

Stonehaven (Healthcare) Ltd

Primrose House

Inspection report

45 Atlantic Way
Westward Ho
Bideford
Devon
EX39 1JD

Tel: 01237488023
Website: www.stone-haven.co.uk

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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

This inspection was a focussed inspection which took place on 22 March 2018 and was unannounced.

We completed this inspection to check on the welfare and safety of people following a number of concerns raised to the Care Quality Commission (CQC) about staffing levels and people's needs not being met.

The team inspected the service against two of the five questions we ask about services: is the service well led and is the service safe? This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Primrose House on our website at www.cqc.org.uk

No risks, concerns or significant improvement were identified in the remaining Key Questions 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.

When we last inspected the service in October 2017 we rated it overall Requires Improvement and found four breaches in regulation. These related to staffing levels, care planning not being person centred and quality monitoring not being robust. We met with the provider on 19 January 2018 to discuss the fact this was the second time the service had been rated as requires improvement. We also discussed their action plans to address breaches identified. The provider shared their action plan and discussed their plans to ensure there was a registered manager in post and more robust quality assurance processes being established.

Primrose house 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 is purpose built and designed over three floors with lounge areas and bedrooms on each floor. Currently only two floors are in use. It is registered to provide care and support for up to 30 people. Most people using the service are living with dementia and or conditions associated with frailty. At the time of the inspection there were 12 people living at the service.

At the time of this inspection there was no registered manager in place. The provider's quality assurance manager was overseeing this service and their sister home next door as an interim management arrangement. 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 the inspection the provider contacted us to let us know

they had recruited an experienced manager who will be due to start at Primrose House in the next few months. They have also employed a care manager as a second level of management. This person began shortly after the inspection and was usually supernumerary to the care staff, but worked alongside them to ensure the shift ran smoothly.

We found there was not always sufficient staff available for the number of people, their needs and the layout of the building. This was supported by the views of staff, visiting relatives and healthcare professionals. When we fed this back to the provider, they agreed to immediately increase the staffing by one additional staff member. This meant there would be two care staff on each floor, with a care manager supporting them to provide safe and timely care and support.

Records in relation to one person's medicines were unclear and we have issued a requirement notice in respect of this.

We found one airwave mattress which was set at the wrong setting for the weight of the person using it. The manager agreed to ensure daily checking took place as part of the comfort round/checks made by staff to people in their rooms. We made a recommendation to ensure this was being followed up.

Other risks were being safely managed with risk assessments and equipment being used when needed. Staff understood people's needs and how to provide the right care and support to them. Staff were confident using specialist equipment such as hoists to safely transfer people.

Recruitment practices ensured only staff who were suitable to work with vulnerable people were employed.

Although we looked at some quality assurance processes, we did not fully inspect this area as there has not been sufficient time since the last inspection for the provider to show sustained improvements. We will check on this at the next comprehensive inspection later this year.

We saw incidents which should have been reported to CQC were now being notified. The management team understood their responsibilities to report and to keep people's families and staff informed of developments.

We identified one further breach of regulation. You can see what action we told the provider to take at the back of the full version of the report.

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 safe.

Staffing levels did not ensure people's needs were being met safely and in a timely way. This was being addressed by the provider who had agreed to increase the care staff team.

Improvements were needed in the recording of medicines to be administered.

Risks were being safely managed and emergencies were planned for.

Recruitment practices were safe and staff knew how to report any concerns about possible abuse.

Is the service well-led?

Requires Improvement ●

Some aspects of service were not always well led.

There was no registered manager in place, although interim arrangements meant there was some clear leadership. The provider had taken steps to employ a new manager.

Systems had improved to ensure the records; training; environment and equipment were all monitored on a regular basis by the service, but not always by the provider.

Staff morale had improved and high staff turnover was being addressed.

Incidents which should have been reported to CQC were now being notified.

Primrose 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 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 by the fact that we had received some information of concern about staffing levels and people's needs not being met in a timely way. This information came to the Care Quality Commission (CQC) as anonymous concerns via our 'have your say' webpage. We shared this information with the provider prior to the inspection and asked for copies of their staffing rotas.

This inspection took place on 22 March 2018 and was unannounced. The inspection was completed by one adult social care inspector.

We spent time observing how care and support was being delivered and talking with people and staff. We met with most of the people living at the home. We spent time in communal areas of the home to see how people interacted with each other and staff. This helped us make a judgment about the atmosphere and values of the home. We spoke with people to hear their views on their care. However, some other people were not able to comment specifically about their care experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with dementia. We spoke in detail to four people about their experience of living at Primrose House. We also spoke with two relatives who were visiting the service.

We spoke with three care staff, including one senior as well as the registered provider's quality assurance manager who was currently providing management cover for the service. We spoke with two visiting healthcare professionals during the inspection visit. We reviewed three care plans and daily records, medication administration records, three recruitment files as well as audits and records in relation to staff training and support, maintenance of the building and safety records.

We looked at all the information available to us prior to the inspection visits. These included notifications sent by the service, any safeguarding alerts and information sent to us from other sources such as

healthcare professionals. A notification is information about important events which the service is required to tell us about by law. We also reviewed the service's Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Following the inspection we asked for feedback from two health care professionals to gain their views about the service. We received feedback from one.

Is the service safe?

Our findings

When we inspected this key area in October 2017, we rated it requires improvement. This was because there was not always sufficient staff available to meet people's needs and keep them safe. We issued a requirement notice in relation to regulation 18- staffing. We also met with the provider to discuss their plans to meet this requirement. The provider sent us an action plan which did not specifically cover staffing levels, but assurances were given that staffing was reviewed in line with dependency levels and people's changing needs.

At this inspection we found there were still key times when there was insufficient staff for the number and needs of people and due to the layout of the building. The staffing arrangements were for three care staff to work the morning and afternoon shift. This was for 12 people who resided across two floors, each with a separate living and dining area.

We observed one person requested support to use the bathroom. They needed two staff to help them safely transfer to a wheelchair using a hoist. This was done in a caring and supportive way, taking around ten minutes to fully complete. The staff then took the person to the toilet. Twenty minutes later the person was calling using the call bell for assistance to transfer back to their wheelchair and come back to the lounge. As there was only one staff member available on that floor, the person was asked to wait and had a further 15 minute wait before two staff were available. Another person was unwell and needed to remain in their room. Their care plan stated they should have at least hourly checks and more if unwell. Their records did not show staff had checked on them hourly. When we asked staff if they had, they said yes, but had not had time to complete the chart or electronic record. One staff member said "We would like more time to spend talking with people rather than just running from room to room doing a quick check on them. There is usually one staff downstairs and two upstairs but this is not always enough." Two other staff confirmed they were busy and often struggled to take their breaks because of people's needs needing to be met.

Two visiting healthcare professionals said they often had to "hunt around to feedback to staff." One said "I don't have any real concerns about people's care or welfare but there are times it seems manic here and staff are hard to find. They could do with an extra pair of hands."

At lunchtime staff needed to transport food upstairs as the lift was not working that day. One staff member was administering medicines and one was assisting people to eat their food safely. This included chopping up food for those who were struggling and encouraging those who appeared reluctant or disengaged in the mealtime experience. Another staff member was helping people in the downstairs lounge, but needed to call for support to help them get puddings and drinks as they were assisting someone to eat and kept getting interrupted, which did not help enhance the mealtime experience for that person.

Two visiting relatives confirmed that there were times when "The home felt short on staff, but it feels like it is improving." People were not able to comment about staffing levels although one person said "They try their best, they are sometimes run off their feet." One person when asked said they felt safe and well cared for. Others were unable to comment but their relaxed manner showed they were comfortable in their

surroundings.

When we fed our observations and feedback from staff, relatives and healthcare professionals to the provider they said they had a care manager starting at the service within a day or so. This role was for 45 hours per week and would cover alternative weekends. They would help run the shift and ensure staff were deployed appropriately. The provider also agreed that due to the layout of the building, being on two floors, they would increase the staffing from three care staff to four to ensure there were two on each floor. This would help to ensure people's safety and comfort and would allow staff more time to provide quality interactions and meaningful engagement with people.

When we were reviewing one person's daily records in their room, we noted their airwave mattress was set at too high a pressure for their weight. We fed this back straight away because this could increase their risk of developing pressure damage. The setting was checked and put to the right setting. The manager said she would ensure all pressure mattresses were checked daily. There were two other air wave mattresses in situ for people, but these were at the correct setting.

We recommend the service follows best practice in ensuring equipment is set up correctly and this is regularly monitored to keep people safe and reduce the risk of pressure damage.

When we last inspected in October 2017 a pharmacist inspector checked the way medicines were recorded, stored and administered and did not find any major issues. One person's records showed where the number of doses recorded as being received did not match with the number of doses that had been signed as given before supplies were recorded as running out. The provider told us that they would investigate this through their incident reporting process, in order to find out what had happened and take any necessary action. Following the inspection, they sent us the information to show how this had been checked and resolved.

At this inspection we found one person's medication records (MAR) had a hand written entry which stated their medicine needed to be given at a set time each day, the prescription details said the medicine was 'as required' As this was a calming medicine the senior carer used their judgement and saw the person was not showing any signs of agitation so did not administer the dose. It transpired that a community psychiatric nurse (CPN) had reviewed the medicine and had changed the dosage so they should have received a regular dose at lunchtime. During the afternoon, we saw the person was becoming agitated and the care staff asked for this medicine to be administered. The records were unclear so not all staff knew the CPN instructions from the previous week. The lack of clear records meant people were at risk of not receiving their correct medicines.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from possible abuse because staff understood what to look for and how to report any concerns. Staff recruitment ensured only staff who were suitable to work with vulnerable people were employed. We did note that one recruitment file had a very brief work history detailed. The manager said she was aware of the gaps in work history because the person had taken time off to raise their family, but they had not recorded this in the recruitment file. They gave assurances that all employment history was fully explored as part of the interview process.

People were protected from risks as far as possible because risk assessments were completed and reviewed monthly or sooner if needed. Where someone was at risk of falls, this was clearly identified and staff were instructed on how to reduce this risk with the use of equipment and keeping the environment clutter free.

Where people had fallen, a review of the incident form was completed and the risk assessment was updated if needed.

Is the service well-led?

Our findings

When we last inspected this key question in October 2017, we rated this key question as requires improvement and issued a requirement notice in respect of regulation 17- good governance and also for regulation 18 of the Health and Social Care Act 2009 Registration Regulations 2009. This was because when we reviewed the accident and incident records, we saw incidents which were notifiable and a statutory notification had not been sent. We met with the provider in January 2018 to discuss their action plan and how they intended to make improvements to ensure they met the requirements. At this inspection we checked the accident and incident reports. We found they linked to whether a notification had been sent to CQC. There were no gaps in reporting.

We did not fully check on the requirement in relation to regulation 17- good governance as there had not been enough time to embed practice and show sustained improvements in this area.

Since the last inspection the registered manager had resigned and the provider's quality assurance manager was providing interim management cover to this and their sister home Donnington House. 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 this inspection, the provider had contacted us to inform us they have appointed a new manager for the service who is an experienced registered manager. They will take up the manager appointment within a few months.

The interim manager said that they hoped with the appointment of a new manager and a care manager about to start to bolster the care team, she would anticipate that staff morale would improve and staff would have role models to carry forward the ethos of the service. This was to provide a homely environment where people received good quality care and support and their individual needs were met in a person centred way. She said the introduction of electronic care records and care plans had helped with ensuring staff had the right tools to provide person centred care.

Staff did not feel the current management arrangements were working that well. Some staff said they could go to the interim manager and their views and opinions were listened to but some said that the management team and provider did not listen to their concerns about staffing and resources for the home. The manager said she had tried to foster an open door policy, more team meetings and better communication. Similarly the provider had been visiting on a more regular basis, although their visits had not always been recorded to show what staff and people they had spoken to as part of this consultation.

People, their families and staff views were sought both via general day to day feedback but also via an annual survey. The last survey was sent out in March 2017 and the results of these were shared in a meeting held on 16 May 2017. The minutes gave examples of what had been actioned as a result of feedback. One simple request to have a dining room menu had been implemented. The feedback was this had been a

success for people.

The manager and provider understood their responsibilities in respect of duty of candour. Where they had reviewed incident reports or complaints and concluded the service could have done things differently, they acknowledged this.

The rating from the last inspection report was prominently displayed in the front entrance of the service and on the provider website.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicine records were confusing and may place people at risk of receiving the wrong medicine or dose |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems and governance had not considered staffing levels and the views of staff who worked at the service. |