Leonard Cheshire Disability

Seven Rivers - Care Home with Nursing Physical Disabilities

Inspection report

Hall Road
Great Bromley
Colchester
Essex
CO7 7TR

Tel: 01206230345
Website: www.lcdisability.org

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'A registered manager is a person who has registered with the Care Quality Commission 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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

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 were put at risk because their medicines were not consistently managed safely.

There were sufficient numbers of qualified, skilled and experienced staff to meet people's needs.

The provider operated a safe and effective recruitment systems to ensure that the staff they employed were skilled and of good character.

We found the environment within the care home to be in need of refurbishment and decoration.

Is the service effective?

Good

The service was effective.

Staff received training that was appropriate to meet people's care and support needs. Staff had regular opportunities to update their care practice including nurses clinical professional development.

Risk to people's intake of adequate nutrition and hydration had been minimised. People's likes and dislikes had been assessed and received a choice of snacks and meals.

Is the service caring?

Good

The service was caring.

Staff were attentive to people's needs. Staff were kind and thoughtful in their interactions with people.

Staff supported people to express their lifetime goals, aspirations and plan towards achieving them.

Is the service responsive?

Good

The service was responsive.

People received care and support that was personalised and

responsive to their needs.

Care plans were informative and documented the support people needed and how they wished it to be provided.

People were supported to pursue their leisure activities and hobbies according their personal wishes and preferences.

Is the service well-led?

Requires Improvement

The service was not consistently well led as the provider did not operate effective systems and processes to proactively monitor the quality and safety of the service provided, on a regular basis. This meant there was a lack of business planning which would clearly summarise the organisations aims and objectives with well-defined plans for continuous improvement of the service.

All of the staff and people we spoke with were all complimentary about the culture of the service and the management team support they were provided with.

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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.

This inspection took place on the 11 March 2016 and was unannounced.

This inspection was carried out across both the residential care with nursing home and the supported living service to people living within 14 flats in a separate location.

The inspection was carried out by two inspectors and one 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. Our expert by experience had experience of providing care to a relative.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service such as statutory notifications. Providers are required to notify the Care Quality Commission about events and incidents that occur.

During our inspection we spoke with seven people living at the service, four visiting relatives, eight care staff across both services, two nurses, the supported living service coordinator and the registered manager. Some people were not able to communicate their views of the service to us and therefore, we observed how care

and support was provided to some of these people.

The records we looked at included four people's care records, records in relation to management of people's medicines, staff training, staff recruitment and quality and safety monitoring of the service across both the care home and supported living service.

Requires Improvement

Is the service safe?

Our findings

We looked at how information in medication administration records and care notes supported the safe handling of people's medicines both within the care home with nursing and the supported living service.

We looked at the storage, medicine administration records and care notes for five people who lived across both the care home and the supported living service. People had their prescribed medicines stored securely. Where staff were responsible for the administration of people's medicines within the care home this had been recorded within their plan of care. This included an assessment of risk, a profile describing the medicines prescribed, the reasons for prescribing and with guidance provided for staff and with actions to reduce any risk identified. For example, people diagnosed with Epilepsy the service had implemented an 'Epilepsy rescue treatment protocol'. This described the diagnosed Epilepsy seizure types, and where the use of buccal midazolam was prescribed. Buccal midazolam is usually prescribed "as and when required" ('PRN') medication for prolonged seizures and as part of an emergency intervention care plan for the prevention of status epilepticus or to lessen the duration of prolonged cluster seizures.

The manager told us that they along with nursing staff carried out regular audits of medicines management. We reviewed these audits and found that they were used to identify the omission of staff signatures within administration records and checks that the correct codes were used. However, these audits did not identify other medication errors in relation to checks on the balance of stock against the medication administration records and checks for out of date medicines. Where we carried out an audit of stock against medication administration records in the care home, we found multiple stocks of medicines which did not balance with the amount of stock remaining. Shortfalls we found when conducting a balance of stock against medication administration records had not been identified by the provider in their audits. This meant we were not assured that people had received their medicines as prescribed.

We reviewed the medication for one person residing in the supported living service whose medicines were administered from a monitored dosage system. We found additional unaccounted for and out of date loose medicines stored alongside medicines currently in use. When asked staff were not clear as to what arrangements were in place for the disposal of this person's medicines. The provider's medicines management policy stated, 'Usually it will be the individual's responsibility to organise and ensure that old, out of date, or unused medicines are returned to the pharmacy. Some people may require support with this and this should be recorded in their personal plan'. However, we found that their care plan did not contain any description of any arrangements in place for the disposal of their medicines. We also noted that the supplying pharmacy medication administration charts were not being used and another chart had been hand written. This contained gaps in staff signatures without any explanation as to why this person's medicines had not been administered. We also found the provider's medicines audit had not identified the shortfalls we found. This meant that the provider could not be assured that they had taken action to mitigate the risks to inadequate management of people's medicines and neither assured that people received their medicines as prescribed.

This demonstrated a breach of Regulation 12(1)(2)(a)(b)(g) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

We discussed out findings with the registered manager who immediately produced an action plan which included a revised audit of medicines to include a regular audit of stock. They also scheduled meetings with staff responsible for the administration of medicines to discuss discrepancies found at this inspection and plans to improve the systems for managing people's medicines.

We found during our inspection that there was personal protective equipment available for staff use, and cleaning schedules in place for staff to record when they had carried out specific cleaning tasks. The main kitchen was clean and systems were in place to evidence health and safety checks had been carried out to prevent the risk of infection and to help keep people free from harm. However, we found the environment within the care home to be in need of refurbishment and decoration. Action had not been taken to ensure there was a schedule in place, reviewed and updated to evidence planning for refurbishment and redecoration of the premises and renewal of furniture and fabric. Many of the doors and walls in people's rooms and communal areas were found to have sustained damage as there was limited space for the movement of wheelchairs and hoists. Several rooms throughout the service were in need of decoration and replacement of flooring and furniture. One bathroom had peeling wallpaper which presented as an infection control hazard. There had been a programme of some window replacement but it was not known when the other windows throughout the building would be replaced. Outside window frames, soffits and facia were in need of attention with peeling paint exposed woodwork.

The registered manager told us that the passenger lift used to enable people access to their rooms upstairs was not fit for purpose in enabling people who may otherwise do so with a push button mechanism to move around the service independently. People relied on staff to be present to support them as the lift doors were large, heavy concertinaed doors which the majority of people could not access independently from a wheelchair. This limited people's freedom of movement. The registered manager told us that previous plans to redecorate and refurbish the premises had been abandoned and they were not aware of any updated proposed refurbishment plans in place with timescales.

This demonstrated a breach of Regulation 15 (1)(c)(d)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Everyone we spoke with told us they felt safe living at the service and with all the staff who supported them with their personal care. One person told us, "The care here is good, I am fine and yes I feel safe here." One person comparing their experience of living within a previous care home said, "I feel so safe here, so much more secure here." Another told us, "If I did feel unsafe the staff would listen and support me if I needed help." A relative told us, "The staff take time to get to know people and what they need. I am confident [my relative] is safe living here."

Staff demonstrated a good understanding and awareness of the different types of abuse and described to us how they would respond appropriately where abuse was suspected. Staff had been provided with training in the local safeguarding protocols and actions they should take to safeguard adults from abuse. One member of staff told us, "We are a close knit team, if anyone did not treat people right they would stick out here, we would not put up with abusive behaviour of any kind. We would report it immediately."

The registered manager had evidenced incidents where they had taken steps to report to the local safeguarding authority when they had concerns about the safety and wellbeing of people. This

demonstrated that staff and the registered manager had the required knowledge and would take action to protect people from avoidable harm and abuse.

People told us that they had been consulted during the assessment of risks associated with their care and treatment. Risks to people's safety had been assessed. Risk assessments had been personalised to each individual and covered areas such as the risk of choking, inadequate intake of food and hydration, safe moving and handling and risks associated with the management of people's medicines. There were also risk assessments in relation to environmental risks.

People told us they were confident and reassured that they would receive consistency of care and be supported by staff who were aware of their needs. There was a low turnover of staff with many staff having worked at the service for a significant period of time.

Staff described how staffing levels were adjusted according to people's changing needs. They were able to describe to us how people's needs were reviewed and where allocated care packages for people living within the supported living flats were increased in response to people's changing needs and kept under review. People, staff and relatives told us that there were sufficient numbers of staff deployed throughout the day and night to meet the needs of the people who used the service. One staff member told us, "We work well as a team and try to cover for staff absence from within the team. We try to avoid agency usage as we know how important it is for people to have consistent care."

We looked at staff recruitment records where we found that these showed that the provider had carried out a number of checks on staff before they were employed. These included checking their identification, health, conduct during previous employment and checks to make sure that they were safe to work with older adults. We were therefore satisfied that the provider had established and operated recruitment procedures effectively to ensure that staff employed were competent, assessed as safe to work with people who may be vulnerable and had the skills necessary for the work they were employed to perform. People told us they had been involved in the selection and recruitment of staff as part of a panel involved in the interviewing of candidates. This they told us helped them feel their opinions were valued and they were an important part of the decision making process.

Good

Is the service effective?

Our findings

People told us they were satisfied with the care and support they received. One person living in the residential care service told us, "The level of care is really high here." Another said, "Staff are brilliant, they take time to get to know you and are very knowledgeable of my needs" A relative told us, "The staff appear to be very well trained. The atmosphere is always relaxed, calm and staff appear to be in control of what they are doing. They understand [my relative's] needs, they are friendly and very supportive."

Staff told us, "This is a good place to work and many of us have been here a long time. We are given lots of training and if someone comes to live here with a health condition we have not known about they give us training to help us understand how to support people with that condition." Another told us, "This is a friendly caring place with a good team of staff who focus on the needs of people above all else."

Staff told us that they had received regular supervision, annual appraisals and adequate training to enable them to do their job safely and effectively. Training records showed us that staff had received training in a variety of subjects relevant to the roles that they were employed to perform. This included training to enable the staff to support people with specific complex health conditions such as neurological conditions, epilepsy, diabetes and supporting people with de-escalation techniques when they presented with distressed behaviours which may put them and others at risk of harm.

Staff had received training in understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 (MCA) and related Deprivation of Liberty Safeguards. This meant that staff had obtained the required knowledge to identify when a person without capacity needed specialist support to ensure that their best interests were assessed and guidance provided for staff. For example, we saw that the registered manager had submitted as is required by law urgent authorisations to the local safeguarding authority to ensure that where people had their freedom of movement restricted, their needs had been assessed by those qualified to do so. Care plans described the outcome of best interest assessments with actions described for staff in how best to support people safely, whilst maintaining and respecting their human rights.

Staff described to us their induction training provided at the start of their employment. They told us they worked alongside other staff shadowing them to get to know the care and treatment needs of people before they started working alone.

Staff competency checks had been conducted to evidence that staff had the required skills and knowledge to support people safely and competently. Nursing staff were provided with up to date revalidation and training in current best practice in nursing. We saw that a shortly to commence training session had been organised for nurses in supporting people with indwelling catheters.

We saw that the risks of people receiving inadequate food and fluid were effectively managed. People's weights were monitored regularly and we saw that professional advice was sought promptly in the event of sudden or unexplained weight loss. The cook demonstrated their knowledge in the action they

would take to fortify foods to add additional calories when this was required.

We saw that staff were flexible in their approach to mealtimes. People told us they could if they wished eat and drink at times that suited them. Care records showed us that malnutrition assessment tools were in use and people's weights were monitored. Relatives told us that people enjoyed the food and could eat foods that met their individual preferences.

We saw that people's health and wellbeing was regularly monitored. Care plans described in detail guidance for staff in meeting people's health and wellbeing, care and support needs. People were supported to access a variety of health and social care professionals when required. For example, we saw one person recently admitted with concerns about their weight. Their care plan described for staff the support required following professional advice. We saw that this person's weight was increasing.

Good

Is the service caring?

Our findings

Staff were knowledgeable about the people they cared for and spoke with empathy and passion about their work and the people they supported. People told us they had been fully involved in making decisions in the planning of their care. They said they had been given information about the service and knew what to expect in terms of their support visits from care staff. They also told us that they were given the opportunity to discuss their care and support needs and review any changes in annual care reviews.

People told us that all the staff and the registered manager showed them kindness and compassion and that staff gave them time and listened to them. For example, one person told us, "The staff are brilliant, they take time to get to know you, it's like family here." Another said, "The staff are all very kind and have a laugh with you. This is a happy place to live."

People's care plans included personal profiles which described in good detail; 'What's important to me' and 'Things I want to achieve and change'. For example, one person's care plan recorded, 'I want to go to bed when I want to' and 'I want my bible, mobile and call bell near me'. Others demonstrated planning to enable people to work towards their aspirations to live independently within the community. Care plans included guidance for staff on how to approach people with care and compassion.

We spent time with people in the communal areas and observed there was a relaxed and caring atmosphere. People were comfortable and relaxed around staff. There was laughter between them as they chatted. We saw that staff encouraged people to express their views and listened with interest and patience to their responses. Staff were not rushed in their approach and gave time to listen to people and spoke to them at eye level.

Staff supported people to express their lifetime goals, aspirations and plan towards achieving them. For example, one person told us, "Here they encourage you to think that you can do things for yourself and they encourage you to be independent and look beyond the limitation of your physical constraints and to look at the positive aspects of what you can achieve."

When we asked people to describe how staff spoke to them one person told us, "They always talk to you adult to adult, with respect for the person you are." Another told us, "They talk with you respectfully. They look beyond your physical disabilities and we have a laugh about life."

Staff told us that they were praised and rewarded by management and the providers for displaying personalised, compassionate care. During their regular residents meetings people who used the service would nominate staff who they felt had gone the extra mile in supporting them and they were awarded a certificate. For example, a member of the laundry staff had been awarded the un-sung hero award.

Staff were motivated and spoke with enthusiasm about how they could improve the experience of care and compassion for people. This included making sure people had opportunities to enhance their sense of wellbeing and access to meaningful employment or to take part in volunteering within the community. Staff

spoke knowledgeably about what they would do to ensure people had the care the care they needed for a variety of diverse needs, including spiritual and cultural differences. For example, we saw that people had access to regular religious services of their choosing.
Visitors told us they were welcomed at all times into the service. People's friends and relatives were encouraged to remain actively involved in people's lives if this was their choice. Relatives were invited to stay for meals and invited to be involved in regular social and fund raising events. One relative told us, "I visit every day. The staff make me welcome and involve me as much as they can. It is important to remain involved in my [relative's] life.

Some people had been provided with the opportunity to express their preferred priorities in planning for their end of life care. Advanced care plans were in place which were well documented. These plans recorded people's preferences when they near the end of their lives. Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACR) forms in place. However, these were not always regularly reviewed.

Good

Is the service responsive?

Our findings

People received care and support that was personalised and responsive to their needs. People and their relative's told us that a thorough assessment of their needs had been carried out before people came to stay at the service. For one person recently admitted to the service we saw that a thorough assessment of their care and support needs had been carried out. The information obtained following the assessment of their needs, had been used to develop a comprehensive care plan which described for staff their wishes and choices and the required guidance to provide safe and appropriate care.

Care plans were informative and documented the support people needed and how they wished it to be provided. Details such as how people chose to spend their time, food likes and dislikes and how their daily routines including their night time care and support needs were to be met. Some care plans had been updated on a regular basis whilst for others there was little evidence that a regular review had taken place. However, we saw that people's health care needs had changed significantly this was communicated to staff and the care plan altered to reflect this.

We saw evidence in people's care records that they and their relatives had been involved in the care planning process wherever possible. Relatives told us they had been consulted and involved in the planning and review of their relative's care when this was the wish of their relative who used the service. People told us they were regularly consulted about how they lived their daily lives. When talking with staff the focus was very much on what people could achieve and how staff could support them to live as full a life as possible. One person told us, "There are no limitations here. The staff do all they can to support you to be independent and choose to live as you can and wish to do so. You are treated like an adult."

People were supported to pursue their leisure activities and hobbies according their personal wishes and preferences. People told us that staff respected their wishes when they wanted to be alone and encouraged those who enjoyed the company of others to participate in group activities. Care plan showed us that people's personalised needs in relation to their social and emotional care needs had been assessed and outcomes planned to support them appropriately. People were supported to pursue both paid and voluntary employment.

The service employed activities organisers who supported people with group and one to one activities which included supporting people to access the local community. We observed on the day of our inspection a group quiz activity taking place. People told us they enjoyed the activities provided. They also told us they were supported to access the community on a regular basis. This included trips for meals out, trips to the coast, shopping, cricket, air shows and to see tribute band acts.

The provider had a system in place to respond to people's formal concerns and complaints seriously. We looked at the provider's concerns, suggestions and complaints log. We noted that all concerns and complaints had been responded to in a timely manner. We saw that all concerns and complaints had been investigated and outcomes recorded.

People said that they were supported to voice any concerns they might have and the manager had been supportive in listening to suggestions they had made to improve the service. One person said, "If I have any concerns I speak with my keyworker or any of the staff. They are all approachable and listen to me. People confirmed they were asked their views in how the service was managed. For example, a recent survey had been conducted which asked people their views in the planning of activities. However, where people had commented on the need for redecoration of their rooms, no action had been recorded as to the provider's response to these comments.

Requires Improvement

Is the service well-led?

Our findings

People's comments and views were recorded around a range of quality checks which were in place in the form of satisfaction surveys and care reviews. The service had a number of systems in place to evidence its aim to provide quality and safe care. However, these were not always consistently applied.

Records showed that the manager and provider carried out a range of audits where some shortfalls were identified and action plans with timescales developed. These audits had failed to identify the shortfalls we found at this inspection in relation to the monitoring of people's medicines and the provider's planning with timescales for the refurbishment and improvement of the premises. The registered manager told us that previous plans to update the premises and improve the quality of the environment for people had been postponed with no further timescales provided for works to be completed.

The provider's audits were found to be sporadic, irregular and did not identify the shortfalls we found. We were not assured that they operated effective systems and processes to make sure they assessed and monitored the quality and safety of the service on a regular basis. This meant there was a lack of business planning which would clearly summarise the organisations aims and objectives for both the care home and the supported living service with well-defined plans for continuous improvement.

This demonstrated a breach of Regulation 17 (2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to our inspection, the provider completed a Provider Information Return (PIR). When asked what improvements they planned to introduce within the next 12 months they told us they will make the service better led, they told us they would develop a monthly communication tool for staff. This they told us would contain bullet points of information about changes to policy, procedures, sharing of good practice, lessons learnt from incidents and up and coming events planned.

The service had a registered manager who had worked at the service for a significant period of time. All of the staff and people we spoke with were all complimentary about the management team support they were provided with. They told us they knew who to go to for support, seek advice and put forward suggestions and when to refer to the registered manager. Staff told us the management team was approachable, supportive and they knew what was expected of them because enabling processes were in place for them to account for their decisions, actions and performance. For example, regular supervision, annual appraisals, staff and handover meetings. This showed us that the service actively consulted and supported staff with support mechanisms to share their views, plan their training and continuous development as well as the management of staff performance.

Staff told us that they received regular supervision support meetings with a manager or senior member of staff. Staff told us these meetings were used to assess and monitor their learning needs, gain feedback about their performance and give suggestions for improvement. One staff member said, "Supervision is supportive and gives us the chance to talk about my development and we can make suggestions about how

to things." Staff told us the registered manager listened to and dealt with their concerns in a constructive manner. We found that staff understood their responsibilities to report any care concerns and they knew how to do this through the correct channels.

The registered manager understood the responsibilities of their registration with the Care Quality Commission (CQC). They reported significant event, such as safety incidents, in accordance with the requirements of their registration.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not protect people against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the auditing of medication errors, recording, handling and safe administration of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Action had not been taken to ensure there was a schedule in place, reviewed and updated to evidence planning for refurbishment and redecoration of the premises and renewal of furniture and fabric. The passenger lift was not fit for purpose in enabling people to access this area without support from staff.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance In relation to the management of people's medicines and planning for update and improvement of the premises, the provider failed to operate a system of regular audits to assess, monitor and plan for improving the quality of service with action plans to evidence planning for continuous improvement of the

service.