

Four Seasons Health Care (England) Limited Preston Glades Care Home

Inspection report

196 Miller Road
Ribbleton
Preston
Lancashire
PR2 6NH

Tel: 01772651484
Website: www.fshc.co.uk

Date of inspection visit:
30 July 2020

Date of publication:
13 October 2020

Ratings

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

Summary of findings

Overall summary

About the service

Preston Glades Care Home is a residential care home providing personal and nursing care to 33 people aged 65 and over at the time of the inspection. The service can support up to 65 people. Preston Glades Care Home is a purpose-built home based over two floors and the home is divided into three units. At the time of the inspection, only two units were open. One unit specialises in providing care to people living with dementia.

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

People who lived at the home told us they felt safe. Risk was appropriately managed. People said they received their medicines on time and as stated. We found improvements had been made to ensure medicines were managed safely and in line with good practice. However, these had not been fully embedded. We have made a recommendation about this. Infection control processes were not consistently implemented. Staff did not always follow good practice guidance when wearing face coverings. We have made a recommendation about this.

Although some improvements within the service had been made, concerns with the quality of documentation remained and we could not be assured people always received safe care and treatment due to conflicting and inaccurate paperwork. This meant the registered provider continued to be in breach of regulations and once again had failed to meet all the fundamental standards. Although some improvements had been made to auditing processes, we found once again these were not always fully effective and had not picked up concerns we identified during the inspection process. Although we identified continued shortfalls, people praised the way in which the home was managed and told us it was a nice place to live. The registered provider had recruited a new registered manager since the last inspection and all staff we spoke with agreed the new registered manager had had a positive effect upon the service.

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 13 February 2020). Following the inspection visit, we wrote to the registered provider and asked them to tell us how they intended to make improvements to ensure compliance with the regulations. At this inspection we found some, but not enough improvement had not been made and the provider was still in breach of regulation.

Why we inspected

This was a planned inspection based on the previous rating.

We carried out an unannounced comprehensive inspection of this service between 06 and 13 January 2020. Breaches of legal requirements were found. The provider completed an improvement plan after the last inspection to show what they would do and by when to improve safe care and treatment and good

governance. In addition, the registered provider sent us copies of results of medicines audits on a monthly basis to show us how medicines were being managed.

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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. 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 Preston Glades Care Home 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

Whilst we found some improvements have taken place, we have identified continued breaches in relation to good governance.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our safe findings below.

Preston Glades Care Home

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector, one assistant inspector and one pharmacist inspector.

Service and service type

Preston Glades Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to risk assess the situation in light of the COVID-19 pandemic.

What we did before the inspection

We looked at what information we had received about the service since the last inspection. This included looking at information held on our database about the service for example, statutory notifications completed by the registered provider and safeguarding concerns reported to the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We also sought feedback from Lancashire contracts and commissioning teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

We spoke with seven people who lived at the home, the registered manager and the area support manager. In addition, we reviewed four people's care records, three staff files and eighteen medicines administration records. We walked around the home and carried out a visual inspection of the premises. We reviewed maintenance records, accidents and incident records, audits, specific training records in relation to managing dysphagia, minutes of meetings and feedback records. We did this to ensure the registered manager had appropriate oversight of the service.

After the inspection

Following the inspection visit, we contacted five relatives and spoke with four staff by telephone to ask them if they considered the service safe and well-led. In addition, we made telephone calls to one health professional who had links with the service to get their feedback on how the service was performing. We also spoke with the registered manager to corroborate our findings.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were consistently managed in line with good practice. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection visit we found improvements had been made but were not fully embedded.

- When people had been assessed as requiring medicines to assist them swallowing, processes were in place to ensure these medicines were managed safely.
- Pain assessments had been introduced at each medicine round to ensure people's pain levels were monitored.
- Systems to make sure people could self-administer their medicines safely had been introduced and implemented.
- Systems had been implemented to ensure time critical medicines were managed safely and consistently. For example, medicines which needed to be given at specific times with regard to food had been amended to ensure they followed manufacturer's directions.
- Although improvements had been made, we noted staff had not consistently followed manufacturers' directions when applying medicines in a patch formulation. We highlighted this to the registered manager who took swift action to support and guide staff.

We recommend the registered provider continues to seek and implement good practice to ensure medicines are consistently managed.

Preventing and controlling infection

- Observations around the home showed us the home was well-maintained in line with good practice guidance. The home employed a team of housekeepers to ensure the home was kept clean. People confirmed the home was clean and hygienic. One person said, "It's absolutely spot on."
- Although systems and processes were established, we found good practice guidance in relation to management of COVID-19 was not consistently implemented. During the inspection, staff did not always wear face coverings in line with good practice guidance. Face covers are recommended to prevent the spread of COVID-19. We highlighted this to the registered manager who agreed to take immediate action.

We recommend the registered manager reviews infection control processes to ensure they are consistently implemented at all times.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider reviewed the management of naturally occurring risk. At this inspection, we found improvements had been made.

- Risk was appropriately managed. Processes had been implemented and to ensure environmental risk was addressed
- Individual risk had been assessed and plans had been implemented to keep people safe.
- When people were at risk of choking, risk assessments had been completed and care plans detailed how to keep people safe from risk of choking. However, we reviewed documentation maintained by staff and noted this did not always provide us with assurances people always received their foods in line with the risk assessment. We discussed this with the registered manager who agreed to take swift action. Following the inspection, the registered manager confirmed this had been addressed .

Staffing and recruitment

At our last inspection, we recommended the registered provider reviewed the deployment of staffing within the home to ensure people's needs were consistently met. At this inspection we found improvements had been made.

- Staff were appropriately deployed to meet people's needs. Staff were not rushed and had time to sit with people. We observed call bell response times and noted people did not have to wait for long periods of time when they called for help. One person said, "I have my buzzer. When I press it staff come, night or day."
- The home was continuing to recruit staff; as an interim measure agency staff were being used. However, the registered provider attempted to use the same agency staff to promote continuity of care. One person told us, "I know most of the staff, even the agency ones. They do a good job."
- Safe recruitment processes were established and implemented to ensure staff employed were of suitable character.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes continued to be implemented to keep people safe from harassment and abuse. People and relatives told us people who lived at the home were safe. One person said, "They treat me with respect."
- Posters were placed around the home to direct people and staff as to how they can report safeguarding concerns. Good practice guidance was used to identify and respond to abuse.
- Staff confirmed they received regular safeguarding training and were aware of processes to follow, should they need to raise any concerns.

Learning lessons when things go wrong

- The registered manager had systems to ensure lessons were learned when things went wrong. Staff documented accidents and incidents when they happened. The registered manager analysed all incidents and reported them to the senior management team.
- When concerns had been identified action had been taken to reduce the risk of the same thing happening again. This included making referrals to other health professionals for advice and guidance to improve care.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now remained the same. Although we found some improvements had been made, changes had not been consistently embedded. This meant there were continued shortfalls within service processes, and we were not fully assured about the consistent delivery of high-quality care.

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

At the last inspection visit, the provider had failed to ensure processes were implemented and improvements had been made to ensure compliance with the Regulations. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found some improvements had been made but these had not been fully embedded, and the registered provider was still in breach of regulation 17.

- Preston Glades Care Home has been inspected ten times since 2012 and has breached regulations on nine of the ten inspections. This demonstrated oversight and governance of the service continued to be inconsistent and insufficient.
- Auditing processes within the home had been further developed and maintained. However, these were still not fully embedded and failed to identify areas of concern picked up during the inspection. This included record keeping in relation to medicines.
- Records relating to stock checks of medicines were not always accurately recorded, and staff had not consistently signed when medicines had been administered. Further improvements were needed.
- Written guidance for when people were prescribed medicines to be given "when required" was not robust.
- Records for managing creams and ointments were sometimes inaccurate or not reflective of what treatment had been given.
- Staff were not consistently recording what people had been supported to eat at meal times.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Managers and staff were clear about their roles. Staff we spoke with told us there had been improvements at the home since the new registered manager was recruited. However, we found improvements had not yet been fully embedded.

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

- The registered manager had begun to develop a positive culture that was inclusive and empowering.
- Staff praised the improvements made by the registered manager and the positive effect they had had upon the home. One staff member said, "[Registered manager] is absolutely brilliant. Staff and residents feel safe with them. Residents have expressed how much they love [registered manager.]"

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; Working in partnership with others

- The registered provider understood the importance of being open and honest when things had gone wrong. Prompts were included within a quality audit to ensure the duty of candour had been met after specific incidents.
- The registered manager worked in partnership with other professionals to improve people's care and treatment. One health professional confirmed they had seen improvements being made at the home by the registered manager.

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

- People and staff told us they were consulted with. Staff confirmed the registered manager held daily meetings with the staff team to talk about high priority topics. In addition, they told us they could speak with the registered manager at any required time. Staff said this had increased staff morale within the home.
- Relatives we spoke with told us that due to COVID-19 restrictions there had been some restrictions on their visiting. However, they said they continued to be consulted with when appropriate.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The registered provider had failed to ensure systems and processes were consistently implemented to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users</p> <p>17 (1) (2) (b)</p> <p>The registered provider has failed to ensure records were accurate.</p> <p>17 (1) (2) (c)</p>