Centenary Care Homes Limited

Centenary House

Inspection report

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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?	**Requires improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 26 and 27 August 2015 and was unannounced.

Centenary House is registered to provide accommodation and personal care for up to 13 older people. At the time of our inspection there were 10 people living in the home.

There was no registered manager in post. 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 and associated Regulations about how the service is run. The home was being run by a new manager following the departure of the previous registered manager in January 2015. The current manager is in the process of applying to be the registered manager for the service.

We saw how there was not always availability of staff particularly when a person needed two care workers to provide personal care. People told us staff were at times slow to respond and staff said it would be better with more staff. There was no system to help in making a judgement about staffing arrangements.

Summary of findings

The manager had failed to notify us of incidents which could be viewed as a person having been subject to abuse. Whilst they had notified the local authority and taken action CQC had not been given the opportunity to decide if we needed to take any action to protect people.

Since our last inspection a new manager had been appointed. Since the appointment of the new manager we were told there had been an improvement in staff morale, staff were "Working more as a team" and "People were happier and the atmosphere had improved." People and staff told us the manager was approachable and "Someone who you can talk to" and "Approachable and supportive." There was an environment in the home which was described by visitors and staff as "Calm and relaxed."

The manager and provider had taken action to make improvements to the service and address failures identified in our last inspection. New arrangements and systems had been put in place when recruiting staff and in the administration and management of medicines. These new arrangements meant the service was more robust in these areas in ensuring the safety and welfare of people.

People told us they received their medicines when it was required and people where able had the choice to administer their medicines thereby retaining independence in relation to this task.

New arrangements had been put in place to assess the nutritional needs of people and have in place nutritional care plans. The service was in the process of implementing a new, more comprehensive and thorough care planning system.

People told us they felt safe with the staff "Knowing what they have to do and how to do it." and "I feel safe with staff because they are confident and I trust them." Staff had received the appropriate training and were able to demonstrate skills and knowledge in relation to aspects of care they provided. For example they were able to tell how they managed people who were at risk of skin breakdown or had poor skin condition, how to recognise the possibility of abuse and their responsibilities to report any concerns.

The manager and staff had a good understanding of the Mental Capacity Act and how to protect people who may lack capacity and ensure people rights were upheld.

People had access to community health services where this was required. One person told us they had requested a visit from their doctor and they were visiting that day. A healthcare professional told us the service had responded to a person changing care "We were very impressed with the care provided."

Staff were observed supporting people in a caring and sensitive manner. People described staff as Caring and friendly." and "All very kind and thoughtful." However we noted how some staff referred to people as "Darling". This could be viewed as disrespectful and people had not been asked if they were happy to be addressed in this manner.

People told how they had been involved in making a decision about the care they received. There had been some reviews by the local authority of people who were viewed as "Complex care needs". These reviews had identified how people were receiving the appropriate care.

There was evidence through care plans, daily records and conversations with people and staff how care was responsive to people's needs. Staff had identified changes in people's health and made referrals for specialist advice and support.

There were systems in place for the auditing and monitoring of the quality of the service. The provider undertook visits to the service to talk with people and identify any areas of improvement. We noted that whilst there was an action plan there were no timescales set to ensure actions had been taken in a reasonable and appropriate time.

Staff had received regular one to one supervision as well as staff meeting where the manager had discussed their vision for the service and how they wanted the service to be provided. The manager told us they wanted to see a more person centred service where people received the care they needed.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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.

Staffing arrangements did not always ensure adequate staff were on duty to ensure people's safety and meet care needs promptly.

There were safe arrangements for the management and storage of medicines.

New arrangements had been put in place to ensure the necessary employment checks were carried out.

People were protected from abuse through staff having the necessary skills and knowledge.

Is the service effective?

Good

The service was effective.

Care plans were effective in ensuring people's care needs were identified.

People legal rights were upheld in relation to mental capacity and where action had been taken to protect people's health, welfare and safety.

Staff received training to ensure they had the skills and knowledge to provide effective care.

People had access to healthcare professions to ensure their health care needs were met effectively.

Is the service caring?

Requires improvement

The service was caring however staff needed to ensure they addressed people in an appropriate and preferred manner.

People's dignity and privacy were upheld and respected.

People had the opportunity to maintain their independence and be involved in decisions about the care they received.

Is the service responsive?

Good

The service was responsive.

The service responded appropriately when people care needs changed.

Care plans ensured people likes and dislikes were identified and stated the choices people had made about how they led their lives.

There were meaningful activities provided in the home however people said they would like to go out more.

There was a friendly environment in the home where visitors were welcomed.

Summary of findings

People felt comfortable about voicing their views about the care they received and making any complaints or dissatisfaction about the service.

Is the service well-led?

Requires improvement

The service was not always well led

There had been a failure to ensure the Care Quality Commission was informed about alleged abuse or concerns about people's safety and welfare.

People and staff benefited from an approachable manager and an open environment with a manager who had promoted good practice and made efforts to improve the quality of care.

There were systems in place to audit and review the quality of care and identify areas for improvement.

Staff received regular one to one supervision where their performance was monitored and any poor performance had been addressed.

Centenary House

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 26 and 27 August 2015 and was unannounced.

The inspection team consisted of one adult social care inspector. During our inspection we spoke with nine people who lived in the home, two visitors, two healthcare professionals and five members of staff. We observed care and support in communal areas, spoke with some people in private and looked at the care records for four people. We also looked at records that related to how the home was managed, such as audits designed to monitor safety and the quality of care.

Before our inspection we reviewed all of the information we held about the home, including the provider's action plan following the last inspection and notifications of incidents that the provider had sent us.

Requires improvement

Is the service safe?

Our findings

We last inspected this service in October 2014. We found the required employment checks had not taken place for employees, there were inadequate arrangements for the safe storage and management of medicines and staff had not completed training in safeguarding. Following the inspection the provider sent us an action plan which set out the improvements they intended to make. They told us these would be completed by 30 June 2015.

We asked people about the staffing arrangements in the home. Rotas showed there was two care staff on duty during the day and one at night with a sleep in member of staff. One person told us staff were available but "They get very busy". Another person said "Staff are a bit slow to respond at times." Staff told us "It would be better with three staff on duty." another said "We could do more with people if there were three on all the time. A third when asked what could be improved for people said "More staff." Staff all told us there was no "Proper breaks" despite their working 12 hour shifts. When staff took any break this left one care staff on duty. Though they said at times the manager was available if required.

We observed there were periods when no staff were available. At times both staff on duty were supporting one person who needed two care staff to assist them with moving and personal care. On the first day of our inspection there was no cook on duty because of sickness. An alternative meal was arranged and collected by the manager. We noted part of the care staff duties was to do laundry and some kitchen tasks reducing their availability.

We asked the manager how they decided staffing levels were appropriate to meet people's needs safely and effectively. They told us there was no system in place to make a judgement such as assessing dependency levels to inform the decision about appropriate staffing. They told us there were regular reviews of people's care needs and they discussed staffing and people's care needs regularly with staff. They told us they had made changes to staffing when people's needs changed. This was confirmed to us by a staff member however this had only been for a limited time.

One person we spoke with told us "I feel safe living here, the staff all treat me how I want to be treated." We asked why they felt safe "Because I trust the staff and they are so kind towards me."

Staff demonstrated an understanding of what constituted abuse. One gave the example of not responding or ignoring when people needed assistance. Staff were clear about their responsibility to report any concerns. One told us "I would go to the manager straight away". They were aware of their rights under whistle blowing to report any concerns to an outside organisations. All of the staff we spoke with had undertaken safeguarding training as part of their induction.

Risks of abuse to people were minimised because there was a robust recruitment procedure for new staff. The manager had put in place new arrangements when recruiting staff which enabled them to audit the recruitment process effectively. Two care staff told us checks had been undertaken as part of their recruitment. We looked at the recruitment records for two recently employed members of staff. These showed the provider had carried out interviews, obtained references and a full employment history and carried out a Disclosure and Barring Service (DBS) check (a check on people's criminal record history and their suitability to work with vulnerable people) before they commenced employment.

New arrangements had been put in place for the storage and management of medicine. The medicines were being stored in a secure room and blister packs were now being used. There were adequate storage facilities for medicines including those that required refrigeration or additional security. This meant there were secure and safe arrangements for the management of medicines.

We observed staff supporting people with their medicines. One person was asked if they required pain relief. Records had been completed which showed people's medicines had been administered when prescribed. However where people had been administered "as required" medicines this had been recorded as "N" (not required) This meant there was no evidence the person had been asked if they required the medicine and either refused or been given.

Requires improvement

Is the service safe?

We saw there had been concerns about one person's medicines. A request had been made to their GP to review the medicines. As a result of the review the medicines prescribed had been reduced. This had resulted in the person being more alert and able to interact with people.

People told us they received medicines when it was needed and at the appropriate time. One person told us "I always get my medicines before breakfast which is when I am meant to have it." Another person had been assessed to self-administer their pain relief medicines. "It means I can take it when I need it." they told us. We saw completed daily records when they had taken the medicine and these records had been reviewed by the manager. This meant people, where able and safe, retained their independence in managing their medicines.

The manager had put in place personal evacuation plans for each person living in the home. These identified the needs of people in the event of an emergency such as a fire or the home needed to be evacuated. There were arrangements for people to be accommodated at another care home if the home needed to be evacuated. There were plans to have a "Fire Grab" box so all the required documents and equipment were available in one place.

There were risk assessments relating to the running of the service and people's individual care. They identified risks and gave information about how these were minimised to ensure people remained safe. These included assessment of people's risk of developing pressure sores, risk of malnutrition and risk of falls.

Good

Is the service effective?

Our findings

At our last inspections in October 2014 we found there were no assessments of people's nutritional needs or nutritional care plans. Staff had not received any training about the mental Capacity Act 2005 (MCA) or one to one supervision.

We saw nutritional assessments had been completed. For one person this gave details about their diet and how they preferred small portions, disliked vegetables and sauces. When we spoke with the cook they were able to tell us about these arrangements. At the meal time we saw how their meal was small with no vegetables. For another person their care plan said how a daily nutritional chart was to be completed because of poor nutrition. We saw daily records had been completed. This meant the person's nutritional intake could be monitored and action taken if needed to improve the nutrition of this person.

People we spoke with told us how they enjoyed the meals. However one person told us there was little fresh vegetables; "We only get them at weekends". This was also confirmed by a member of staff who said they were not always available. We discussed this with the manager who told us there should always be fresh vegetables and they would look into why they were not available.

We observed lunchtime on both days of our inspection. On the first day a fish and chip meal had been purchased because there was no cook. On the second day the cook was present and there were two choices of meal. There was a relaxed and unhurried atmosphere with some people being supported to have their meal. We saw there were no condiments on tables on both days.

Some staff had completed core skills training: moving, infection control and health and safety. Others were due to complete further training in October 2015. We asked one care staff how they would ensure people who were at risk of skin breakdown received the appropriate care and what were the risk factors. They told us how regular re positioning, encouraging fluids and good nutrition was important. They were able to tell us what signs indicated a person was possibly developing a pressure wound and actions they would take such as use of creams. Another staff member told us how as part of their induction they undertook a number of shadowing shifts and completed health and safety and fire training.

People told us they felt confident about the skills of care staff. One person told us "They seem to know what they doing. I feel they understand what to do to help me properly." Another person said "They seem to be well trained."

Staff said they thought the training was good and how they preferred classroom type training which they had received. None had received training in mental health awareness or dementia. Where staff administered medicines they had received training. One care staff told us as part of this training they had shadowed the person administering medicines and had been shadowed themselves on a number of occasions. This ensured they had the necessary competence to administer medicines appropriately.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals where relevant. The manager had a good understanding and knowledge of the MCA. They had completed training about implementing the act specifically making applications about Deprivation of Liberty Safeguards (DoLS) which forms part of the act.

Staff had completed MCA training. They demonstrated an understanding of the principles of the act and told us how it was about "People making choices and giving consent." and "We can only take action when people don't have capacity and then it's in their best interest."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

We saw one person was the subject of a DoLS authorisations and this was currently under review. The manager had made an application for one person and was waiting a decision. For the person who was the subject of an authorisation there were arrangements in place which ensured they were able to leave the home with an escort to ensure their safety and welfare.

People had access to health care professionals to meet their specific needs. People said staff made sure they saw the relevant professional for reviews or if they were unwell.

Good

Is the service effective?

One person told us how they had asked to see their doctor and they were calling that day. Another person told us they wanted to see a podiatrist. They could not recall when they had last seen one. We asked a member of the care staff about this. They told us a request had been made for the podiatrist to visit. People's care records showed people saw professionals such as GPs, dentists and district nurses.

We spoke with health care professionals. One told us how they found the staff "Proactive" and "Always follow advice about health care of people." Another said staff had acted "Promptly" when someone needed health care from the community nursing service.

Requires improvement

Is the service caring?

Our findings

People told us they found staff "Caring" and "All very kind and thoughtful". One person said "Staff are caring and always treat me with respect." Another person who spent a lot of time in their room told us "It is not a problem, staff know what I like and don't like and it is my choice."

We noted how some staff members called people "Darling". We asked one of the staff about this specifically whether the person had said they wanted to be referred to in this manner. They told us they did not know and had not asked the person. They recognised how this may be disrespectful and how they should check with people before using such terms.

We observed care staff supporting people in a thoughtful and sensitive manner. One person was on a number of occasions confused about where they wanted to go and what to do. Staff patiently explained where the person was and gave choices about what they could do and where to go. Another person was repetitive but staff always responded in a kind and gentle manner. We saw people were given choices about where they wanted to sit and reminded how they normally sat next to particular people. We heard one care staff say "Do you want to sit next to (name) you normally do."

Staff were able to give examples about how they ensured people's dignity was respected. One told us "I always check (name) doesn't need to go to the toilet because they sometimes have accidents and that is not very nice for them." We heard staff checking with people if they wished to use the toilet. They did so quietly and in a respectful manner. Another staff member said how they always covered the person when giving them a personal wash. We noted a person was in bed without bottom pyjamas. We asked staff about this and they told us the person chose not to wear these. This was later confirmed to us by the person.

People told us they felt involved when decisions had been made about their care. One told us "They have always spoken with me about the care I need" and "We sat down and talked about the help I was getting and whether I was happy with the care I received." Another person said how they had met with the manager to talk about their care. We saw written evidence of people agreeing their care arrangements.

One person told us how they tried to do as much as they could for themselves. This included domestic tasks such as cleaning their room "It may not be much but keeps me busy and I like doing something." Another person said "I try and do as much as I can for myself and staff don't try and do it for me. They know I like to be as independent as possible."

Good

Is the service responsive?

Our findings

We saw how care staff had responded to people's changing care needs. For example one person had developed skin discolouration and their care record recorded how staff had responded to this by ensuring topical cream was applied regularly. This was confirmed by the person who told us staff always applied cream on their skin. In another instance care staff had referred a person for a community nurse assessment because of their skin condition. This showed staff had responded to ensure people's changing care needs were being met.

Care plans contained specific details about people's likes and dislikes. This related to preferences such as getting up and going to bed and night care arrangements. For examples some people liked to be checked at night whilst other chose not to be checked and this was stated in their care plan. There was information about people's interests, life history and important relationships. This was recorded in "This is me". Staff were able to us about people's interests and life and demonstrated a good understanding of people.

People told us how there was a good choice of activities provided in the home however some people said they would have liked to go out more. One person said "I like all the activities here." These included gardening, cookery and playing of games such as skittles. We were told how the local school had spent time improving the garden and one person said how much better it was. Another person said how they were visited by the local church.

People told us how their relatives were able to visit at any time. One person said "My family come most weeks and the staff always make them feel welcome." A relative told us how they were always made to feel welcome and always felt informed about their relative.

There was a complaints procedure in place and we were told there had been no complaints since our last inspection. The manager told us it was very much part of his daily routine to talk with people. They saw this as a way of finding out if people were unhappy about anything. People told us how they were able to talk with the manager about any worries or concerns. One person said "I know I can make a complaint but the manager talks to me most days and I can always tell him if I am unhappy about anything."

We saw there had been a meeting for people living in the home. One person said they thought the meeting was good "We can say if we are unhappy or want something different." There had been discussion about staffing with comments made by people about the number of staff who had left. This had been acknowledged by the manager who had commented on the impact but re-assured people about recruitment. There had been feedback from people about the meals and menu with some suggestions. We saw these had been added to the menu and the cook told us they had been made aware of the comments people had made. There was positive feedback about the activities provided in the home.

Requires improvement

Is the service well-led?

Our findings

At our last inspection we found there were failures in ensuring there were adequate arrangements to undertake quality assurance and audits of the service. There was no effective system in place to identify any areas for improvement and promote improvements in the service. Following the inspection the provider sent us an action plan which set out the improvements they intended to make. They told us these would be completed by 30 June 2015.

There were two concerns which had been referred to the Somerset safeguarding team. These had related to alleged abuse and actions of a relative. The service had investigated and taken the appropriate action to address the concerns. However we had not been notified through our notifications system.

The failure to notify the Care Quality Commission of any allegations of abuse is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4)

There were systems in place to audit care arrangements. There had been monthly audits of medicines and how medicines were being administered and managed. In addition audits of infection control arrangements and the environment had been completed as part of the quality assurance monitoring. The manager told us they had made changes to medicine storage as a result of the audit.

The provider undertook three monthly audits which included talking with people. In March one person had suggested a call bell be installed in the lounge. This was still not actioned by the July audit. Whilst actions were identified in an action plan there were no timescales set. Actions had been identified related to improvements of the environment some had been completed. However again there had been no timescales set to ensure these actions were completed in a reasonable and realistic timescale.

We asked if questionnaires had been sent to people or relatives asking for their views about the quality of care. The manager told us this had not happened although they planned to do so.

Staff all told us how the new manager had improved staff morale. They said there was improved team working. One staff member said “It is much better, 100% commitment from staff, working as a team.” Another said “People are so much happier with the new manager and so are staff and the atmosphere is better.” A visitor told us “The atmosphere is calmer and more relaxed since the new manager started.” A healthcare professional said there had been “A huge difference in the home

The manager had attended professional development meetings and a conference organised by CQC looking at our inspection model. Staff meeting minutes recorded how the manager had discussed their approach. The manager had spoken of providing more person centred care and how all staff had “Duty of care” in relation to how staff responded to people and provided quality care. Staff told how they had discussed these issues with the manager and said “It is about having a professional approach.” and “We know what is expected of us in providing good care.”

All of the staff we spoke with told us they had received regular one to on supervision. Records confirmed staff were receiving one to on supervision. One staff member told us how the formal supervision was “Very good and chance for me to say what I think.” Staff told us how the manager was supportive and approachable. One staff member told us “They know what is going on and we can call on them for support if we need too.” We noted how the manager had taken action in relation to poor performance of staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 and nursing or personal care in the further education sector	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents There was a failure to notify the Care Quality Commission (CQC) of alleged abuse towards a person living in the home. This meant CQC were unable to establish whether to take action to safeguard the health, safety and welfare of people.