

Underhall Respite and Resource Centre Ltd

Underhall Respite and Resource Centre

Inspection report

Underhall
Chesterfield Road, Two Dales
Matlock
Derbyshire
DE4 2SD

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05 May 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Underhall Respite and Resource Centre is a residential care home providing personal and nursing care to up to 14 people. The service provides short term respite placements as well as permanent placements. The service provides support to older people, including those with dementia, people with physical disability, sensory impairments and mental health needs. At the time of our inspection there were 14 people using the service.

The home is based on a single level, with communal lounges and dining spaces as well as a pleasant outdoor garden.

People's experience of using this service and what we found

Medicines were not always managed in line with best practice guidance.

The provider's governance systems in place were not always effective in identifying areas for improvement.

The registered manager and staff understood people's risks and how to support them safely, however this information was not always clearly recorded.

People felt safe at the service and there were enough staff to meet both the care needs and emotional needs of people.

People had a good relationship with staff and the registered manager and told us they felt listened to. There were opportunities for people, their relatives and staff to feed back into the running of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 April 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that the provider makes improvements in relation to the management of medicines. At this inspection we found the provider had not made the necessary

improvements required and was now in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 26 February 2019 and breaches of legal requirements were found in relation to governance and fit and proper persons employed. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Underhill Respite and Resource Centre on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safety and governance at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Underhall Respite and Resource Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by an inspector and an inspection manager.

Service and service type

Underhall Respite and Resource Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Underhall Respite and Resource Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives of people who used the service. We spoke with seven members of staff including support workers, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records including six people's care records, medicine administration records and some records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. At this inspection we found improvements were still required.

- Medicines were not always managed safely. For example, there was no system in place to count stock carried over from the previous cycle of medicine. We did a stock check of medicines and found the quantity recorded on people's MAR's did not match how many tablets were in the boxes. This meant it was not clear if any medicines were missing.
- Some people needed 'as required' medicines to manage their behaviour. There were no protocols in place for staff to guide staff on how to administer these medicines appropriately and safely.
- Opening dates were not recorded on boxes of tablets or liquid medicines. This meant it was not always clear when the expiry date was, which would impact on the safety and effectiveness of a medicine.

The provider failed to have effective systems in place to monitor running stock of medicines. Best practice guidance in relation to 'as required' medicines and recording of opening dates was not always followed. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately following the inspection and implemented a system to complete running stock checks of medicines. They also ensured opening dates were recorded on all medicines and told us they plan to implement PRN protocols as soon as possible.

- People received their medicines from kind and patient staff. We observed staff explain to people what medicines they were taking, ask their permission to give medicines, and have positive interactions with people whilst they were taking their medicines.

Staffing and recruitment

At our last inspection recruitment procedures were not always operated effectively to ensure required information about employees was obtained, and to help ensure staff were of suitable character. This was a breach of Regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19(1).

- The provider followed safe recruitment practices. This included obtaining full employment history,

references and Disclosure and Barring Service (DBS) checks prior to staff commencing employment at the home. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- There were enough staff at the home to meet the needs of people. Staff were visible around the home. We observed staff respond quickly to people when they asked for help.
- There was enough staff on duty to meet the emotional needs of people. For example, there was an activities co-ordinator on site supporting people to take part in games. We also observed staff take the time to sit and talk with people when needed.
- The registered manager used a dependency tool to calculate how many staff were needed on each shift. Rota's showed staffing numbers were regularly higher than required. One relative told us, "I have never felt [the service] is understaffed, there's always plenty of staff about."

Assessing risk, safety monitoring and management

- The registered manager and staff had a good understanding of people's known risks and how to support them safely. However written records did not always reflect this knowledge. Care plans were completed on a pre-populated form which meant people's individual risks were not always clearly recorded. The registered manager assured us this would be revised to ensure care plans provided enough detail.
- Risk assessments were completed which provided guidance on how to support people with risks such as malnutrition and falls. It was not always recorded when risk assessments were reviewed meaning it was not always clear if risk assessments reflected people's current risks. Please see the well-led section of this report for more information.
- Personal emergency evacuation plans (PEEP's) were completed for everyone at the service. PEEP's are forms which provide key information to support a safe evacuation in the event of an emergency. Following our inspection, the registered manager revised and improved their system to ensure this information was quickly available.
- Maintenance and safety checks had been completed to ensure the provider was compliant with servicing appliances and best practice in relation to the environment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and understood, if needed, how to ensure appropriate legal authorisations were in place to deprive a person of their liberty.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. For example, the registered manager completed an analysis of accidents and incidents that had occurred within the home. This allowed them to identify any themes or trends to prevent re-occurrence.
- Following an error when medicines had been incorrectly received from the pharmacy, the registered manager implemented a new protocol which meant two staff must check medicine orders. This ensured additional oversight and reduced the risk of further errors.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. People told us they felt safe at the home. One person told us, "I feel perfectly safe here."
- There was a clear safeguarding policy in place, staff told us they knew how to access this policy if needed. Staff had also received safeguarding training and knew how to recognise and report abuse.
- Whilst the home had not experienced many safeguarding incidents, the registered manager understood their responsibility to report and investigate safeguarding concerns. People, relatives and staff felt confident any concerns about safety would be listened to and acted on by the registered manager.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to receive visits from friends and family in line with guidance.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider was not operating effective systems to assess, monitor and improve the quality and safety of the service. Accurate and complete records were not always maintained in relation to decisions about people's care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider's audits did not always effectively identify areas for improvement. For example, each month the registered manager completed audits of four randomly selected care plans. However, there was no record of whose care plans had been checked, and whose care plans had missing information.
- The provider's audits did not always effectively identify risk. For example, a medicine audit had not identified issues identified during our inspection. Please see the Safe section of this report for full details.
- Care plan audits did not review whether the care plans were reflective of people's current needs and risks. The registered manager told us a member of staff reviewed this each month, however there was no record of this.
- There were no records of reviews completed of people's care plans. This meant there was no oversight of whether people's records were accurate and complete in relation to people's current needs. This placed people at risk of receiving inappropriate care for their needs.

The provider had failed to ensure governance systems in place were effective in identifying risk and improving the quality of the service. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took action immediately following inspection and recorded dates of reviews for people's care records. They also told us they plan to revise people's care records.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the home. One relative told us, "The ethos of the service is that the most important thing is to be caring and treat people as human beings."
- People enjoyed living at Underhall Respite and Resource Centre. One person told us, "I feel relaxed here." Another person said, "[Staff] are joyful, we have some fun, they are always helpful."
- Staff understood the visions and values of the service. This was demonstrated in the care they provided, and we observed staff to be kind and caring during our inspection. One member of staff told us, "It's such a good atmosphere, we are all doing our best for them, it's a pleasure to work there."
- People were supported to achieve good outcomes. For example, one relative told us their loved one was lonely prior to living at the home, but since moving in they had made friends and took part in lots of activities.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under duty of candour. Staff and relatives felt the registered manager worked in an open and transparent manner.
- The registered manager understood the regulatory responsibility to submit notifications to the Care Quality Commission as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had the opportunity to feed back into the running of the service. Regular meetings were held with people and there were opportunities for one to one feedback with a member of staff. We saw how their feedback was used, for example when deciding how to celebrate national holidays.
- Staff meetings were held regularly which allowed staff to make suggestions. Staff told us they felt listened to. One staff said, "Anything that anyone has got as an idea is listened to, if it works for the people."

Working in partnership with others

- The provider worked with a range of external health and social care partners. We saw regular communication with these professionals within people's care files and relatives shared they were confident the service referred to relevant healthcare professionals when required.
- When referrals were made to different health care professionals any guidance provided was shared with staff during handover.
- The service also liaised with a local pastor who visited people to support their religious needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to have effective systems in place to monitor running stock of medicines. Best practice guidance in relation to as required medicines and recording of opening dates was not always followed. This placed people at risk of harm.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure governance systems in place were effective in identifying risk and improving the quality of the service.</p>