Mr & Mrs K J Gurry

Paulmay Dementia Care

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

We inspected this service on 1 October 2015. The inspection was unannounced. Paulmay Dementia Care is a small residential home providing care for up to eight older people with dementia.

At the time of our inspection there were six people living at the service.

The service is located in a terraced house, on two floors with access to a back garden.

We previously inspected the service on 1 October 2013 and the service was found to be meeting the regulations.

Paulmay Dementia Care had a registered manager at the service. 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.

During the inspection there was a calm and pleasant atmosphere. People using the service informed us that they were satisfied with the care and services provided. We observed good quality caring and kind and compassionate interactions between staff and people using the service. This was confirmed by relatives

Summary of findings

following the inspection. People living at the service told us the management was a visible presence within the home. Staff talked positively about their jobs telling us they enjoyed their work and felt valued.

Staff were fully aware of people's needs and their needs were carefully documented in care plans. Staff responded quickly to people's change in needs if they were physically or mentally unwell.

Care records were individualised and reflected their choices, likes and dislikes, and arrangements were in place to ensure that these were responded to. Staff were aware of and understood behaviours in the context of people's past histories.

Care plans provided detailed information on people's health needs which were closely monitored. People were supported to maintain good health through regular access to healthcare professionals, such as GPs and district nurses. Risk assessments had been carried out and these contained guidance for staff on protecting people.

Staff felt supported and had supervision regularly.

Staff knew how to recognise and report any concerns or allegations of abuse and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

There were enough staff to meet people's needs.

Storage and management of medicines was not well managed. An audit of medicines as part of the inspection found errors between the medicine administration records (MAR) and medicine stocks at the service. We also observed an unsafe practice by staff in relation to the giving of medicine to one person at the service.

Staff understood the need to gain consent from people using the service before providing care. Although they lacked knowledge and understanding of the wider aspects of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). This was evidenced by the front door being locked for all people living at the service without the necessary documentation in place, and so depriving people of their liberty.

There was a lack of consistency in how well the service was managed. There was evidence of regular servicing of essential facilities such as gas, electricity and fire equipment and the building was tidy and clean. However, the building was in need of redecoration and some urgent repairs were required to ensure the safety of the people living at the service. Recruitment of staff was not always managed as thoroughly as it should be.

We also found people were not always protected from the risks of infection, as there were ineffective infection control and food hygiene processes in place.

The service did not have full responsibility for the financial affairs of people living at the service but contributed to the process by keeping receipts of day to day expenditure.

The majority of the residents rarely went out of the home except for health appointments so it was important that there were leisure activities taking place within the service. These were limited to simple ball and puzzle games, listening to music, watching TV and gentle massage.

The building provided limited accessibility for people with significant mobility needs. There was a stair lift to access the upper floor. The bathrooms were not fully accessible to enable a person to use them completely independently. This was overcome by specific care arrangements for people living at the service.

We have made recommendations in relation to staff training, staff recruitment, leisure activities and DoLS.

We also found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Details of these breaches and the action we told the provider to take are at the back of the full version of the report.

We have made recommendations to the provider in relation to staff training, routine maintenance, quality assurance and leisure activities.

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. Medicines was not well managed, putting people who use the service at risk of not receiving their medicines safely.

Hygiene and infection control standards were not effectively maintained due to lack of soap in bathrooms and food not sealed or labelled in the fridge.

Parts of the building were in a poor state of repair.

People were protected by staff who were confident they knew how to recognise signs of possible abuse. We saw that all safeguarding concerns were addressed and fully investigated.

Is the service effective?

Requires improvement

The service was not always effective. Staff did not understand the Mental Capacity Act 2005 or the Deprivation of Liberty Safeguards (DoLS) and needed training in medicines management.

Staff told us they felt supported by their manager and there was evidence of supervision.

People said there was choice of food.

People using the service were supported to attend health appointments.

Is the service caring?

Good

The service was caring. Staff knew about people's personal histories which helped them understand the behaviours of people who lived at the service. Staff were kind to people living at the service.

Staff showed respect and provided dignity in their care of people using the service.

Staff took the time to provide good quality care and relatives spoke very highly of the staff.

Is the service responsive?

Requires improvement

The service was not always responsive. There was a lack of creativity in managing one person's behaviours that meant they had been isolated from other people using the service.

Whilst there were some gentle activities in the home, these were very limited.

Care was person centred and contains information regarding people's histories, likes and dislikes.

Summary of findings

Is the service well-led?

The service was not always well led. There was a lack of consistency in how well led the service is managed and led.

There was a vision for the service and staff were well supported and their views valued in the running of the home.

There were insufficient audits in relation to medicines management .

The service premises were not adequately maintained.

Requires improvement

Paulmay Dementia Care

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 1 October 2015 and was unannounced. It was undertaken by an inspector for adult social care and the inspection team included an expert-by-experience with experience of working with older people with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with two people at Paulmay Dementia Care Home. Of the four remaining people, one person can no longer speak and three people speak only intermittently. We talked with three members of staff and the registered manager. Following the inspection we spoke with two family members and a placement monitoring officer.

We also looked at three care records related to people's individual care needs, four staff recruitment files and three staff training records. We reviewed medicines stocks at the service and looked at records in relation to medicines management.

As part of the inspection we observed the interactions between people and staff and discussed people's care needs with staff.

We used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Due to the intimate nature of the dining area, the SOFI was of limited value as people remained aware of our presence.

We checked fire safety including equipment, testing of the alarm, lighting and the regularity of fire evacuation tests, and information relating to incidents and complaints. We looked at audits for maintenance, and fire, gas and electrical safety checks, minutes of residents meetings and staff team meetings. We also looked around the premises and the garden.

Requires improvement

Is the service safe?

Our findings

One person living at the service told us "I've lived an exciting life – it's OK to be peaceful now", and another person said "After a military life – you want a bit of peace – organised peace and that's what I get here."

The home had a very relaxing and calm atmosphere. The majority of the staff and people who used the service had worked or lived there for many years. This meant that people knew each other well and there was a very homely and familiar feel about the service. A relative told us "I can rest at night as he's getting the best care and is not being bullied".

Staff felt supported by the registered manager and deputy manager, and were committed to providing good care to the people who used the service. Risk assessments were in place that were up to date and comprehensive. They covered a wide range of areas including mobility and in conjunction with care plans ensured had available information to provide good care.

People were protected by staff who were able to tell us the different types and signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. We looked at the safeguarding log kept at the home and saw that all safeguarding concerns were addressed and fully investigated. We also saw that the home made appropriate safeguarding referrals, when required.

Staff recruitment practices were not consistently thorough, this could have an impact on the safety of people living at the service. References were requested before staff were employed, but these were not always on headed paper, although the registered manager reported she had spoken with the referees in person. It is important for reasons of safety that a provider satisfies themselves that references are genuine and from a stated employer.

All staff had a Disclosure and Barring Service check (DBS) in place although one staff member's related to their previous employment. The registered manager had requested a current DBS but this had not yet been received.

We saw there were enough staff to meet peoples' needs. This was confirmed by rotas and by discussion with staff and relatives. There were three staff from 9am until 3pm and two staff in the evening and overnight. The registered manager told us she reviewed staffing requirement in relation to need and appointments on a daily basis and had staff that could work as required.

Parts of the building were in a poor state of repair. The toilet in the first floor bathroom had not worked for approximately two months and the lid was broken and left on top of the toilet. There was a moveable bath chair placed on top of the toilet to alert people not to use it, but this presented an additional risk of falling on people.

A kitchen cupboard no longer had a door on it and a shelf inside, which had items placed on it, was not safely secured. This presented a risk to staff and people using the service.

A bath lift in the upstairs bathroom was not functioning on the day of the inspection. Staff reported this was due to the charger not being available, however, despite repeated requests throughout the day, this was not found. This impacted on people's options for the type of personal care they could receive.

The above concerns were a breach of regulation Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that people were not protected from the risks of infection, as there were ineffective food hygiene processes in place, and there was no soap in the toilets on the ground and first floor, nor in the bathroom on the first floor. The deputy manager told us there was no soap in the bathrooms as there was a risk of a person swallowing it. This was not reflected in a risk assessment for the person living at the service.

Two cartons in the fridge (milk and food supplement) were opened but not sealed. Ham and cheese were opened and in containers so were sealed, but were not dated. Ineffective sealing or lack of labelling could expose the people who lived in the service to the risk of food poisoning.

The above concerns contributed to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The kitchen, living room, toilets and bedrooms we viewed were clean and there were mops and buckets for use in specific areas, and chopping boards for preparation of different foods in the kitchen.

Requires improvement

Is the service safe?

The management of medicines was not safe. As part of the inspection process we reviewed the administration of medicines. For five out of six people there were medicine errors. We found in total there were sixteen errors where there were either too few tablets remaining or too many in relation to that recorded on the medicine administration record (MAR). This could result in there not being enough medicine in stock for people when required, or it not being recorded when people were refusing essential medicine which could impact on their specific health conditions.

There was also one bottle of medicine that was dated 7 May 2015 alongside a more recent bottle of the same medicine. This could cause lead to out of date medicine being given to an individual.

The last audit of medicines took place in June 2015 so it was not until the day of the inspection the extent of discrepancies in medicines was identified.

We noted that for one person using the service their medicine was left on a tray (that was covered with a cloth) in the kitchen for dispensing by another member of staff. This is not good practice. It puts other people at risk of taking the medicine in error, and staff responsible for medicine administration should personally witness the giving of medicine.

This contributed to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We inspected the incidents book. There were no recent entries but the manager explained there were no recent incidents.

Requires improvement

Is the service effective?

Our findings

Staff received regular supervision and appraisals, and had the skills to provide personal care to a good standard.

Staff understood the need to gain consent to care and the necessity to provide care with added sensitivity when people were unable to communicate verbally. If a person was resistant to care being provided at a given time, staff were clear they would not impose care. They would use their skills to divert attention by giving the person a drink, or play some music and would then try to carry out the task later.

However staff did not understand fully the Mental Capacity Act 2005 (MCA) or the Deprivation of Liberty Safeguards (DoLS) despite receiving training on the MCA. There had been one application made for DoLS authorisation, but the service had not considered whether further applications were required, as the front door was kept locked and for one person a bed rail was in place. The registered manager agreed to make additional applications to the local authority where appropriate.

There was a programme of training for staff for 2015. Staff had received training in a range of areas including infection control, moving and handling, updating risk assessments and prevention and management of pressure sores. Staff told us they had enough time for training and one staff member had recently been offered the chance to do an external qualification in care to supplement her existing portfolio. But the staff had not received adequate training in medicines management, this was illustrated by the medicine being left unsupervised on a tray. The registered manager also queried whether the accurate documenting by staff of refusal of medicine had contributed to the medicine errors outlined above.

One person using the service told us there was choice of food available and another said "I have no complaints at all – the food is OK, it's reliable, not wonderful but certainly edible." There was a range of food available for the week ahead and menus were set in advance. A relative told us "They buy the right food for him." Where people were able to, they ate unsupported, with occasional prompting. Where people needed help with feeding this was provided in a sensitive manner.

People using the service were supported to attend health appointments. There was evidence in records of district nurse involvement when needed, and appointments for hairdressing, chiropody, dentists and the GP as required. A relative told us that they had seen improvements in health since the person they visited had moved to the service.

People who used the service were usually weighed monthly and appropriate action was taken if there were concerns with their weight. There was evidence of the registered manager pro-actively pursuing medical investigations for one person due to weight loss. Some of the people using the service had food supplements prescribed.

The building provided limited accessibility for people with significant mobility needs. There was a stair lift to access the upper floor. The bathrooms were not fully accessible to enable a person to use them completely independently. This was overcome by specific care arrangements for people living at the service.

We recommend that all staff training is reviewed to ensure that staff are up to date and understand the Mental Capacity Act, Deprivation of Liberty Safeguards (DOLS) and safe management of medicines.

Good

Is the service caring?

Our findings

Staff treated people with dignity and respect. They explained what care they were about to provide. For people who were non-verbal and had significant memory problems or problems with understanding, they used gentle touching of the face to let them know they were there and about to carry out a task.

Staff knew about people's personal histories which helped them understand the behaviours of people who lived at the service. Some of the people who lived at the service had lived there for many years and were well known prior to having more recent major health traumas. For example one person had worked with children for much of her life and still loved having children around, so staff brought in their children to the home on occasion. Also one person had worked with antiques so staff knew how to respond to them when they was gathering up items for their stall.

The service had enabled two couples to live at the home although one partner was now deceased. The other couple still lived there at the time of the inspection. The service supported the couple to sit closely to each other as although one person no longer spoke they responded to the other's voice. This was noted in the care plan. One relative told us in relation to the person they visited "they [the staff] love him" and " they care for him as we would as a family."

One professional working with the service told us they "have always exhibited great kindness towards our residents and have given me confidence that they are being well looked after".

People living at the service (for whom it was considered safe) were offered a glass of wine in the late afternoon. The placement monitoring officer told us in relation to this custom "to me it showed great understanding in how this man used to manage his life and gave him the appearance of still having some control of his life and his previous daily timetable. He offered me a glass when I last visited showing that he felt he was still the host making sure his visitor was well looked after." This is an example of how the service dealt sensitively and caringly for the people living at the service, and contributed to it having a homely and familiar atmosphere.

Staff showed respect and provided dignity in their care of people using the service. Staff knew to shut doors and ensure curtains were drawn before carrying out personal care. A relative told us that they felt "people [staff] have the time" to care for people living at the service.

Where religious needs were expressed these were attended to. People currently living at the service, did not express religious needs, however, a person who had recently left the service had received the services of a Catholic priest at the home including end of life religious sacraments..

Requires improvement

Is the service responsive?

Our findings

Care plans were in place that were up to date and comprehensive. They covered areas such as cognitive/ psychological health, mood/behaviour/personal hygiene, skin care, dietary needs, cultural and religious needs and mobility needs. They outlined how to communicate with people who had very limited verbal communication and emphasised the importance of not rushing people.

People's wishes in terms of personal care was identified in their care plan. It was specified where people did not want a bath. We identified a 'bath record sheet' in people's files with recorded dates for bathing, but this was not borne out by the daily records for individuals. The registered manager confirmed that the title of the record was inaccurate as it recorded when people either had a bath or a full strip wash in bed. The registered manager agreed it was important to reflect people's choices for personal care and to amend the title and ensure staff accurately record the type of care provided to people using the service,

We were told people living at the service enjoyed watching TV and listening to music. There was classical music playing in the background for much of the day in the lounge.

A relative told us they feel lucky to have found such a fantastic home, and said "if he wants to stay in his pyjamas, he can do……it's not intrusive, they listen to him and do what he wants".

Residents meetings took place on a regular basis which enabled those who could communicate to influence how the home was run. For example, menu setting was discussed at the meetings.

Activities at the home were very limited. Four people had significant mobility problems and cognitive needs that would make a number of activities difficult for them so their care plans were limited to massage, simple puzzles and ball throwing. Two people spent a significant amount of time in their room.

Two of the more mobile people at the service used to go out more regularly, but the manager reports now they chose not to. One person living at the service went out with his family on a regular basis.

One person living at the service had stopped being taken into the lounge area due to behaviours they exhibited that other people found distressing. They were well known and cared for by staff - as they had lived there for over 20 years, however given their limited mobility, confinement to one area would isolate them further. We spoke with the registered manager about this practice and asked that a creative solution was found to enable this person to be more integrated and to have an opportunity to move into the lounge to reduce their social isolation.

The registered manager told us there were no recent complaints. This was reflected in the complaints book. The registered manager explained they dealt with issues as they arose and people living at the service and relatives confirmed the staff and management were very responsive to any issues they raised. We spoke with the registered manager of the value of logging complaints to understand patterns of concern and to make adjustments to improve the service.

We recommend that the service seek advice and guidance from a reputable source, about a wide range of activities suitable for people with limited communication and mobility needs at the home.

Requires improvement

Is the service well-led?

Our findings

People using the service spoke well of the registered manager, provider and staff and felt they were approachable and available. This was confirmed by relatives. There was a culture of openness and the staff felt they could talk freely to the manager and provider.

There was a lack of consistency in how well the service was managed and led. For many areas of the service there were effective quality monitoring systems in place. The registered manager ensured regular fire drills took place, and the fire alarm system and equipment had been serviced within the last 12 months.

Other examples of the service being well led include safety checks of the electrical equipment and gas in in the last 12 months . Pest control had been out the check the service three times in the last year to ensure the environment was pest free.

The service had a a comprehensive list of policies ,and staff were able to contribute their views to the running of the service through regular staff meetings. These examples illustrate how staff were clear about what was expected of them in their role and there was a forum for discussion to gain their views to improve/change the service.

The registered manager and owner clearly valued highly the philosophy of providing a 'home from home' for people living at the service and this was reflected in their behaviour and that of the staff.

Examples of how the service was not well led include lack of auditing of medicines, and lack of a rolling programme of maintenance and decoration in the house and garden.

The house was in need of decoration as there were areas where the paint was peeling from the woodwork. Although the kitchen was clean the surfaces were old and in need of renovation. There was no lock on the toilet door downstairs which did not afford people dignity, and there was a small window on the landing broken, that was covered by cardboard.

On the day of the inspection the owner had a company visit the premises to provide a quote for works to be undertaken. We are not aware of a commitment to undertake the work or a planned start date.

The garden at the back of the house was large and had colourful flowers in it. However, the grass was very overgrown, so it looked uncared for. The lounge/dining room overlooked the garden and given the limited mobility of a number of the people who live at the service, and that a number of people rarely go out, the garden could provide a pleasant view. The registered manager acknowledged the garden had been 'left' and the grass was now overgrown. The provider usually carried out gardening themselves and acknowledged they needed to consider how best to manage this in the future.

We recommend the provider develops an action plan to address ongoing maintenance requirements in the house and garden.

We recommend the provider develops an effective quality assurance programme to assist in managing the service well.

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 for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: People who use the service were not protected as there was not proper and safe management of medicines. Regulation 12(1)(2)(g). People who use the service were not protected from the risks of infection, as there were ineffective cleaning and food hygiene processes in place. Regulation 12(1)(2)(h).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment How the regulation was not being met: People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1) (e).