Shaw Healthcare (Group) Limited

Turn Furlong Specialist Care Centre

Inspection report

Off Rookery Lane
Kingsthorpe
Northampton
Northamptonshire
NN2 8BZ

Tel: 01604850800
Website: www.shaw.co.uk

Date of inspection visit:
09 September 2019
11 September 2019
12 September 2019

Date of publication:
01 November 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Turn Furlong is a respite and rehabilitation service providing personal and nursing care to 39 people aged 65 and over at the time of the inspection. The service can support up to 51 people across separate wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia.

People's experience of using this service and what we found
Doors within the service were not kept secure. This meant people were able to access areas where they were exposed to the risk of harm. Storage of clean and used equipment and people's belongings was disorganised. This meant people were not protected from the risk of infection.

There were not enough staff to meet people's needs. The provider used a large proportion of agency staff who were not familiar with the service and did not receive sufficient support from permanent staff to carry out their role safely. People did not receive their medicines on time.

There were some systems in place to monitor the quality of the service however these were not effective in identifying areas for improvement. The provider had not identified the issues we found during inspection. When there were problems, the manager did not always deal with them appropriately or work to reduce the likelihood of recurrence.

Care records did not always contain details of all aspects of people's care and support needs. Risk assessments were not always completed as soon as people arrived at the service and were not always updated as people's needs changed.

People and their relatives were not involved in the planning and delivery of their care, and feedback was not regularly asked for or acted upon. Staff were not encouraged to be actively involved in service development.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff worked in partnership with the local authority and health and social care professionals.

Appropriate recruitment checks took place before staff started work. Staff received sufficient training to enable them to carry out their roles effectively. People and relatives spoke positively about care staff.

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

Rating at last inspection

The last rating for this service was good (published 22 February 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to the safety of the environment and infection control, staffing and governance.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for 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.

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 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?

Requires Improvement

The service was not always well-led.

Details are in our Well-Led findings below.

Turn Furlong Specialist Care Centre

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.

Inspection team
The inspection was carried out by two inspectors, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Turn Furlong Specialist Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission although a temporary manager was in post at the time of inspection. This means that only the provider was legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with 14 people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the manager, nurses, care workers and kitchen staff. We spoke with four professionals who regularly visit the service.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now 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

● Throughout the building, people had access to areas where they were exposed to risk. For example, very hot water in sluice rooms and other areas was readily accessible as staff did not ensure these areas were locked. Chemicals and other items including medical supplies were not stored safely. People living with dementia or confusion due to ill health could access these areas and be at risk of injury.

● People's records did not always contain clear accurate information about the risks posed to them. Care plans did not always inform staff how to provide care that mitigated known risks, for example when people were at risk of falls.

● People's risks were not assessed as their needs changed. Staff shared information about changes to people's needs during handovers but these changes were not always reflected in records.

The provider failed to assess the risks to people using the service and failed to ensure they were doing all that was reasonably practicable to mitigate such risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

● The provider used a lot of agency staff. This meant people did not receive care from staff who were familiar with them or the service. For example, we saw that agency staff did not know where to find personal protective equipment which is essential to protect people from the risk of infection. One person told us, "There seem to be agency staff at night who don't have the dedication that day time staff do."

● There were not enough staff deployed to provide people with their care. Relatives told us, "Staff here are overworked" and "I don't think there are enough staff, it's hard to see any member of staff to talk to when I'm visiting, there's nobody about." Staff told us they were so busy they often forgot to complete tasks or fill out paperwork. A visiting professional told us, "The level of staffing here is poor. [Staff] just don't have time to think about people. They aren't doing the assessments for rehab because there is not enough staff."

● There were not enough staff to ensure call bells were responded to in a timely manner. People told us, "There is a lack of staff, if you press the call bell it can take up to 10 to 15 minutes before they come," "I've had to wait up to half an hour before someone has come to answer my call bell" and "I don't think there are enough staff, they had to leave me during a wash as they had to attend a call bell, they did put a towel over me."

The provider failed to ensure suitable numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of people using the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff were recruited using safe recruitment practices. All employees' Disclosure and Barring Service (DBS) status had been checked. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Preventing and controlling infection

● People were exposed to the risk of infection through poor practice in relation to the use and storage of equipment. Slings were not allocated for people's sole personal use and we saw used slings left draped over hoists. We saw a used crash mat and slings stored alongside spare clothing for people, a wash bag including an uncovered toothbrush and medical equipment.

● Peoples' rooms and shared spaces looked clean and were free of odour. We saw the provider had responded to concerns about ineffective cleaning of the environment.

Using medicines safely

●People often received their medicine late, including medicines which should be administered during specific time frames. We saw that one morning medicine round took four hours to complete. This meant people waited to receive their pain relief and other medicines.

● Staff did not explain to people what medicines they were being given. People told us, "I don't know what medication I'm taking, they just come and give me them," "Someone came in this morning and gave me a tablet but I haven't a clue what it was for," and "I don't know what I'm taking medication for, there hasn't been any discussion."

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

● Records relating to previous safeguarding concerns were incomplete or missing. This meant the manager was unable to evidence action that had been taken.

● Staff received training in safeguarding vulnerable adults and the provider's safeguarding policy provided guidance for staff. However, staff had not always acted in accordance with their responsibility to protect people from the risks of harm and abuse.

Requires Improvement

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were not always assessed before they started using the service to ensure staff understood people's needs and preferences. One person told us, "I don't get told anything, they don't discuss my treatment with me and I don't know what my care plan is or if I've got one in place."
- When assessment documentation had been completed, all aspects of a person's needs had been considered including the characteristics identified under the Equality Act and other equality needs such as peoples religious and cultural needs.
- Staff used evidence-based tools to assess people's risks and needs, for example falls risk tool, however these were not always kept up to date.
- When appropriate, staff assessed people's ability to prepare hot drinks and light meals themselves in preparation for leaving the service.

Staff support: induction, training, skills and experience

- Agency staff were not always given a thorough induction and those working for the first time after induction were not always able to shadow permanent staff who knew about the people they were caring for.
- New permanent staff shadowed experienced staff to gain an understanding of the organisation and their roles.
- Staff completed a range of training and attended regular refresher training to ensure they provided care and support according to best practice.
- Staff received supervision and guidance to support them in their roles. Staff told us their manager was supportive.

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

- People were assessed for their risks of malnutrition and dehydration. Staff referred people to their GP and dietitian where they were identified as at risk.
- People did not have access to equipment to suit their needs, for example specialist cutlery or crockery. This meant staff had to offer support even when people were able to eat independently.
- When people chose to eat in their rooms, meals were brought late and staff did not clear plates until the next meal arrived. This meant that people were not eating at regular mealtimes.
- People enjoyed the meals staff prepared. People told us, "The food is lovely, we have a choice that they come round and get the day before. It's always nice and hot but sometimes there is too much food," and "I'm happy with the food, there is a lot of it."

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

● People were supported to access healthcare professionals, however, sometimes there was a delay in referrals. People told us, "Since I've been in here I've only seen one kind of physio person who watched me walk up and down with the walking frame. I don't know if I'm to see anyone again, I haven't been told," and "I haven't seen anyone to do with exercise and I came in here last week."

● Staff referred people to their GP or other medical services when they showed signs of illness.

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

●Due to the nature of the service, people were not expected to stay for extended periods of time. As a result, bedrooms were plain and without personalisation. Shared areas were functionally decorated.

● The manager told us of plans to improve the dining areas which were small and awkward for people to move around, particularly when using mobility aids.

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.

● Staff assumed people had the capacity to make decisions, unless they assessed otherwise.

● Some people who used the service lacked the capacity to consent to care and treatment. There was not always evidence of mental capacity assessments or their outcomes.

● The manager confirmed no people using the service were currently subject to any restrictions to their liberty under DoLS, despite there being a secure door to the unit for people living with dementia. Previous applications had been submitted appropriately.

Requires Improvement

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were not involved in the planning of their care. People told us, "I'd like to know when they plan to send me home as this seems to be the last place until I go home but I've not had any discussions on what is happening," "I don't know anything about care plans. I didn't know I would be upstairs for four weeks then moved downstairs. I just assume it's one step closer to getting home" and "I haven't had any information and I'm not asked for opinions on anything."

Respecting and promoting people's privacy, dignity and independence

- People's information was not stored securely. Doors to staff offices containing people's computer and paper records were left open. We saw that when they were shut staff were unable to gain access as they did not know the key codes. We found records of previous patients stored in filing cabinets and bags in areas that were not secure.
- Staff supported people to maintain their dignity. One person told us, "They pull the curtains when I'm getting changed and always knock on the door when they want to come in" and "The staff always knock on the door even if it's open and call out to come in."
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. One person, "I can have a wash when I want, [staff] try to encourage me to do it myself but they are on hand if I need them."

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

- People told us most staff were kind and friendly. One person told us, "The staff are lovely and friendly, they chat to me."
- Staff took pride in people's progress and spoke positively about the people they cared for. One staff member told us the best thing about working at the service was, "It's rewarding, you can learn a lot from elderly people."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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

● People and their relatives were not involved in creating and updating their care plans. One person told us "I was promised someone would come and talk to me about my emotional state but I haven't had anyone come to see me. I wasn't given any information when I came here and I wasn't informed." One relative said, "When [person] was moved here from hospital we were told there would be a copy of the discharge plan to pick up here. The office [at Turn Furlong] said they only had one copy, I asked for a copy of it and I'm still waiting three days later. There haven't been any discussions about a care plan, what medication [person] is on and why."

● People's care plans were not always completed until they had been at the service for some days. This meant staff were unable to be sure of people's needs and preferences for their care.

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.

● Information was available in range of formats, for example, easy read or alternative languages. We saw a song sheet for people to read during a musical activity was available in large print.

● Care plans detailed information on people's communication needs, including what they found difficult and alternatives forms of communication staff could use.

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

● There was a day room on the ground floor which contained art and craft equipment. Entertainment and other activities were arranged for people to take part in if they chose.

● Relatives were welcome to visit and spend time with people. We saw that visitors with young children and pets were encouraged and catered for.

Improving care quality in response to complaints or concerns

● Record keeping in relation to complaints was inconsistent. Staff had not clearly documented whether action had been taken in response to concerns.

● There was no evidence that complaints or concerns were analysed to reduce the chance of recurrence.

●People and relatives were unsure of the complaints procedure but said they would speak with staff if they had any concerns.

End of life care and support

- The service was not supporting anyone at the end of their life at the time of inspection.
- When people had made decisions about advanced care, this was recorded in their care plans.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was no registered manager in place when we inspected. The provider has since applied to the Care Quality Commission for a new manager to be registered.
- The management team carried out some audits and checks however these were irregular and had failed to identify any of the concerns we found during the inspection.
- The manager had not analysed data relating to people suffering falls, to identify trends and reduce the likelihood of recurrence.
- No audits or quality checks were in place to monitor call bell response times. The manager was not honest with us when we asked about this.
- There was no guidance to tell staff which doors to keep locked. There was no door check policy in place to ensure the manager checked that areas were kept secure.
- There was no evidence the manager had carried out analysis of staff turnover and agency usage to identify any trends or action that could be taken to reduce this.

The provider failed to have systems in place to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- We saw that although the provider used questionnaires to seek feedback from people who used the service, action wasn't taken to analyse or follow up on the information gathered.
- The manager did not promote an open positive culture. People and relatives did not know who the manager was. Staff told us they had not been listened to when they had raised concerns.
- The atmosphere was not person-centred. Care plans were listed by room number, rather than people's names. Posters containing 'rules' for visitors and instructions about incontinence aids were on display throughout the building.

Working in partnership with others

- Information was not always shared when people were admitted to or discharged from the service. People

told us they didn't understand why they were at Turn Furlong, or how long for. Staff told us people often arrived and staff had no information about their needs

● There was a good working relationship with professionals such as social workers and physiotherapists who regularly visited the service. One visiting professional told, "Staff here are very comfortable at calling us, we are familiar to them."

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 responsibility to keep people informed of actions taken following incidents in line with duty of candour.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure people were protected from the risk of harm

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have systems and processes in place to monitor and improve the service

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure sufficient numbers of suitably qualified and experienced staff were employed to meet people's needs.