

Nydsley Residential Home

Nydsley Residential Home

Inspection report

Mill Lane
Patley Bridge
North Yorkshire
HG3 5BA
Tel: 01423 712060

Date of inspection visit: 4 June 2015
Date of publication: 11/09/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Is the service effective?

Requires improvement



Is the service caring?

Is the service responsive?

Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 11 November 2014 June 2015. Breaches of legal requirements were found with regard to Regulation 18 (Staffing), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This is because the provider had failed to support staff working at the home. And Regulation 10 (Assessing and monitoring the quality of service provision), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 (Good governance) The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection on 4 June 2015, to check that the provider had followed their plan and to confirm that they now met with the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nydsley Residential Home on our website at www.cqc.org.uk

Nydsley Residential Home provides personal care and accommodation for up to fourteen people in a large

Summary of findings

detached property in its own grounds. Accommodation is provided on three floors with a stairlift for people to use to get to the upper floors. There is a small car park for visitors to use. The home is in the centre of Patley Bridge with all community amenities being close by. On the day of the inspection there were seven (7) people living at the home.

The home has a registered manager who is also one of the owners and has worked at the home since it opened. 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.

We found that, other than safeguarding adults training, staff working at the home had not received any further updated mandatory training. The cook had not updated their food hygiene certificate. Some staff had not had updated first aid training which resulted in some occasions when there were no staff on duty with first aid qualifications. This meant the provider remains in breach of Regulation, 18 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

because they failed to ensure staff had up to date mandatory training.

The manager had not put in place a system to demonstrate they were monitoring the quality of the service provided for people. The provider had not taken an opportunity to use publications by the commission which outline how to meet regulations. As a result the provider is still in breach of Regulation 17 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because no action has been taken to address this matter.

The manager did not provide an action plan as required by the commission but wrote to us explaining how they were meeting the requirements made at the inspection of 11 November 2015. However, our findings indicated the provider had not taken appropriate action to meet the requirements.

You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

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?

Is the service effective?

Staff had not received up dated training as required at the previous inspection other than for safeguarding adults.

Requires improvement



Is the service caring?

Is the service responsive?

Is the service well-led?

The provider had failed to make effective arrangements to assess and monitor the quality of the service provided.

Requires improvement



Nydsley Residential Home

Detailed findings

Background to this inspection

Is the service safe?

Our findings

Is the service effective?

Our findings

At the inspection we carried out on 11 November 2014 we identified staff had not received updated mandatory training and appropriate professional development training. We saw evidence in each of the records we looked at that the mandatory training records were not up to date. Mandatory training included safeguarding, first aid, mental capacity act and Deprivation of Liberty Safeguards (DoLS) and this was not up to date for most staff. The training certificates we did see related to training completed whilst staff were employed by a previous employer. Staff confirmed to us that they had not received refresher training, apart from safeguarding training. This meant that the provider was not providing training and staff may not have had the appropriate knowledge and skills to perform their job roles competently. This was a breach of Regulation 22 (Staffing), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 (Staffing), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection in November 2014 the provider sent us information which stated staff would receive on going, updated training to increase their skills and competence. It also stated care staff would receive on going supervision and appraisals.

During this inspection we identified five members of staff had received training with regard to safeguarding adults; this had been completed by on the 18 May 2015. None of the other mandatory training such as first aid, infection control, medicines, food safety, mental capacity act and Deprivation of Liberty Safeguards (DoLS) had been updated as stated in the provider's action plan. We looked at staff files which showed us that six members of staff's first aid training was still valid and in date. However, of particular concern, was that one member of night staff's first aid training was out of date. This meant that for those nights when they were on duty there was no member of staff who was first aid trained to assist people should any emergency arise.

We saw that food safety training for all the staff was out of date. Both cooks employed at the service had last completed food safety training in July 2013, which meant that this training was out of date. This meant that we could not be confident that safe hygiene and food handling

practices were in place. In one care assistant's staff file we saw that all of their mandatory training was out of date with training for safeguarding and moving and handling last being completed in 2011 and food safety in 2013.

We spoke with the registered manager about the response they had submitted to the commission. The registered manager told us the senior carer had a level three National Vocational Qualification (NVQ) and they had completed safeguarding training in May 2015 and a continence course the previous week. The registered manager told us the senior carer was booked to complete training titled 'understanding the practices of assessment.' The registered manager told us they were a small service with very few staff and service users therefore it was difficult to arrange training and had no other explanation for the failure to update mandatory training for staff to enable them to carry out the duties they were employed to perform.

The previous inspection had noted that staff lacked the skills and knowledge about the Mental Capacity Act and how to ensure their practice did not restrict people's liberty. We recommended that staff received training about this but this had not been arranged.

The previous inspection of 11 November 2014 made reference to the availability and access to the internet in order for the provider and staff to access on line training and keep up to date with changes in current social care policies, strategies and good practice. The registered manager confirmed access to the internet remained the same, with staff borrowing the manager's iPad or using their own personal computers/iPad for this purpose.

The previous inspection had identified a lack of staff supervision and appraisal to monitor staff performance and provide an opportunity for staff to discuss their professional development and practice. We would expect a provider or senior member of staff to meet regularly on a one to one basis with staff and make a record of both participants areas discussed with an action plan. We looked at a total of ten staff files. In all the staff files we looked at records showed all members of staff last receiving formal supervision in December 2014. All of the supervision notes were brief for that period of time. All notes we looked at were written by the manager and related to the standard of work by the employee. There was no evidence of staff being given the opportunity to discuss any issues about their role, or about the people they provided care for with their line manager. There was no

Is the service effective?

evidence of a regular system of appraisals that promoted staff development or reflected any relevant regulatory and/or professional requirements or further training staff may have needed.

We found no improvements had been made to meet this regulation. **This was a further breach of Regulation 18 (Staffing), of The Health and Social Care Act 2008**

(Regulated Activities) Regulations 2010. This is because the provider had failed to support staff working at the home to enable them to carry out the duties they are employed to perform.

We spoke with one member of staff who was on duty who told us that there had been a reduction in staffing levels due to only seven people living at the home. They told us that there were always two care staff on duty each day. The member of staff told us that the 'Staff team worked well'.

Is the service caring?

Our findings

Is the service responsive?

Our findings

Is the service well-led?

Our findings

The previous inspection carried out on 11 November 2014 identified a breach in Regulation 10 (Assessing and monitoring the quality of service provision), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We identified there was not an effective system in place to assess and monitor the quality of the service provided. We found records showed that staff recorded all accidents and incidents that happened at the home. However we did not see from this information that accidents were analysed or a risk assessment undertaken where necessary and used to reduce the risk of a reoccurrence.

We also saw evidence that equipment used within the house was checked in line with the requirements of health and safety standards. However we did not see that the manager had carried out regular quality audits in other areas such as fire equipment, medication, environment and infection control to identify where any failings were and what action plans were needed to be put in place to ensure any issues were addressed. This was a breach of regulation as the provider had failed to undertake regular audits to identify assess and manage risks to ensure people were protected from unsafe care.

The provider wrote to the commission with a response to the breach identified. The response dated 24 March 2015 stated that medication audits were carried out by a senior

care assistant and a cleaning schedule was available and completed every month. There was no further reference to any action the provider intended to take to meet the requirements of the regulation.

At this inspection, we spoke with the registered manager about evidence to support meeting the regulation. They told us they were “not good at paperwork”. They told us they were a small service with only eleven staff employed. They stated they were unsure of what was expected with regard to quality assurance and meeting regulations. We explained there was a provider handbook available and the manager confirmed they were familiar with this document.

The registered manager told us staff had designated areas of responsibility. They told us the senior carer sampled care plans and checked they were up to date, along with daily notes and any other personal care plan documents which need updating. The registered manager was unable to demonstrate they monitored this in any way other than on an ad hoc basis. We were unable to evidence a system of auditing or quality assurance.

This is a continuing breach of Regulation 17 (Good governance) The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager spoke with us about recent safeguarding alerts and the staffing arrangements which had been agreed with the local authority whilst matters were investigated. We observed these agreements were being adhered to during our inspection visit.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

You have failed to protect people against the risks of inappropriate care and treatment because they did not have systems in place to regularly assess and monitor the quality of the service and to identify, assess and manage risks.

The enforcement action we took:

Warning Notice

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider failed to provide appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

The enforcement action we took:

Warning notice