by two inspectors.

Prior to this inspection we reviewed the information we held about the service. We also considered information received from the local authority commissioning team following their recent inspection of the service.

At the visit to the home we spoke with two people who lived there, three care workers and the recently appointed manager for the service. We observed specific interactions between people and care workers around the service and viewed the building environment. We also looked at minutes of a resident and families meeting, the minutes of a care workers meeting, four people's care records, two recruitment files,

staff training records, and audits conducted by the provider.

Requires Improvement

# Is the service safe?

## Our findings

At our comprehensive inspection in June 2017 we found the provider had an inconsistent approach to the assessment and recording of risk, had failed to ensure the safe management of medicines and did not have sufficient care workers available to keep people safe. This was a breach of the Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had made improvements to meet the requirements of Regulation 12(1) described above.

At our last inspection we found that risks to people's safety and well-being had not always been consistently assessed or reviewed. At this inspection we reviewed the care plans of the people we had identified at risk at our last inspection, and the care plans of people whom we had received notifications about following incidents at the service. We found that all of the care plans contained risk assessments with clear guidance to care workers, and the provider had taken action to reduce the risk to the people. We identified however that in respect of one of the risk assessments undertaken following care workers being unable to enter a bedroom, the options to prevent reoccurrence had not been fully considered. The manager acknowledged that consideration could have been given to rehanging or replacing the bathroom door in the bedroom which had prevented care workers from being able to enter the bedroom. The manager confirmed the matter would be discussed with the provider to determine if changes could be made to prevent similar risks throughout the building.

At our last inspection people and care workers expressed concerns about the numbers of care workers available at night and the potential risk this created for people. The manager told us that following a discussion with the registered manager extra hours had been offered to existing care workers to increase the number of care workers available at night. The new arrangements had commenced on 07 August 2017. The manager told us, "I spoke to all care workers and some have agreed to do additional hours these are mostly people who were already doing shifts. The two new care workers being employed will also work nights during the week and at weekends." Throughout this inspection we saw that sufficient care workers were available to assist people. We also saw that regular checks were being made on people who remained in their room during the day to ensure they were safe and to reduce any potential feeling of isolation.

The management of medicines including the completion of medication administration records (MAR) sheets and medicine audits was identified as a concern at the last inspection. The new manager told us that they had introduced a two weekly audit and had ensured senior care workers knew they had responsibility to check MAR sheets they completed and those from the previous shift. The manager confirmed the errors had been reduced. The people we spoke with did not identify any concerns with the way their medicines were administered. We were not able to assess at this inspection if the changes made would sustain the current improvement in medicine administration.

At our last inspection we were concerned that people's legal rights may have been infringed because they had received medicines covertly without clear evidence of a best interests decision being made. At this

inspection we found that there had been an improvement in the consideration of people's mental capacity and the need for best interests decisions where they did not have the capacity to make their own decisions. However in respect of the people receiving medicines covertly the failings identified at our last inspection had not been remedied. We informed the manager of our concerns that the current judicial guidance for giving people medicines covertly may not have been followed. The manager agreed to contact the GP on 12 September 2017 to confirm the best interests decision and the instructions for giving the medication covertly had complied with the judicial guidance.

People we spoke with confirmed they felt safe at the service. One person told us, "It's ok here, there's no place like home, but for me it's nice." Another person told us, "I feel safe here; I don't have anything to be concerned about." Although the care workers we spoke with understood how to recognise and report suspected abuse we saw that safeguarding training for half of the care workers employed by the provider may not have been up to date. There was therefore a risk that other care workers may not appreciate their safeguarding responsibility. The manager confirmed that all of the care workers identified had been spoken to and had been requested to complete the required training by 18 September 2017.

Prior to this inspection we had received an unsubstantiated concern that some care workers had commenced working with people at the service before they had completed all of the pre-employment checks. The manager informed us that they had been the only person employed by the service since our last inspection. We saw their recruitment file contained pre-employment checks and references which had been obtained before commencing work at the service. We saw however that in another recruitment file the care worker had commenced work on a full time basis without a current Disclosure and Barring Service (DBS) certificate. The DBS is a national agency which keeps records of criminal convictions; a clear certificate helps providers reduce the risk of employing unsuitable staff.

The manager confirmed that the omission had been identified on a recent audit. Two other care workers were also identified as commencing employment without a current DBS certificate. The manager told us the DBS certificates for all three of the care workers had been received and there were no issues of concern evident. We reviewed the DBS certificate for the care worker we identified which confirmed there were no issues of concern. The manager confirmed the registered manager had been informed about the failure to obtain DBS certificates and DBS applications for the employees currently being recruited had been made.

Inadequate

# Is the service well-led?

## Our findings

At our last inspection in June 2017 we gave the service an overall rating of inadequate and placed it into special measures. Amongst other issues of concern we found the provider had ineffective systems to improve the quality of the service and conducted ineffective audits. This was a breach of the Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had not been able to demonstrate it had improved sufficiently to ensure on-going consistency to meet the requirements of Regulation 17(1) described above.

We saw that the provider had displayed a notice with the rating from our last inspection in the reception area of the service. The manager was appointed on 31 July 2017 and told us that a meeting had been held with people and their relatives on the 05 August 2017. The meeting discussed the inspection report and inadequate rating and explained what actions were being taken to improve the service. However we were uncertain the meeting had been effective. One person we spoke with told us, "I wasn't aware there were any concerns about here, for me it's fine, I like it here."

We reviewed the notes from the meeting. We saw the registered manager and the manager had informed the people who attended the meeting about planned refurbishments to the building, the intended improvement to audits undertaken, and the increase to the number of care workers on duty at night. The manager told us there were no concerns or issues raised from people or their relatives regarding our inspection rating and the provider's planned improvements to the service.

We also reviewed the minutes from the provider's meeting with support workers on 04 September 2017 which discussed the actions to be taken to improve the service. The manager told us care workers were given clear instruction about the expectations required from them to help improve the service. The manager confirmed, "I only want care workers here who want to work with the home and make improvements." All the care workers we spoke with were happy with the changes being made to improve the service. The manager informed us however that a number of care workers had left the employment of the provider following the changes because they were not prepared to alter their previous work practices.

At this inspection we requested a copy of the provider's plan for improvement to establish the actions they intended to take, time scales for completion and what would be achieved by the changes. Although an improvement plan is not required by legislation it was reasonable to expect actions to be taken to be recorded to demonstrate sustained improvement and to support the service's removal from special measures status. The manager informed us the provider had not supplied an improvement plan for the service.

At our last inspection we identified a number of improvements required to the general fabric and environment of the home to make it more suitable for people living with dementia and to improve infection control. We saw that the provider had taken some action to address these issues. The provider had redecorated most of the bedroom doors. People had chosen their favourite colours to enable them to

recognise their rooms. We also saw the provider had introduced some dementia friendly signage in the corridors to help people move around the building. The carpet which we identified as a potential hygiene risk at our last inspection had been replaced by vinyl flooring in communal areas, both upstairs and downstairs.

Prior to this inspection we had received a notification from the provider concerning a potential intruder trying to get into the building at night. The manager told us safety measures had been increased, "All ground floor windows are shut, and doors are closed at night. People sign in and out and night care workers have been advised that two people are to take rubbish out or leave it until morning." We also saw that new switches and alarms had been added to fire doors preventing people opening the doors without assistance. At our last inspection we found people had been able to leave the building in the early hours of the morning without the knowledge of care workers. The changes to the fire doors should reduce the reoccurrence of this potential risk to people.

All the care workers we spoke with were happy with the changes made and the approach taken by the new manager. A care worker told us, "The new manager has made a positive difference; the manager bases themselves in the lounge…the manager is aware of what's going on." The manager told us, "I inform the registered manager about what changes I am implementing, the registered manager wanted me to be leading the change with their guidance. I told the registered manager that there needed to be structure and lines of responsibility. I now inform the senior care worker first about changes and I observe how they pass the message through to care workers. Feedback should come back in the same way unless it is urgent. Before this change the registered manager was getting every query."

Following the employment of the manager new audits for the service had been introduced. We requested a copy of the list of audits the provider wanted to be undertaken each month; the manager told us the provider had not supplied one. At our last inspection we had concerns regarding medication audits. The manager told us about introducing a new process," Medication audits are planned to happen every two weeks. The senior care workers who give out medication have to check their own entries and those from the previous day. Any discrepancies should be reported to me." We found however that the issue regarding the legality of giving medication covertly to three people identified at our last inspection had not been considered as part of the audit.

The manager confirmed other audits were taking place which included care worker competency and training, care plan monthly audits, mattress and equipment audits and health and safety audits. The manager informed us that their mattress audit had identified concerns with some of the mattresses currently in use. Discussions were taking place with the registered manager and community supplier of the mattresses to get replacements.

We asked the manager about the audits taking place regarding food hygiene. The most recent local authority food hygiene inspection concluded the service required improvement. The manager told us about the actions taken, "The kitchen was deep cleaned, the store cupboard was cleaned, and nothing is now kept on the floor. There is a folder with instructions for staff, for example where food should be kept, and when to check temperatures. My intention is to check myself every Monday if the instructions are being followed. The care workers on duty in the kitchen should be checking and telling me if daily kitchen tasks not done." We saw care workers using the folder to record tasks undertaken. The provider was also in the process of trialling a new food supplier giving wider choice and removing a need for a cook because the food was ready prepared and cooked from frozen." People we spoke with were positive about the changes made, one person said, "I enjoyed my lunch, very nice." We saw people appeared to enjoy their lunch and most finished the entire serving. One person was seen to be enjoying a culturally appropriate meal.

At our last inspection we found that the provider had not always completed appropriate notifications about incidents that had taken place. A statutory notification is a notice informing CQC of significant events and is required by law. Prior to this inspection and following the appointment of the new manager we received notifications which were appropriate and sent to us at the right time. We reviewed the audit of information held by the provider following the outcome of safeguarding referrals to the local authority. We saw the audit only contained the outcome for the last referral to the local authority, the other 11 incidents; some dating back to 2016 did not have an outcome recorded. The manager confirmed the registered manager would be asked to clarify the outcomes for the other incidents and to confirm appropriate action had been taken in response to the outcome.

We were concerned that the manager had not been given an overall improvement plan for the service. We asked the manager how long the changes introduced would take to be consistently applied by care workers. The manager told us, "I think it may take another four to eight weeks to bring everything [the changes] together." We challenged the manager's timescale for completion of the all the changes required to meet the regulations. The manager reiterated the timescale was achievable. We will consider the improvements made at our next inspection.

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<br><br>Our comprehensive inspection in June 2017 identified significant concerns regarding the governance of the location. Theses concerns related to ineffective audits which failed to identify risks to people and ineffective processes to improve the service. At this focused inspection a new manager had been engaged and new audits and processes introduced, however it was not possible to determine if the changes would produce sustained improvement. The provider had delegated responsibility to the new manager to make the necessary changes but had not provided clear instruction what was needed to be done to meet the fundamental standards. We remained concerned that the provider was not sufficiently involved in the process to achieve improvement of the service. |