

Care UK Community Partnerships Ltd

Silversprings

Inspection report

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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

We undertook an unannounced focused inspection of Silversprings on 19 September 2018 and 03 October 2018. The team inspected the service against two of the five questions we ask about services: is the service well led and safe. This was because we received concerns about catheter care which indicated people were not receiving safe care and treatment. No risks, concerns or significant improvement were identified in the remaining Key Questions, effective, caring and responsive through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Silversprings is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides residential and nursing care for up to 64 people, some of whom are living with dementia.

The premises is divided into three units, Bluebell, Tenpenny and Caroline. Bluebell provided accommodation for people who required nursing care. Tenpenny provided accommodation and support to people with a diagnosis of dementia and Caroline provided support for older people. At the time of our inspection 48 people were using the service.

There was a registered manager in post. 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.

Following our previous inspection on 27 March and 29 March 2018 the service was given an overall rating of requires improvement. Although, the provider was not in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 we found improvements were needed in relation to the allocation of staff, specifically in Caroline unit. Additionally, the morale of staff was low, because they did not feel supported. At this inspection we found whilst improvements had been made to support staff, systems to assess and respond to risk, specifically in relation to catheter and PEG care, had not been consistently applied or managed to protect people from harm, or the risk of harm occurring.

On the first day of the inspection we continued to find issues with people's clinical care, despite the safeguarding concerns that had been raised about poor catheter care. Changes in the management team meant there had been periods of time where there was a lack of clinical leadership on the premises. We found ongoing issues, in relation to staff skills, recording and documentation around catheter care and where people had a Percutaneous Endoscopic Gastrostomy (PEG) in place. This is a tube which is passed directly into a person's stomach to provide a means of feeding when oral intake is not adequate, because of poor swallowing. Whilst it is recognised improvements, had been made by the time of our second visit, routine visits by the quality development manager, and monthly documentation audits carried out by the

management team had not identified the ongoing issues. The provider had a range of audits in place for monitoring the quality of performance, risks and regulatory requirements, however we found these were not robustly used to identify failings in the service.

The registered manager had been open and transparent and worked well with the local authority safeguarding team to investigate what went wrong in relation to the failings associated with the poor catheter care. They had completed an investigation, a 'route cause analysis' to understand what went wrong and developed an action plan to prevent this type of incident happening again.

People received their medicines, when they needed them and as prescribed by their GP. Policies and procedures for management of medicines, including recording and storage of medicines reflected professional guidance and were current, but not always being followed by staff. We have made the following recommendations about the management of medicines.

We recommend that the medicines policy should be readily accessible for all members of staff responsible for administering medicines and that staff are trained to follow the policies and procedures correctly.

We recommend that the service considers current guidance on 'storage of medicines' and take action to update their practice accordingly.

There were enough staff to meet people's needs. Staffing numbers specifically on Caroline unit had increased. Systems for recruiting new staff were carried out safely to ensure potential employees were suitable to work at the service.

The results of the 2018 staff survey, which had a 100% response rate confirmed staff morale had improved. Staff told us they felt supported, appreciated and understood what was expected from them. Group supervisions had taken place to ensure staff had the skills and knowledge they needed to provide the right care to people using the service. This had included, continence management, catheter care documentation and recording. A template for 'pre- catheterisation considerations' and a 'how to catheter guide' had been used to aid group supervisions and provide additional guidance for nursing and care staff. Additionally, care staff had completed a self-assessment with regards to catheter care, completed training and had been observed providing catheter care.

Staff understood their responsibilities to raise concerns, and demonstrated a good awareness of safeguarding procedures, how to recognise and report signs of neglect or abuse.

People, their relatives and staff were encouraged to share their views and provide feedback about the service. People's comments, referred to good food, a clean home, staff were pleasant and made them feel at home. Relatives had mixed views about how well they were kept informed about their loved ones, but were overall positive about the service provided.

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 consistently safe.

Systems to assess and respond to risk, specifically in relation to catheter and PEG care, were not always consistently applied or managed to protect people from harm, or the risk of harm occurring.

People's received their medicines as prescribed by their GP. Policies and procedures for management of medicines reflected professional guidance and were current, but not always being followed by staff.

There were enough staff to meet people's needs. Systems for recruiting new staff were carried out safely to ensure potential employees were suitable to work at the service.

Staff understood their responsibilities to raise concerns, and demonstrated a good awareness of safeguarding procedures, how to recognise and report signs of neglect or abuse.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Systems used to monitor the quality and safety of the service were not always effective, and had not identified the ongoing risks to people in relation to catheter and PEG care.

Where things had gone wrong in the service, the registered manager had been open and transparent. Where failures had occurred, they had investigated and used the findings to make improvements to the service

People, their relatives and staff spoke positively about the registered manager. Staff morale had improved. Staff felt supported by the management team.

Requires Improvement ●

Silversprings

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.

The inspection was prompted in part by notification of an incident following which a person using the service was admitted to hospital because of alleged unsafe care and treatment. This incident has been brought to the attention of the Police, and the Local Authority safeguarding team. The information shared with CQC about the incident indicated potential concerns about the management of risks, in relation to catheter care, Percutaneous Endoscopic Gastrostomy (PEG) care and medicines management. This inspection examined those risks.

This inspection took place on 19 September 2018 and 03 October 2018 and was unannounced. The first day of the inspection was carried out by two inspectors. The second day of the inspection was carried out by one inspector, a pharmacist inspector and a Specialist Professional Advisor (SPA). The SPA had specialist knowledge of caring for the elderly including dementia care and palliative care.

Before the inspection we looked at previous inspection reports and the details of complaints, safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury.

We spoke with seven people who were able to express their views. We spoke with two relatives who were visiting their family members. We also spoke with two nurses, four senior staff, five care staff, the clinical lead, deputy manager, registered manager, and the area manager and regional director for the company.

We looked at nine people's care records, two staff files and reviewed records relating to the management of medicines, staff training and how the registered persons monitored the quality of the service.

Is the service safe?

Our findings

On the first day of our inspection we looked at four people's care records who had catheters in place to help manage their continence. One person told us, "The staff have taught me how to empty my bag and they are very strict. They measure and record the amount. I always wash round the catheter with soap and water and the staff always check that I have done this." However, it was not clear from the paper or computer records how people's catheter care was being provided on a day to day basis. There was no record to reflect how and when catheter bag changes were to be undertaken, how to keep the site clean, what the night care arrangements were and to ensure the correct use of catheter bag stands. Staff were unable to tell us what the arrangements were and did not know how often the catheter bags should be changed. Each person had a Urinary Tract Passport, (catheter passport) which documented when the catheters had been inserted, when changed and the size of the catheter. The passport contained guidance for staff on how to provide good catheter care. This included, instructions for ensuring the catheter was draining well. The guidance also stated catheter bags needed changing every seven days according to manufactures instructions and the leg bag to be dated. When we checked people's leg bags, none had been dated to guide staff to when it was next due to be changed.

One person's care records identified they had had a catheter fitted because they did not fully empty their bladder. Their plan stated, 'staff to ensure the catheter bag is emptied regularly and documented on the fluid chart.' Their records did not reflect this information. Fluid management is key to minimising the risk of dehydration, infection and possible catheter blockages. Care staff told us their role was to monitor people's fluid input and output and to empty their catheter bags. Staff told us, if there were problems, for example, if a person was not passing any urine, or had signs of infection, they would refer this to the registered manager, or district nurses. However, we found fluid charts were not being completed in full, or calculated at the end of the day to monitor people's fluid consumption, and urinary output. People's fluid charts all had a target of 1600mls across 24 hours, irrespective of their size and weight, and activity levels. One person had exceeded the 1600 mls target and was recorded as having consumed 2700mls, however their records showed they had only passed 1125mls. Their catheter passport showed their catheter had blocked six times between April and September 2018 and that they had a history of retention. Urinary retention is a side effect of the bladder not emptying properly and can be caused by an obstruction or an infection. No action had been taken to check if this person was in retention, however entries later in the week reflected their catheter was draining well. The deputy manager told us they planned to discuss changing the size of the catheter with the persons GP, to prevent further blockages.

One person's care records showed they had a Percutaneous Endoscopic Gastrostomy (PEG) in place. Their care plan lacked detail about how staff were to manage the PEG, which requires flushing through to prevent blockages and rotation of the tube to keep the stoma site healthy. Their care needs summary reflected the PEG was to be removed as they were now able to eat small meals and have thickened fluids, three times daily. In the meantime, a letter from the Speech and Language Team in April 2018 stated, 'charts were to be kept for all fluids orally and via the PEG.' Their fluid balance charts did not always identify if fluids were administered orally or via the peg and the total consumed was not always meeting the target. Neither was a record kept reflecting the PEG was being flushed through to prevent blockages.

When we returned on the 03 October 2018, the SPA looked at the previous four people's care records in relation to catheter and PEG care. Examination of fluid charts for the last five days, from 28 September to 2 October 2018 showed that the recording on fluid charts had improved. People's records contained the correct information, including evidence that catheter bags were positioned correctly, well secured to the person's leg (when required) and confirmed these were draining well. Records showed that the person's PEG care had improved. The PEG tube had been regularly flushed with water to keep it functional. Also, a record had been made of a weekly rotation of the tube, and checks to ensure the stoma site was clean and healthy. People were observed being encouraged and supported to have fluids at different times of the day. One person, who had asked for a hot drink, had a cup of tea brought to them almost immediately, as requested. Another person who spent most of their time in their room had a drink close by. Their fluid charts showed they had been offered a drink every hour, and their care records showed there was no sign of dehydration, or constipation and their skin was intact.

The SPA also looked at a further two people's care plans to assess if their care needs had been followed in relation to wound care and diabetes management. Records showed staff were regularly monitoring, repositioning and applying barrier creams to people at risk of developing pressure wounds. Equipment, such as air mattresses and cushions had been provided to prevent wounds developing. None of the people using the service at the time of our inspections had pressure related wounds, however one person had a diabetic ulcer on their leg. This person had no diabetes plan in place to guide staff on how they were to manage their diabetes. However, we saw a wound assessment chart had been completed providing details of the wound and a treatment plan, as recommended by the tissue viability nurse was being followed. Photographs taken and the wound evaluation showed that the wound had improved and stabilised.

On the first day of our inspection we heard a conversation between two staff about a person's breathing. They were querying about whether the person's diuretic medication had been changed, to reduce water retention, which was potentially causing their breathlessness. The person's computer records showed an entry on 17 September 2018 (two days before the inspection) where the GP had increased their diuretic. Neither the prescription or medicine had been obtained. The deputy manager told us this information would have been passed over to staff at the handover meeting. However, the handover forms for 17 and 18 September, made no reference to the increase in the person's diuretic, and that the prescription needed to be collected. The deputy manager immediately chased the surgery for the prescription. Another person's care records reflected they had been admitted to the service on palliative care. Their Medication Administration Record (MAR) chart identified they had been prescribed medicines to be administered via a syringe driver, including a controlled drug. It was not clear from the MAR chart when these medicines were to be administered, or if they were being administered. The nurse was unable to confirm what the arrangements were for administering these medicines. Medicines had been hand written on the MAR, and had not been signed by two nurses as recommended by the National Institute for Health and Care Excellence (NICE) guidance, for managing medicines in care homes, which states, 'hand-written medicines administration record is produced only in exceptional circumstances...' and 'The new record should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used.'

Due to concerns about medicines, a pharmacy inspector was part of the team on the second day of the inspection. They examined the records of people's medicines delivered via a syringe driver. They found a separate form had been developed which included more detail about the method and frequency of administration. This was accompanied by clear written instructions from the GP. The staff were using the forms correctly and had kept records of the administration of medicines via the syringe driver. However, the pharmacists review of MAR charts both current and past confirmed nursing staff had been hand writing MAR charts when people were admitted to the service. This involved writing the name, quantity and dose of medicines. Where these had been hand written and not checked by a second nurse, there was a potential

for errors in recording not being identified, placing people at risk of receiving incorrect medicines. This practice was not in line with the providers medicines policy, or the NICE guidelines described above. The providers policy and procedures for medicines were robust and fit for purpose, covering all aspects of medicines management including ordering stock, storage, administration and destruction. However, these were only available to staff members on the computer. There was no access to the computer from the treatment rooms. We recommend that the medicines policy should be readily accessible for all members of staff responsible for administering medicines and that staff are trained to follow the policies and procedures correctly.

The pharmacist inspector looked at all other aspects of medicines management in the service and found adequate systems were in place to support the safe use of medicines. People told us they were happy with the way medicines were provided to them. Staff were following correct procedures for administering medicines, including via the syringe driver and medicines administered disguised in food or drink (covertly). However, the pharmacist identified some improvements were needed, for example, people's injections were all being stored in the same box in the treatment room, which had the potential for error when administering. The controlled drugs cabinet in the nursing unit was not fit for purpose, it was too small and filled to capacity. There was no room for stock separation of people's controlled drugs within the cabinet. We recommend that the service considers current guidance on 'storage of medicines' and take action to update their practice accordingly.

Our previous inspection identified staffing numbers, specifically in Caroline unit were not always sufficient to meet people's needs. At this inspection the registered manager told us, they had reviewed the dependency tool to assess the staffing ratio and listened to staff. As a result, they had increased staffing numbers by one in the mornings. Staff on Caroline unit confirmed this. One member of staff told us, "The number of staff on the morning shift has increased by one, this has made a difference, it makes the mornings run more smoothly. It's definitely helped, it has made a big difference." A relative told us, "Staff are visible during the day but accept that there are times when the service is slower as they are busy. One or two extra staff would make a difference but overall my observations are it is good on the whole." Two new staff had started employment on the first day of our inspection. Both had been recruited to fill vacancies on nights. The registered manager told us this left one night vacancy, which was currently being covered by staff, bank staff, or agency. They stated agency staff were only used as a last resort, but where needed they tried to use the same nurses. This was confirmed in discussion with staff and a relative. The relative told us, "Care is good, there is less agency and my [Person] is more settled. There is enough staff and they are kind."

Information shared with us prior to this inspection raised concerns about a person being admitted to hospital with no staff escort and insufficient information about their needs. This was confirmed by the registered manager, who stated this was not normal practice. They told us seven staff were deployed across the service, at night, two in each unit, with a floating member of staff moving between the units as needed. The seventh member of staff at night had previously been introduced because of an increased number of falls, and to provide support if people needed to go to hospital. The registered manager told us the usual procedure was to send a member of staff, as an escort with the person. Staff spoken with confirmed this. One member of staff told us, "If a person becomes unwell we can use staff from other units. If two people need to go to hospital we can ring the on-call person for assistance." The registered manager also told us, they had used the 'Red Bag' scheme when people were admitted to hospital. The 'Red Bag' is an initiative designed to accompany people from care homes when they need to go to hospital in an emergency. The bag contains key information about their general health, including any existing medical conditions and medication they are taking. A member of staff confirmed this, stating, "We have a red folder with key information about people such as how they walk and if they have a pressure ulcer. We also send a care needs summary with them, so that the hospital staff know how to support them."

Staff confirmed they had completed an induction when they first joined the service. One member of staff told us, "When I first joined I did not receive a good induction, however this was before the registered manager we have now. Things are better now, and the new deputy manager is really supportive, they point you in the right direction." One nurse told us, "I had an induction, which included medicines. I read the care plans and had training, including a clinical skills workshops." The registered manager told us and records showed that the two new night staff had commenced on a two week induction and were shadowing more experienced members of staff. The induction comprised of working days, and nights to meet people using the service, and to complete the required induction paperwork.

People told us they felt safe living at the service. One person told us, "They are very good here, I couldn't ask for anyone better." A relative told us, "The home is generally okay, my [Person] is well cared for. Staff are very friendly." Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. These provided clear guidance to staff on how to report concerns within and outside the organisation. Staff told us they had received updated safeguarding training and were aware of different forms of abuse and their responsibility to report concerns. They demonstrated a good awareness of procedures to follow and knew who to inform if they witnessed or had an allegation of abuse reported to them. One member of staff told us, "It is my job to keep people safe. I do not think it is a problem here as staff are very kind." The registered manager was aware of their responsibility to liaise with the local authority where safeguarding concerns had been raised and such incidents had been managed well.

Is the service well-led?

Our findings

This inspection was undertaken due to concerns raised with us about an incident where a person using the service was admitted to hospital because of poor catheter care and who later developed sepsis. Feedback from the local authority safeguarding team and records showed the registered manager had been open and transparent about the failings associated with the person's poor care. They had completed an investigation, a 'route cause analysis' to understand what went wrong and developed an action plan to prevent this type of incident happening again. The action plan was shared with us on the 25 September 2018. The action plan listed actions taken to improve catheter and PEG care. These included, but were not limited to, ensuring all nurses retake four-day clinical skills workshops covering, catheterisation, (including suprapubic catheters) wound care, peg management, and syringe drivers and have their competency assessed. New care workers were to receive a two-week induction, which included training on catheter and pressure wound care. The action plan also stated, nurses or senior staff were to change catheter bags on a Monday and sign and date the back of the bag, and to combine all fluids provided on one chart. Nurses were instructed not to keep separate charts for fluids given via PEG, so that there could be better monitoring of people's total consumption and output. However, we found catheter bags were not being routinely changed and dated, and fluid charts were inaccurate.

The registered manager told us there had been changes in the management structure. A new deputy had been appointed. The previous clinical lead, who had resigned was returning full time as of the 01 October 2018. These changes, meant there had been periods of time where there was a lack of clinical leadership on the premises. Therefore, issues we found at this inspection and as identified by the registered manager as part of their investigation in relation to the management of catheters, PEG care and medicines, had continued. Whilst it is recognised improvements, had been made by the time of our second visit, routine visits by the quality development manager, and monthly documentation audits carried out by the management team had not identified the ongoing issues.

Whilst the provider had a range of audits in place for monitoring the quality of performance, risks and regulatory requirements, we found these were not robustly used to identify failings in the service. For example, they had not identified issues with poor catheter management. The regional director provided information from the quality development manager about the monthly clinical audit, which monitored compliance at the service. Following these visits areas for improvement were fed back to the registered manager, to make the required improvements. The audits in July and August 2018 had looked at continence management and a score of 93% compliance for accuracy of assessment had been rated. The audit had checked that people's care plans were reflective of their needs and appropriate continence aids were in use. However, this had not recorded, if checks had been made to ensure staff were carrying out the person's care as stated in their care plan or checked that appropriate documentation was being completed. The audit made no mention of the investigation that was taking place into the incident where the person had been admitted to hospital, other than 'sepsis?'.

Monthly analysis of incidents and accidents looked at falls, infections, behavioural issues and deaths. Records dating back to August 2017, showed recurrent urinary tract infections (UTI's) had been identified in

people with and without catheters in situ. The audits reflected these continued to increase over the following months, and noted these were predominately occurring in people living in Caroline unit. In August 2018, 13 UTI's had been identified. All had been seen by the GP and prescribed antibiotics. Throughout the year, each analysis had advised push fluids and monitor on fluid charts. The regional director told us the registered manager had discussed the issue with the GP, and as a result changed the way people were tested for UTI's to prevent unnecessary antibiotics being prescribed. However, there had been minimal decrease in the number of UTI's and no other action had been taken as to why the high number of UTI's occurred, such as seeking advice from a urologist, or refereeing to the National Institute for Care and Excellence (NICE) quality standard for diagnosing and managing urinary tract infections in adults.

Our previous inspection identified that staff did not always feel listened to, or included in the running of the service and work was needed to improve staff morale. At this inspection staff told us a previous member of staff had not been aware of their behaviour and the negative effect it had on morale. They described being bullied and shouted at. However, staff told us changes in the management structure had made a big difference to staff morale. One member of staff told us, "The registered manager and the new deputy make a good team." Another member of staff commented, "The new deputy is amazing, their approach is much better, they approach us in an adult way, they don't barge in and they let us make our own decisions. If we get it wrong, or make a mistake then it is dealt with in a supportive way. They have good people's skills."

Staff told us they felt supported and understood what was expected from them. Nursing staff told us they had received supervision and guidance about catheters since the incident occurred. Additionally, care staff had completed a self-assessment with regards to catheter care, completed training and had been observed providing catheter care. A template for 'pre- catheterisation considerations' and a 'how to catheter guide' had been developed to aid group supervisions. We saw these group sessions had taken place which had included continence management, catheter care documentation and recording. Additionally, a flow chart had been designed guiding staff on the actions they needed to take, if a person who had a PEG, or supra pubic catheter in situ was sent to hospital in future. This included ensuring the red bag contained the required information.

The deputy manager told us they carried out competency assessments and spot checks to monitor staff practice". This was confirmed by a nurse, who told us, "I am one of the staff who have been trained to change catheter bags. I use strict infection control techniques. I record in the progress notes the process that I have gone through and I also record my name and the date I have changed the bag. I have had a competency assessment by the clinical lead. They have assessed all staff when they do catheterisation, change bags, and empty urine bags." The clinical lead told us, "I always make sure that only staff trained in the procedure carry out catheterisation. I clinically supervise and assess staff's competency involved in the process giving them feedback, so that they take corrective steps immediately."

The results of the 2018 staff survey, which had a 100% response rate confirmed staff morale had improved. The staff survey had asked staff to identify three things that had worked well. Responses included, knowing how to raise concerns, felt proud of the work they did and knew what was expected from them at work. Discussions with staff confirmed this. One member of staff commented, "We have a good staff team, we work together and share roles, which helps to create a calm atmosphere for the residents." The registered manager confirmed a lot of work had gone into improving staff morale to say thank you. They told us, they had held barbeques, chocolate fountains, doughnut and pizza days to say thank you to staff and let them know they are appreciated. Where staff had won awards for going above and beyond what was expected of them, they had been provide with flowers to say thank you. The Regional Director also visited the service on a regular basis, so that staff had an opportunity to discuss issues with them directly. Staff also had access to an employee assistance program. The registered manager told us, they would always make

themselves available to speak with people, relatives or staff if they had any concerns. This was confirmed in discussion with relatives, one person told us, "There have been a few management changes which has meant they are not as visible, but I know if I had any concerns I could speak with them, they have an open door." Another relative commented, "The management of the home has improved over the last two years."

People, their relatives and staff were encouraged to share their views and provide feedback about the service. The registered manager provided copies of the 2017, annual quality assurance surveys completed by people using the service and their relatives. People's comments, referred to good food, a clean home, staff were pleasant and made them feel at home. People said they felt well looked after, had no complaints and would recommend the home. Relatives comments included, "Silversprings is very friendly and there has always been a warm and welcoming atmosphere", and "Staff respect residents and care and kindness is shown at all times, not just to my relative, but all other residents" and "bearing in mind how busy they are they always make the time to spend with my relative." However, relatives had mixed views about how well they were kept informed about their loved ones. Comments varied from staff knowing the person well and responding immediately to any queries, to, "There could be more continuity of staff working on the units, as sometimes when I ask a question, I am told, I don't know I wasn't working on this floor."