

Quality Care Home (Midlands) Limited

Nelson House

Inspection report

1-3 Nelson Road
Dudley
West Midlands
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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

About the service

Nelson House is a residential care home registered to provide accommodation and personal care. Support is provided to older people and people living with mental health difficulties. At the time of inspection there were 17 people living at the home.

Nelson House accommodates up to 21 people in one adapted building. There are usually two care staff on day shifts including a senior carer as well as the registered manager and a cook. Nights are covered by two staff, with management on call if required.

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

There were no individual COVID-19 risk assessments for people living at the home or staff, and infection prevention and control policies (IPC) had not been followed. There were no appropriate areas to remove personal protective equipment (PPE). The provider had not completed environmental audits to check that environmental risks were assessed and mitigated. Audits for cleaning were not completed at the home. No cleaning spot checks, or audits were completed to verify that cleaning tasks were completed.

There is no evidence of formal supervisions taking place, and the provider was not following their own policies to ensure that supervision was timely and relevant for staff. There was a lack of oversight of staff recruitment procedures to ensure appropriate pre employment checks were completed and recorded in staff files. One staff member had a European passport copy and ID on file.

Systems were not in place to ensure staff reviewed care plans on a regular basis in accordance with the providers policies.

The provider was not following their own policies to monitor and record accidents and incidents.

There was inconsistent monitoring of people's views of the service. The last residents meeting was held in August 2021.

Medicines audits were not occurring.

The training matrix identified that staff had no refresher training in end of life care or diabetes.

People, relatives and staff knew who the registered manager and provider were, and felt able to approach them regarding concerns. People told us they felt safe and staff knew how to recognise and report safeguarding concerns.

For more details, please see the full report for Nelson House which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 May 2018).

Why we inspected

We received concerns in relation to Infection Prevention and Control measures. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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 monitor the service and will take further action if needed.

We have identified breaches in relation to regulation 12, safe care and treatment in relation to concerns around infection control and regulation 17, governance in relation to poor performance management, at this inspection.

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 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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Nelson House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Nelson House 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 unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took the last inspection of Nelson House Inspection into account when we inspected the service and made the

judgements in this report

We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, senior care worker and two care workers. We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 good. At this inspection this key question has changed to requires improvement. 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.

Preventing and controlling infection; Assessing risk, safety monitoring and management

- Infection prevention and control practices at the service were not always safe. We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises, or that an outbreak could be effectively managed. For example, there were no appropriate places for staff to discard used personal protective equipment (PPE) close to where care was given, as there were no clinical waste bin provided on the first floor.
- We had conducted an Infection Control and Prevention (IPC) inspection two weeks prior to this inspection and advised that the lack of clinical waste bins could pose a risk to visitors, staff and people living at the home. However, the provider had not remedied this since the IPC inspection.
- We were not assured that the provider was preventing visitors from catching and spreading infections. For example, the first-floor toilet and handwashing area had cracked and broken tiles which were difficult to clean effectively.
- The provider had not ensured that individual risk assessments were completed for people living at the home or for staff working at the home. This meant that the provider did not know about people's individual risk factors and had not mitigated against increased risk of exposure to COVID-19.
- Carpets on stairs and in front of the dining area were worn with holes in them. The stair carpet was also loose and had been taped. This was not secure and could lead to harbouring dirt and bacteria as well as presenting a trip hazard.

We found no evidence people had been harmed, however, infection control practices within the service required improvement and was a breach of Regulation 12 safe care and treatment in assessing the risk of, and preventing, detecting and controlling the spread of infections.

We have also signposted the provider to resources to develop their approach.

- Information about risks and safety was not always comprehensive or up to date. Safety concerns are not consistently identified or addressed quickly enough. However, staff knew people well and were aware of risks to people. We had no evidence to suggest that people were harmed.
- Staff were able to tell us about all the risks they needed to be aware of when supporting people. For example, staff were able to tell us about how they would look for signs and symptoms of low and high blood sugar in people who were Diabetic. They were also aware of how to support the person in maintaining safe blood sugar levels
- Records showed that when people had falls or accidents, the registered manager took appropriate actions to safeguard them by reporting to the local authority and carry out an investigation. For example, the

registered manager had worked with the local authority to install falls sensor mats in certain areas as a risk management strategy.

- Kitchen staff were responsible for preparing soft diets for two people who had difficulty chewing. The registered manager had applied for Speech and Language Therapy (SALT) assessments regarding choking. They had implemented a temporary soft foods diet whilst awaiting an assessment, to reduce the risk of choking after consultation with the people involved.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.

Using medicines safely

- Medicines were administered safely. However, Medicines Administration Records (MAR) charts, evidenced that staff had not completed body maps for topical creams. This was for creams that were available 'over the counter' and would not have caused harm.
- When people required medicines to be administered on an 'as and when required' (PRN) basis, there was guidance in place for staff to follow so they would know when to give the medicine.
- People told us that they received their medication on time and did not have any concerns. One person told us, "I have loads of pills, but the staff are great as they never mess them up and double check with me what I am having".
- Staff understood their responsibilities in relation to medicine's management. Staff told us, and records confirmed, they had received medicines training. Staff had their competency assessed to ensure they followed safe medicine practice. However, this was informal with no records made.
- Relatives told us they their family members who lived at the home, received medicines safely. We observed that medicines were kept locked and staff ensured that sufficient medication stocks were kept.

Staffing and recruitment

- The provider used a staffing dependency tool. However, the dependency tool did not take into account the layout of the building, or the need to provide people with regular activities to provide them with mental stimulation. The provider should re-visit the dependency tool to consider this.
- In addition to two care staff there was a cleaner and a cook. They were often supported by the registered manager to provide care throughout the day of inspection. We were told by the registered manager that this was a regular occurrence and they often supported staff providing care duties. There was a call bell system available, which people could use to contact staff. People told us that they usually received care when they needed it without having to wait very long. Call bells were answered in a timely manner.
- Staff we spoke with told us they had informal supervision from the registered manager, however formal supervisions were not regularly conducted. They also told us that they felt well supported and listened to by the registered manager. Our records, show that there is no history of safety concerns at the home with regards to staffing.
- Staff recruitment checks were not always robust as we found that the Provider had not noted important information in one staff members file. Please see the Well-Led section of this report for further details.
- There is a consistent staff team who know people well and people feel confident in their care skills.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. A relative also told us, "We don't have any worries about [name] being safe, the registered manager always contacts us if they have any concerns or if anything changes".
- Where a safeguarding incident had been identified, the relevant agencies had been notified and action

had been taken by the service.

- Although training records showed three staff were yet to refresh their safeguarding training; staff were able to recognise abuse or neglect, and know which procedures to follow. They told us they would speak to the registered manager or the local authority.
- Staff were aware of the whistleblowing policy and told us how they would raise concerns, ensuring people were protected.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. We are assured that any conditions related to DoLS authorisations were being met.

Learning lessons when things go wrong

- Accidents and incidents were dealt with appropriately as and when they occurred. However, there were no systems in place to learn from incidents or identify possible themes in order to reduce the chance of a similar incident occurring again.
- The registered manager told us that they would always ensure staff were verbally told about incidents and accidents. One member of staff told us, "Any changes are relayed to staff, as we go through the day. However, this did not ensure that all staff were aware of changes in place.

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 good. At this inspection this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were not in place to ensure staff reviewed care plans on a regular basis in accordance with the providers policies. We found seven care plans and risk assessments had not been reviewed since June 2021. However, we did not see any specific changes to people's care needs and records do not indicate any people were harmed.
- There was a lack of oversight of staff recruitment procedures to ensure appropriate pre employment checks were completed and recorded in staff files. One staff member had a European passport copy and ID on file. There was no evidence that the person had applied for 'Settled Status'. The lack of oversight could have led to the provider illegally employing staff. Evidence for right to work was provided after the inspection.
- Audits for cleaning were not completed at the home. No cleaning spot checks, or audits were completed to verify that cleaning tasks were completed. This meant the provider could not be assured that cleaning tasks were completed which could increase risks of infection.
- The provider was not following their own policies to ensure staff received regular supervision and support. Only two staff had received formal supervision since December 2021. The providers policy is for supervisions to take place monthly. This meant that staff did not have a formal discussion about performance, day to day work and development.
- The provider was not following their own policies to monitor and record accidents and incidents. The registered manager told us that they did not formally document minor incident monitoring and that this was done verbally. However, reportable Safeguarding and CQC notifications were made. There was no oversight in place to analyse information and use lessons learnt to reduce the likelihood of re-occurrence.
- Systems to monitor the service had not identified that the provider's infection prevention and control policy was up to date and the registered manager was not following the providers IPC policy. An example of this would be not providing appropriate doffing stations for PPE.
- There was inconsistent monitoring of people's views of the service. The last residents meeting was held in August 2021. There was no evidence that any actions were taken following the last meeting in order to improve people's experience of the service.
- Medicines audits were not occurring, however, staff told us that the registered manager completed 'spot checks' to ensure the medicines policy was followed. We did not see any records of 'spot checks', and the registered manager told us these were informal and verbal.

- The training matrix identified that staff had no refresher training in end of life care or diabetes. There were several people with diabetes living at the service. Staff were aware of symptoms and risks associated with diabetes.

The provider's failure to ensure that effective systems were in place to monitor the quality of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a lack of oversight of environmental concerns at the home. Audits had not identified risks to people, such as the worn carpets within the Home.□
- Regular staff meetings were not held, and staff told us that the registered manager usually discussed issues during the day rather than hold formal meetings. One staff member told us, "The registered manager listens and knows what they are doing, but they don't have time to do all the other things like meetings and activities".
- People and relatives told us they knew who the registered manager was and that they were approachable. One person told us, "The registered manager is great, they are always out here with us talking and asking if everything is ok".

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; Continuous learning and improving care.

- The registered manager was open and transparent during the inspection and demonstrated a willingness to listen to our concerns and feedback in order to improve. The registered manager said, "I know my paperwork is not of the best quality and often missing, but I have to support the staff to do the best for our residents. We have a long way to go to get our paperwork". The registered manager had started to make changes, for example, they had started to update care plans and risk assessments, with one completed. This was of good quality with risks assessed.

Working in partnership with others

- We saw that the provider worked in partnership with several different professionals to ensure that people's needs were met. For example, social workers, district nurses and pharmacists.
- Healthcare professionals and local authority officials told us that they were 'confident' in the level of care given, however had concerns about levels of staffing. One healthcare professional told us, "The staff and registered manager really care, and I have always seen great care, however, more staff would be helpful in making sure that the manager has time to do extra things like activities".

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure that the service provided safe care and treatment in assessing the risk of, and preventing, detecting and controlling the spread of infections.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure that effective systems were in place to monitor the quality of the service.</p>