

Mr Abid Y Chudary and Mrs Chand Khurshid Latif

Speke Care Home

(Residential)

Inspection report

96-110 Eastern Avenue
Speke
Liverpool
Merseyside
L24 2TB

Tel: 01514252137

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

At our inspection on 20 and 24 April 2015 we identified that the service had a number of breaches of regulations. The service was rated inadequate.

We undertook a comprehensive inspection on the 19 October 2015. Our inspection visit was unannounced. During this visit we followed up the breaches identified during the April 2015 inspection. We found that the provider had made improvements in some areas but we also found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found breaches of Regulations, 9, 11, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 remained.

We undertook a further inspection on the 19 and 20 May 2016. Our inspection visit was unannounced. During this visit we followed up the breaches identified during the April 2015 and October 2015 inspections. We found that the provider had made improvements in some minor areas. We also found a number of continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found breaches of Regulations, 9, 11, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 remained. The service was again rated inadequate.

We undertook this inspection to follow up the breaches identified at the May 2016 inspection. We found the breach of Regulation 11 had been met but the breaches of Regulations 9, 12, 17 and 18 remained and we identified a new breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. The home required a registered manager but there was not one currently in post. The last registered manager left the home in January 2015.

We found concerns with the safe storage of medicines as the temperatures of the storage areas were not properly monitored. We also found concerns with the way that risks were monitored in the home.

We found that staffing levels were not adequate to safely meet the needs of the people who lived in the home.

The home had improved the way that it monitored people's needs under the Mental Capacity Act 2005. Deprivation of Liberty Safeguard (DoLS) applications had been made to the local authority and staff had a better understanding of the issues as they had been trained.

Nutrition and hydration management was found to be unsafe and people were at risk of not receiving prescribed nutritional supplements.

Care was provided by staff who knew the people who lived in the home and how they liked to be supported. We observed warm, positive interactions and people were happy with the care that they were receiving.

We found that the practices in the home were not adequately audited or monitored and that the management and provider oversight in the home did not provide safe or effective care.

The overall rating for this service is 'Inadequate' and the service therefore remains in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Medication efficacy was potentially compromised as there were inconsistent records of temperatures maintained which meant medicines might not be stored safely.

Staffing levels were not adequate to meet the needs of the people using the service.

Risks were not consistently monitored as identified in the risk assessment which meant that people were potentially at risk from harm.

Is the service effective?

Inadequate ●

The service was not effective.

People were at risk from not receiving appropriate nutrition and hydration and their intake was not recorded consistently when this was required.

People's consent to care was now recorded appropriately within their care records and the home was working within the Mental Capacity Act 2005.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Staff were caring, kind and respectful.

People had to wait for care and support as staff were often busy and unable to support them in a timely manner.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans did not fully reflect people's needs which meant that people were at risk of receiving inappropriate care and support.

There were no activities to stimulate or support people's well being.

Is the service well-led?

Inadequate 

- The service was not well led.
- The home had no Registered Manager as required by law.
- The auditing systems in the home failed to identify concerns and issues with the care practices.
- People were happy with the care provided.

Speke Care Home (Residential)

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 on the progress of the provider towards 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 17 and 28 August 2016 and was unannounced. The inspection team consisted of two adult social care inspectors and one adult care inspection manager. During the inspection, we spoke with seven people living at the service, five relatives, seven staff, a maintenance person, the deputy managers and an acting deputy manager and the provider.

We observed care and support in communal areas and walked around the building. We reviewed a range of records about people's care and how the home was managed. We looked at the care for five people, this included looking at care records, risk assessments, monitoring records, food and fluid records, turn charts, daily records, professional visits records, diary records, menus, medication administration records and care plans.

We also looked at quality assurance audits available at the inspection.

Is the service safe?

Our findings

The people we spoke with told us or indicated by nodding, that they felt safe and comfortable in the home.

Relatives told us they were more than happy that the home was a safe environment and a professional told us that she would happily place her relative in the home. One said, "I know she's safe; we all know she's safe".

At our previous inspection, we identified that risks to people's health and welfare were not properly addressed with records not reflecting changes in condition and that risks were not properly identified or monitored. At this inspection we found that there were still gaps in the monitoring of risks at the service. For example we looked at one person's records at risk from receiving poor care. This person was cared for in bed for the majority of the time and had bed bumpers in place. The risk assessment stated that the bed bumpers should be monitored to protect the person's safety. We looked at the safety monitoring records and saw that the checks were regularly missed and there were gaps in the records.

This was a continued breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as care and treatment was not provided in a safe way.

At our previous inspection we found that medicines were not always administered and stored safely. At this inspection we found that a number of improvements had been made but that these were not sufficient to meet the breach in the regulation.

It was very hot on the days of the inspection. The room where the medicines were stored was very warm and the medicines fridges temperatures were not monitored consistently. Staff commented to us that the medicines room was often very warm. Heat can affect the effectiveness of medicines and they should always be stored in a safe and consistent temperature. This was still not happening at the service despite it been reported to the provider at our previous inspection.

We also noted that prescribed nutritional supplements were not recorded on medicine administration records (MAR) sheets and were potentially not administered in accordance with the prescription.

These examples were breaches of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as medicines were not managed safely.

At our previous inspection we had reported that staffing levels were appropriate and were meeting the needs of the people who lived in the home.

We were informed by the staff that the provider had reduced the staffing levels in the home. We saw records to demonstrate that there had been a 13% reduction in care hours provided in the home. We spoke with seven staff members and all of them informed us that there were not enough staff and they were extremely busy and found it difficult to meet people's needs.

In the dementia unit we saw that there were three people who had very high dependency needs and required the support of two staff to support them safely, to meet all their care needs. We saw that these people required hourly or two hourly checks or turns to be made that required two staff. However, only one person was working in this unit of the home and we looked at staff rotas and saw that only one person was rostered to work in this unit on the August 2016 rotas. This meant that staff had to call through to the other part of the home when they required assistance to meet people's needs. This meant that people's needs could not be cared for in a timely manner.

This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there were not sufficient numbers of staff to meet people's needs.

We looked at the premises safety and found that the appropriate checks had been made. At our previous inspection we had asked the provider for evidence that the risk of legionella in the home's water systems was monitored. Legionella bacteria naturally occur in soil or water environments and can cause a pneumonia type infection. It can only survive at certain temperatures. Under the Health and Safety 1974, a provider has a legal responsibility to ensure that the risk of legionella is assessed and managed. Legionella checks and monitoring had not been completed. We checked at this inspection and found that the appropriate checks were being made. We also saw that infection control was being monitored in the home. We did not note any concerns with this. There were safety wrought iron grills on the windows and the appropriate fire safety checks had been carried out.

We looked at the arrangements for managing safeguarding concerns and we saw that the staff were trained and appropriate steps were being taken to keep people safe and reporting mechanisms were in place.

We asked about staff recruitment and were told that there had been no recent recruitment of new staff at the home due to the home's future being uncertain.

Is the service effective?

Our findings

A person told us happily when we asked about the food, "It's alright".

A relative told us, "I know they have choices".

At our last inspection we had noted some concerns about the recording and monitoring of people's dietary intake. At this inspection we noted further more serious concerns.

We looked at the monitoring records where staff recorded the food and fluids offered to people and the amounts consumed. This was particularly relevant for supplementary drinks where it was recorded. As such, supplementary drinks were not monitored appropriately in order to make sure that the person received the correct amount. We looked at the dietary records for one person and saw that the fluid intake monitoring had not being completed appropriately as stipulated in their care plan.

Another person was prescribed nutrition drink supplements. These were prescribed three times daily however we noted three one day, two the next and one the day after. This meant that appropriate action had not been taken to ensure this person received the nutritional support they required to maintain their well-being.

There were concerns and gaps in all five people's monitoring records we looked at. The provider has the information in place for staff however the gaps in the records made it difficult to know if all of the supplements had been provided.

We had significant concerns about one person. This person had lost 7kgs in weight and had been referred to the dietician. They had already been on a fortified diet. The monitoring records did not show that this person had received their supplementary drinks however the kitchen records indicated that the drinks had left the kitchen. The person's weight loss would suggest that they were not getting what was required and the home could not demonstrate that they were. We were also concerned that this significant weight loss had not be noticed and raised as a concern earlier.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured that people has adequate nutrition and hydration.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the 'Deprivation of Liberty Safeguards' (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At our previous inspection we had concerns that the service was not working within the Mental Capacity Act 2008. At this inspection we found that improvements had been made. DoLS applications had been made and followed up for all the people living in the home and the record keeping in relation to consent and capacity had improved. However, a relative told us they had never heard of a DoLS and had never attended a 'best interest' meeting to discuss their family member's potential application.

We looked at the staff training and saw that some improvements had been made and that many staff had received more recent training in the MCA and DoLS, for example. They had also received other training, such as equality and diversity, food hygiene and dementia.

We asked about supervision and appraisals and were told by some staff they had supervisions every three months and other staff told us it occurred every six months. However records we looked at showed that these were not completed or recorded consistently.

The home had been purpose built some years ago and was looking tired and shabby in parts. All the current people resident in the home were now accommodated on the ground floor. We were told that there was no additional funding for any improvement to the home due to the uncertainty of its future.

Is the service caring?

Our findings

A relative told us, "Some of the staff knew Mum before she came here"

One staff member told us, "The staff here are really good staff. It's a family thing". Another staff member said, "There are people here who have watched us [the staff] grow up".

We saw staff interacting with people who lived in the home. We saw that staff obviously knew people well and how they liked to be supported. We observed warm, positive interactions and staff supporting people in kind, respectful ways.

We noted that all staff on duty knew people who lived in the home well and were able to communicate with them and meet their needs in a way each person wanted. We saw staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred. People had been enabled to personalise their own rooms; we were shown several people's bedrooms. Relatives told us they were happy with the rooms and if they had an issue with them, they would report it to the manager. We looked at the maintenance records which showed that any issues were dealt with promptly.

We noted that staff were very busy and were unable to spend any quality time with people but they had many tasks to complete. One staff member told us, "It's hard because we can't sit with people and chat much because there is so much to do".

People were supported to make sure they were appropriately dressed and that their clothing was chosen and arranged to ensure their dignity. Staff were mostly seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if this support was needed.

However, at times, we saw examples of people asking for support and having to wait until a staff member was able to help them. We were also concerned about the people waiting for care in the dementia unit until the two required staff were available to help them.

A relative however, told us, "We don't see no fault in the care staff. [Name] is always well turned out and has had here hair done".

We saw that improvements had been made to the end of life care plans in people's care files. At our last inspection we had concerns that the care plans did not show the required information relating to people's wishes. At this inspection we noted that this information had been updated to show what people wanted and how they wished to be cared for when the time came.

Is the service responsive?

Our findings

One staff member told us, "It's all about giving people choices; not just in food".

We did not see any activities taking place in the home on either day of the inspection. We were told that the activities coordinator had left the home the previous week and would not be replaced due to the uncertainty of the home's future. This meant that staff were responsible for providing activities as well as completing care tasks and the staff told us that they did not have time to do this.

We looked at the care plans and saw that some improvements had been made. There had been attempts to incorporate more person centred information in the care plans, an issue we had raised at our previous inspection. However, there were still gaps in the care plans and the monitoring records of people's care were consistently poor meaning that people were still at risk from receiving poor care.

People had not been involved in writing or reviewing their care plan and one relative told us, when we asked, if they had contributed to the creation of the care plan, or in reviewing it, they said, "No, I haven't seen it".

This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not have suitable arrangements in place to make sure that people received care and treatment that met their needs, reflected their preferences and that was appropriate.

We saw that the complaints procedure was displayed in communal areas of the home. We asked about complaints and saw that they were managed appropriately and within the time scales on the provider's policy. The people we spoke with did not raise any complaints and said that the acting manager was approachable. A relative told us, "I have got no complaints whatsoever". Another said, "Yes, I know how to make a complaint but I have never felt the need to".

The home worked with outside professionals who visited regularly, such as the community matron and social workers.

We saw a collage poster in the corridor which contained photographs of a recent outing to a nearby safari park. Staff told us they had raised the money for this themselves. They told us that a couple of weeks ago they had held a car boot sale in order to raise funds for another outing to a nearby garden centre where they planned to have tea. One staff member told us there was no additional funding from the provider for activities.

Is the service well-led?

Our findings

A healthcare professional told us, "It [the home] is a community within a community".

At the time of our visit there was no registered manager in post. The registered manager left the employment of the provider in January 2015. An acting manager was in post but they had not yet applied to become the registered manager of the home. The provider informed us that this was due to the home's uncertain future.

We saw that the acting manager undertook a range of audits which included a weekly medication audit, monthly accident and incident audit, weekly premises audit and a care plan audit. We found however that the some of these audits were not effective in assessing and monitoring the quality of the service. There was no improvement from the same issues identified at our May 2016 inspection.

For example, we looked at five peoples care records and found inconsistencies in all five records. We asked for evidence that the quality of people's assessment and care plan information was checked to ensure it was accurate and adequate. The monitoring of care that these people were provided with was inconsistent and the acting manager had recognised in audit records completed and recorded, but there had been no further action taken and consequently the situation remained the same.

The systems in place were not sufficient to ensure the delivery of high quality care. During the inspection we identified failings in a number of areas. These included medication storage management, stimulating activities for people who lived in the service, recognising risk and monitoring the risk, nutrition and hydration monitoring and adequate staffing levels to meet people's needs.

We spoke to the provider to ask questions about the management and oversight of the home. The provider was very defensive and refused to answer our questions which made it difficult to assess the current management practices within the home.

These examples are continued breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the audit systems were not sufficiently effective to assess, monitor and mitigate the risks to people's health, safety and welfare.

The staff feedback about the manager was good. The staff reported that they found the manager to be approachable and supportive. One said, "I can approach her if I have any concerns. We work as a team and all come together. We have staff meetings every month".

We saw that the home had recently asked people and their relatives if they were happy with the care that they received. We saw that feedback was generally good and that the results from the questionnaire were displayed in the communal areas in the home.