Caldwell Care Limited

The Firs

Inspection report

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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
The Firs is a residential care home providing personal and nursing care to 15 people aged 65 and over at the time of the inspection.

The care home accommodates up to 22 people in an adapted property with a large, purpose-built extension. Most rooms were single occupancy, and all had ensuite facilities.

People's experience of using this service and what we found
The provider had systems and processes in place for the safe administration, use and storage of medicines. However, these processes were not always followed. We could not be assured that medicines were always given as the prescriber intended or that medicines and records were always secure.

Staff were trained in safeguarding and were clear that if they suspected abuse had taken place this should immediately be reported. Staff gave mixed feedback concerning whistle-blowing. They understood the process however did not all believe that the current management team would deal with issues or maintain confidentiality.

Risks were assessed and mitigated, and accidents were reviewed to look for patterns and ways to minimise reoccurrences.

Staff recruitment was safe and all necessary pre-employment checks were completed prior to commencing in post.

Staffing levels were sufficient to meet people's needs, however some senior staff members were working very long hours. We raised our concerns and found this was due to a number of staff not being available to work at short notice.

The infection prevention and control practice at The Firs was appropriate with suitable cleaning products in use and quality control in place to maintain standards.

Appropriate arrangements had been made to enable safe visiting during the pandemic and video and phone calls were in use to supplement visits.

The registered manager did not always notify significant events in the service such as missed medicines that had a detrimental effect on the person.

There were regular audits of hygiene, spot checks of beds and cleaning schedule reviews. We did not see audits of care plans, daily care records or rates of infection that may have provided valuable information about well-being and enable earlier detection of issues.

Staff meetings were held, usually in person but as a result pf the pandemic using Zoom calls. These calls were not minuted however were recorded for staff to watch later should they be unable to attend.

Quality assurance processes were continued throughout the pandemic. People were frequently asked their thoughts on meal provision and staff received questionnaires to complete.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection

The last rating for this service was good (published 9 November 2017).

Why we inspected
We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about medicines, moving and assisting, staffing, care delivery and choking. A decision was made for us to inspect and examine those risks. We inspected and found there were concerns about medicines, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report. You can see what action we have asked the provider to take at the end of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. 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 the Firs on our website at www.cqc.org.uk.

Enforcement
We have identified breaches in relation to the safe use, storage and record keeping of medicines.
Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

The Firs

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 three inspectors.

Service and service type
The Firs 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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed whistle-blower accounts that had been submitted raising

concerns about the service. We used all of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service about their experience of the care provided. We spoke with seven members of staff including the nominated individual, registered manager, senior care workers, care workers and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider.
We emailed relatives, staff and staff who had very recently left the service for feedback following our inspection and received feedback from twelve staff and ex staff and six relatives.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five 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.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

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 deteriorated 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.

Using medicines safely
• People's records did not give assurance that time sensitive medicines were administered at the prescribed times.
• Staff did not always ensure that medicines were stored securely. We saw the medicines cupboard door was frequently left unlocked, and though a medicines cabinet within the cupboard was locked, there were topical medicines and fluid thickening granules stored on accessible, open shelves. We also saw a person's medicines dispensed in a paper cup left out in the cupboard while the door was unlocked.

We found no evidence that people had been harmed, however medicines were not always administered or stored safely. This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Staff did not always ensure the secure management of people's records.
• The provider did not have a process to ensure the safe management of medicines for people who self-administered. We saw medicines, including controlled medicines, kept in a bedside cabinet which was not locked. Staff were aware of this however felt it was the persons choice. We saw no evidence of a risk assessment which mitigated potential risks. There was insufficient oversight of the self-administration and ordering for the person. We saw 250 paracetamol tablets and 40 co-codamol tablets in their unlocked drawer to be taken when required.
• Staffing records were not always reflective of which senior staff were on duty to undertake medicines administration.
• The service had a medicines policy, although staff did not always follow this. For example, a staff member checked a medicines delivery and logged it onto the electronic system. The delivery included medicines that needed two staff members to check and sign for them. As there wasn't a second staff member available to check the medicines, the initial staff member logged out of the system and logged back in using a different log in, allocated to a colleague, and completed the checks.
• Staff carried out regular medicines' audits but results of these did not reflect the issues found at the time of inspection.

We found no evidence that people had been harmed, however systems were either not in place or robust enough to demonstrate medicines were safely managed. This demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Systems and processes to safeguard people from the risk of abuse

• Staff had been trained in safeguarding and were aware there was a procedure to follow should they have concerns about potential abuse or the well-being of people.
• A staff member told us, "All residents are kept safe by the staff who are inducted and annually trained. If I thought someone was at risk or being abused, I would report it to my manager. If my manager was the abuser, I would report it to the owner and if it was the owner, I would report to CQC, social services and the police".
• Another staff member told us, "I have never witnessed any form of abuse of the residents and in general I see the residents as happy and well looked after. I understand safeguarding and would always take appropriate action if any resident was at risk".
• We received mixed feedback from staff concerning whistle-blowing. They were aware there was a policy and that concerns could be raised with the management team or external bodies such as the local authority. However, some staff felt the current management team may not act on their concerns should they raise any, and confidentiality may not be maintained.
• Before we inspected The Firs, we received several whistle-blower accounts from current and former staff alleging poor practice and bullying of staff and people living in the home by members of the team. We found no evidence of the described poor practice and other allegations were explained by the registered manager.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
• Risks were assessed, and actions taken to minimise residual risks. For example, assessments were completed to assess risks in terms of mobility, continence, tissue viability and moving and assisting.
• Risks in the environment were also assessed to ensure the premises were safe and hazards were identified.
• There were extensive health and safety checks of the premises and equipment. Checks of water temperatures were completed along with flushing of infrequently used outlets to safeguard against legionella. Weekly checks were completed of the nurse call points, beds, mattresses and bed rails were also checked. Other checks were completed by contractors including checks of the fire system, firefighting equipment and hoists. These were supported by regular in-house checks of the systems and equipment and visual inspections of electrical items and sockets.
• Accidents and incidents were recorded and relevant organisations such as RIDDOR and Care Quality Commission were informed as necessary.
• Possible causes and measures to prevent future accidents and incidents were considered and implemented.
• The registered manager reviewed accidents and incidents to see if there were patterns, for example, did people always fall at the same time or in the same place. Findings were shared through staff handover.

Staffing and recruitment
• Staff were safely recruited. All the required pre-employment checks had been completed. The registered manager had commenced one staff member on shift without them having shadowed a colleague however they had extensive experience in care work and had completed recent training. The decision was made during the pandemic when staffing levels could have been dangerously low.
• There were sufficient staff deployed to meet the needs of people using the service. Rota's showed staff were allocated as per dependency calculations.
• We were concerned that some senior staff members were working very long hours due to staff being unavailable to work at short notice. We told the registered manager of our concerns that staff working excessive hours may be giving medicines and be very tired. They assured us that these were not common occurrences and they now had a more settled staff team.
• Following the inspection we were approached by a further whistle-blower alleging that staffing during the afternoons would reduce to two care staff and not three as were currently there. They were concerned about this as several people living at the Firs needed two-person support for care tasks, which left no staff

supervising the communal areas of the service. We raised this with the registered manager, and they confirmed this had been proposed however, staffing levels would not reduce at this time due to the concerns raised.

Preventing and controlling infection
• On arrival at the service, staff took and recorded our temperatures. We saw that the thermometer made contact with skin and was not immediately sanitised. Face masks were available for use at the entrance and were in use by all staff.
• The service was visibly clean and there were no malodours during our inspection. There was a clear cleaning schedule and the head of housekeeping was also the infection control lead for the service. They were passionate about their role and committed to ensuring they maintained the safety of the people living at The Firs and were able to challenge colleagues if they observed poor practice.
• Appropriate cleaning products were in use to ensure that bacteria and virus particles, should there be any, were effectively removed and people were living in a hygienic environment.
• Three bedrooms, communal areas, the kitchen and office were checked each week to ensure they were clean and hygienic. Areas for action were noted and completed by the housekeeping team.

• We were assured that the provider was meeting shielding and social distancing rules.
• We were assured that the provider was using PPE effectively and safely.
• We were assured that the provider was accessing testing for people using the service and staff.
• We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
• We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
• We were assured that the provider's infection prevention and control policy was up to date.

Requires Improvement

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 now deteriorated 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.

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

• Recent concerns raised by whistle-blowers had been partially founded, however the reluctance of staff members to speak with either the services management team or the nominated individual was a concern to us. The registered manager should be approachable to all staff and they should be able to raise concerns without fear of reprisal or that their confidence be breached.

• The staff team was split with some staff having faith in the current management team and their ability to deal with concerns and some staff approaching outside agencies such as the Care Quality Commission with their concerns as they doubted their identities would be protected and that any action would be taken by the management team.

• People were treated in a respectful and kind way by staff and there was a friendly, family like atmosphere in the service.

• During the pandemic, people had been supported to have safe contact with their friends and relatives either using video calls or in person with visits in the garden. The provider had arranged for a visiting pod to be set up in the outside portacabin office. An acrylic floor to ceiling screen and door had been constructed in the middle of the room and people and their visitors could meet in a warm, well ventilated and safe area.

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

• The registered manager and provider understood their responsibilities under the duty of candour. The duty of candour requires the provider to be open and honest and share information with relevant persons should something go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

• We were not assured that the registered manager understood their responsibility to notify the Care Quality Commission of significant events in the service. There had been numerous times when medicines had been administered late to a person living with Parkinson's disease; 18% of doses were logged as administered more than 60 minutes late and 24% as 31-59 minutes late. Medicines for this specific condition are required to be given at regular intervals as if the routine is not maintained, the person could have more pain and other symptoms such as muscle spasms and cramps. Notifications regarding these incidents were not always made.

• There were a number of audits completed at regular intervals. These reviewed aspects of service provision including infection prevention and control. Regular hygiene audits, spot checks of beds and reviews of cleaning schedules ensured that concerns were noted and shared with relevant staff. We also saw audits of first aid boxes and medicines.
• We did not see audits of other aspects of the service such as care plans, care records including daily notes or records such as people's weights or infection rates. These were not provided to us when we requested the services quality audits. Such audits would ensure that care plans are consistently accurate and current and issues such as recurrent infections or significant weight loss may be noted earlier.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care
• Senior staff and the whole staff team participated in regular staff meetings, we saw minutes of some meetings. More recent meetings were held using Zoom calls to ensure the maximum staff could attend. These meetings were recorded to ensure that staff unable to attend could view them later.
• Residents meetings were held, and minutes taken so those residents not attending could stay informed about events in the service.
• Feedback was sought about the service. Meals were reviewed on a regular basis. Staff would sit with people and obtain feedback about their meal. This would be shared with kitchen staff to ensure that meals people enjoyed were produced. We also saw menu suggestion forms had been issued to people so they could tell the chef their favourite meals and give ideas about the current and future menus.
• Quality assurance questionnaires were given to staff on a regular basis. These were completed and returned by staff selected to receive them. Issuing questionnaires to the full staff team each time would give staff an opportunity to feedback anonymously which may provide a more accurate picture of the staff experience of working at the Firs.

Working in partnership with others
• The service had forged positive working relationships with health and social care professionals in their locality.

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 We were not assured that medicines were administered as prescribed or safely stored.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Medicines practice did not assure us that records were securely stored, that audits accurately reflected procedures or that the medicines policy was followed by staff.