

Stafford Eventide Home Limited

Wilford House

Inspection report

47 Rowley Bank
Stafford
ST17 9BA
Tel: 01785 258495
Website: www.example.com

Date of inspection visit: 9 June 2015
Date of publication: 24/07/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 9 June 2015 and was unannounced. At our previous inspection in June 2014 we did not have any concerns.

The service provided care and accommodation for up to 30 people. At the time of this inspection 23 people used the service.

The service had a registered manager. 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.

People were not always protected from harm; unexplained injuries had not been appropriately investigated or referred to the Local Authority.

The legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were not being followed.

Summary of findings

People's safety was not always promoted and the provider did not always take action to mitigate the risks.

People's medication was administered to them by staff, improvements were needed to ensure staff did not make assumptions on behalf of people in relation to pain relief, and that accurate records were maintained.

Staff had a good knowledge of people's individual care needs. Risk assessments and care plans did not always reflect the current support and care needs of people.

Staffing levels were sufficient, people did not have to wait for help and support when it was needed.

People told us they enjoyed the food, had plenty to eat and drink and had lots of choice. Where people needed support with eating, staff provided the level of support that each individual person required.

People had access to a range of health care professionals and were supported to attend appointments when required.

People told us they were happy and felt well cared for by the staff and management. Interactions between staff and people were generally kind, caring and compassionate. People's privacy and dignity were respected.

People who used the service told us they felt well supported by the management and staff worked well as a team. The safety and quality of the home was regularly checked and improvements made when necessary.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. Staff had knowledge of how to keep people safe. However referrals had not been made to the local safeguarding team when people received injuries that could not be explained. Action was not always taken to mitigate risks to people.

There were sufficient numbers of staff to meet people's individual care and support needs. Staff administered people's medication and sometimes made assumptions on behalf of people.

Requires Improvement



Is the service effective?

The service was not consistently effective. The principles of the MCA and DoLS were not consistently followed to ensure that decisions were made in people's best interests.

People told us they had sufficient to eat and drink each day and their nutritional needs were met. Staff told us the training they received supported them to deliver the care people required. People had access to a range of health and social care professionals.

Requires Improvement



Is the service caring?

The service was not consistently caring as we saw some staff working practices were not as caring as they should have been. Most staff were kind and caring in their approach to people. Staff we spoke with were knowledgeable about the individual needs of the people they cared for. People's privacy and dignity was respected.

Requires Improvement



Is the service responsive?

The service was not always responsive to the individual needs of people. People were not always involved in the planning of their own care. Care plans were not always reflective of the care provided by staff and did not detail a personal approach to care.

Requires Improvement



Is the service well-led?

The service was not consistently well-led. People told us the management of the service were approachable and supportive. No formal systems were in place to seek the views and experiences of people who used the service. Regular staff meetings were not arranged.

Requires Improvement



Wilford House

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 was 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 9 June 2015 and was unannounced.

The inspection team consisted of three inspectors.

We looked at the information we hold about the service. This includes notifications of significant events that the provider had sent us, safeguarding concerns and previous inspection reports.

We spoke with the majority of people who used the service. Some people were able to tell us their views and experiences. Some people who used the service were

unable to speak with us, so we spent time in the lounge areas and observed the interactions between people. We completed two structured observational sessions and used the Short Observational Framework for Inspections (SOFI) approach. This does not replace speaking with people but is used to help us collect strong evidence about the experience of people who use services, especially where people may not be able to fully describe this themselves because of cognitive or other problems.

We spoke with the registered manager, a senior care staff and four care staff. This was to gain information on how the service was run and check that standards of care were being met.

We looked at seven people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included audits, health and safety checks, staff files, staff rotas, incident, accident and complaints records and minutes of meetings.

Is the service safe?

Our findings

Staff knew it was their responsibility to report any concerns they had regarding the safety of people. They told us they would report any suspicions of abuse or harm to the most senior person at the time. This could be the registered manager or senior staff. Not all staff we spoke with were fully aware of procedures and the requirement to inform the safeguarding team at the Local Authority. The operating procedures and guidance for reporting suspicions of abuse were available in the main staff office.

We saw that staff had identified and recorded three separate injuries a person had sustained over a four week period. The person was unable to tell us about these injuries. We did not see that any follow up, investigation or referral to the safeguarding team had been made. We spoke with the registered manager who was unaware of these incidents, they offered an assurance that they would look into these incidents and act accordingly.

This issue constitutes a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On our arrival to the service we saw three unlocked boxes and three unlocked bags of medication that had been delivered by the supplying pharmacist the previous evening. This was people's medication for the next 28 day prescribing cycle. The office door was unlocked and staff told us that the majority of people were 'up and about'. The provider had not identified the risk to people and had not stored the medicines appropriately.

Some people were prescribed pain relief to be offered as and when they requested it. We saw one medicine had been given regularly each day although there was no record of how staff determined how many tablets the person wanted. When the person complained of being in pain, they were offered one pain relief tablet which they accepted. Staff told us that this person 'only ever needs one tablet'. Staff told us that no specific guidance was recorded or available for the use of occasional medications, they said: "We know when to give them".

We saw that medication was transferred from the blister packs into pots. The pots were left within reach of the

person but staff did not wait to see that the person had taken them. Staff signed the MAR to confirm the person had received and taken their medication as prescribed without the assurance of observing they had taken the tablets.

Some people were prescribed creams, lotions and ointments for the treatment of sore skin. Generally care staff applied the creams etc. at the time of providing personal care to people. They did not sign any record or MAR to indicate they have completed this task, we saw that the MAR were signed by senior staff. We saw these were signed without confirmation that these had been administered.

This issue constitutes a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw incidences that could compromise the safety of people. In the unlocked staff office we also saw unsecured bottles of chemicals which could compromise the safety of people. Staff told us that people were accommodated in bedrooms on the first floor and we saw that rooms were occupied. One bedroom had an exterior door which opened onto the fire escape, as did a door in the corridor. Neither door was alarmed to alert staff if the doors were opened and people accessed the outside areas. These risks had not been identified and assessed to ensure people's safety.

One person who used the service told us they were happy and contented but complained that currently they had sore areas of skin and asked staff to support them with their comfort. Staff were unsure of what they needed to do to reduce the risk of the person developing further sore areas. A risk assessment for skin problems had been completed which recorded the support the person needed but could not tell us about how the person needed support.

Walking frames were individually provided to assist people with their safety when moving around. The frames were not within easy reach of the person when they were in the communal rooms; however we saw staff were quick to identify when people were on the move and speedily provided them with their walking aid. Risk assessments were completed when people had problems with mobility and moving independently.

There were sufficient staff available to help and support people. People told us they did not have to wait when they asked for help. One person said: "Day or night I do not have

Is the service safe?

to wait, staff come very quickly when I need help with the toilet. They are all very good". Another person commented: "If I press the buzzer the staff come quite quickly". Staff told us there were always plenty of staff on duty and this always included a senior carer. People had their support needs attended to promptly; we did not observe any delays when people requested help.

Staff told us and records confirmed that the provider had an effective recruitment procedure in place. Staff had been subject to checks to confirm they were suitable to work at the home.

Is the service effective?

Our findings

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA and the DoLS set out the requirements that ensure where applicable, decisions are made in people's best interests when they are unable to do this for themselves.

Some people who used the service were able to make decisions and choices about aspects of their lives. We spoke with one person who very obviously could make decisions about their everyday life. We saw the consent form in their care plan had been signed by the registered manager and another staff member on this person's behalf. There was no record that the person had given permission for staff to sign on their behalf or the capacity of the person had been assessed.

Staff told us there were some people who used the service who were unable to make informed decisions about their care and treatment. We saw information that decisions were being made on behalf of people who used the service. There was no evidence that mental capacity assessments were in place to determine people's ability to make decisions. We did not see how or with whom best interest decisions had been made on behalf of people.

We saw two people had a Do Not Attempt Cardio Pulmonary Resuscitation order (DNACPR) on file. This is a legal order which tells a medical team not to perform CPR on a person. Both forms recorded that the person did not have the capacity to make this important decision. There were no capacity assessments to determine and support this assumption that people were unable to make such decisions. The registered manager told us that both people had capacity to make decisions, and confirmed these documents had not been reviewed.

This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that a person's health had deteriorated over the last few months and that they were under constant supervision, as they needed full support in all areas of their daily living. Staff went on to tell us they would prevent this person from leaving the service as they would be at risk of harm and would not be safe. Another staff member said: "I

think we would stop them all [all people from leaving the premises]". Some people lacked capacity to make decisions about their care and residence, were subject to continuous supervision and control and lacked the option of leaving the care setting. This course of action may result in people's freedom being restricted. The registered manager confirmed that DoLS referrals had not been sent to the local authority for consideration or authorisation. The provider was not working in accordance with the MCA and DoLS.

This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the staff were very good at what they did, with one person commenting: "They [the staff] are on the ball". Staff told us they received regular training updates and refreshers and watched the DVD's on a particular topic. The registered manager told us that each month a topic for training was selected with the expectation that all staff would watch the DVD and complete a knowledge questionnaire within the allocated month. The registered manager told us competency checks were made to support the training, for example medication administration and the safe use of the hoist. We did not see any record of the competency checks in the staff records we looked at.

Staff told us they had an annual appraisal of their work performance with the registered manager. The registered manager told us these were now due for review. Staff told us they did not meet with the manager or senior staff on a regular one to one basis to discuss any work related or performance or development issues. We did not see any record of these individual supervision sessions in the personnel files we looked at.

People told us the food was good and they had sufficient to eat and drink each day. One person told us: "I always have what I want". However at lunch time the person declined both of the options, we saw staff discussed the options with the person and persuaded the person to have one of them. Specialist equipment was provided to assist people with eating independently, for example lipped plates. Staff provided support to people with their meals on a one to one basis. Staff told us that some people were at risk of not eating or drinking sufficiently throughout the day. People considered to be nutritionally at risk had food and fluid charts to monitor their daily intake. We saw that monitoring

Is the service effective?

records were completed by staff each day. There was no information in the care plans or risk assessments of the daily amounts needed for people to remain well-nourished and hydrated.

People had access to health care services should they become unwell or require specialist interventions. A doctor

was contacted straight away when a person became increasingly physically unwell. The community psychiatric services were contacted speedily when a person showed signs of depression. People told us they attended various healthcare services including the lymphoedema clinic and the stroke club.

Is the service caring?

Our findings

Staff knew people well and knew how to interact and engage at a level and pace suitable for each individual person. Staff were quiet, understanding and patient when supporting people with their care needs. One person who used the service said: “It’s marvellous, staff are lovely, I love being here, and everyone is very kind”. Another person told us how their relative visited during the evening; staff had recognised that the person became distressed when leaving their relative to have tea in the dining room. Staff had arranged for this person to have their tea in the conservatory so that they could still enjoy their tea and see their visitor at the same time.

One person commented: “Some of the staff are matriarchal, I just go quiet when they are like that”. We saw some working practices that were not as caring as they should have been. We spoke with the registered manager about our observations, they offered an assurance that action would be taken to ensure staff provided compassionate and caring support at all times.

One person told us they were denied some of their personal preferences and they could not have a specific favourite drink. Staff told us the person's relatives occasionally supplied some of the preferences. Their care plan recorded the person's likes, dislikes and preferences. We spoke with the registered manager; they offered an explanation and confirmed that an independent advocate was currently supporting this person. Advocacy enables people with physical or learning disabilities, older people and those with mental health needs to make informed decisions about their own health and social care needs.

People's privacy was respected, staff were careful to ensure bathroom, toilet and bedroom doors were closed when people required support with their hygiene needs. People were supported to the privacy of their own rooms when being visited by healthcare professionals such as the doctor or district nurses.

Is the service responsive?

Our findings

Some people were very pleased with the care provided and told us it met their individual needs. One person said; “They look after me alright. I’d recommend it. This is now my home and I make the most of it”. People told us they were able to make choices about what they wanted to do such as what time to get up and go to bed. Staff told us: “People have their own routines which we try and stick to”.

Care plans did not show that people were involved in their own care planning, some documents had been signed by relatives but very few signed by the person. Information on people’s individual needs was recorded but was limited in detail in respect of their current needs, history and life style. We spoke with the registered manager and discussed the new style of documentation, they agreed with our findings. The information should be more in depth to give a description of people’s current and up to date needs to ensure a more personal approach across all aspects of care.

Staff told us that each day one member of staff was allocated to arrange and facilitate some recreational and leisure activity. We saw a group of people with a staff

member in one of the lounge areas engaged in a word game. This created much discussion and interaction between people. People in other areas were not so engaged and sat quietly reading the newspapers, watching the television or sleeping. One person told us they liked to go into the garden, ‘weather permitting’. We saw that several people had newspapers delivered, some people went out for meals with their relatives and personal belongings were placed within people’s reach.

The provider’s complaints procedure was displayed on the wall in reception. One person told us they would either speak with their family or the manager if they had any concerns but had none at the moment. Another person told us they would be ‘reluctant to complain as they would not like to get anyone in trouble’. They went on to comment: “I am perfectly happy there is nothing whatsoever to complain about. It is all lovely”. We saw that concerns were recorded in a ‘grumbles book’. The registered manager told us they recorded all concerns they received. The last ‘grumble’ received was regarding one of the lounge areas being cold. We saw that an engineer had been called to attend to the heating problem and a portable heater was supplied until the problem was rectified.

Is the service well-led?

Our findings

Without exception people told us the registered manager and management of the service were open, supportive and approachable. One member of staff said: “We respect the manager and feel completely supported by her”. A person who used the service told us the manager made a point of visiting them each day and asked how they were feeling. There were clear lines of accountability and responsibility within the various staff teams and staff knew who to report to.

The registered manager told us and we saw that checks and audits were completed regularly throughout the year to assess the quality and safety of care the home provided. For example, accidents and incidents, fire safety and equipment. The registered manager confirmed the checks were sufficient to quickly identify any areas of concern that may affect the running of the service although we saw our concerns had not been identified.

A family quality assurance questionnaire was distributed to relatives each year. One person who used the service said: “They write to my daughter every year to ask her what she thinks”. The responses received from the latest survey were mainly positive and were analysed by the registered

manager. Some people made additional comments: “I trust the staff to assist and care for my relative and act in their best interests”, and, “Thank you to all staff for their obvious dedication in caring for our elderly relatives”. The registered manager told us any negative comments were considered and action taken where needed.

The provider has recently implemented ‘family days’ where relatives and families were invited to attend a meeting to discuss various issues in regard to the service. The environment, food and contacting the service were among items discussed. The registered manager confirmed copies of this meeting were sent to relatives unable to attend the meeting so they were aware of the items discussed. No formal systems were in place to seek the views and experiences of people who used the service. Staff and the registered manager told us they spoke with people on a regular basis to obtain their view.

Staff told us they were invited to the Trustee committee meetings but did not have regular staff meetings. Staff said: “Team meetings would be useful”. The registered manager told us that staff meetings were held when needed and when there was something to discuss. We saw the latest meeting with staff discussed the need for accurate recording of information.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care and treatment must be provided in a safe way for service users.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Service users must be protected from abuse and improper treatment in accordance with this regulation.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Care and treatment of service users must only be provided with the consent of the relevant person.