

Mr & Mrs S Theobald

Highroyd Care Home

Inspection report

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Overall summary

We carried out an unannounced comprehensive inspection of this service on 5 and 8 December 2014. We identified a number of breaches of regulation and said that improvements were needed in care and welfare of people who use services, meeting nutritional needs, management of medicines and record keeping. This inspection resulted in an overall rating for the service of 'Requires Improvement'.

In April 2015 we received information of concern from the local authority safeguarding team following a visit made to Highroyd Care Home on 8 and 9 April by a local authority contracts officer. This related to people who lived at the home being put at risk because they were not receiving adequate nutrition. We attended a meeting in relation to this on 25 April 2015. At this meeting we were informed by the registered manager of the home that, from the beginning of 2015, there was no registered manager or head of care working at Highroyd Care Home for a number of weeks due to ill health. We were concerned, from the information provided, that there appeared to have been a failure by the registered provider to risk assess the situation and put alternative management arrangements in place. There were concerns that this may have resulted in a lack of basic care being provided for the people living at the home.

We undertook a focused inspection on 30 April 2015 to look into these concerns

This report only covers our findings in relation to these areas. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Highroyd Care Home' on our website at www.cqc.org.uk

This inspection did not change any of the ratings made as a result of our comprehensive inspection in December 2014.

Highroyd Care Home provides residential care for up to 19 older people. Nursing care is not provided. At the time of our visit there were 15 people living at the home. The registered manager has been at the home for a number of years. 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.

When we conduct comprehensive inspections, we report our findings under the five domains: Safe, Effective, Caring, Responsive and Well Led. All our findings from this inspection come within the 'Safe', Effective and Well Led domains.

We found there were not enough staff available to safely meet people's needs, to make sure that sufficient standards of hygiene and infection control were maintained or to engage people who lived at the home in meaningful activities of their choice.

Summary of findings




We found that some of the people who lived the home had lost weight and, although some improvements had been made, there was insufficient evidence available to show that all of the people living at the home were receiving a diet suitable to their needs and preferences.

We found that the registered provider had failed to maintain effective leadership within the home during the absence of the registered manager.

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?	Requires improvement	
Is the service effective?	Requires improvement	
Is the service well-led?	Requires improvement	

Highroyd Care Home

Detailed findings

Is the service safe?

Our findings

During our visit we asked people who lived at the home about staffing levels. One person told us “There are staff problems – they are overworked, understaffed and it gets them disgruntled.” We asked if staff were able to respond to call bells in a timely manner, people did not have any concerns about this and one person said “If one goes off in the night you can hear them rushing up the stairs.” We asked people if staff were available to support them in engaging in activities. People said “There’s not a lot to do here. I’m happy just to sit around. Everyone likes to do things for themselves – there’s nothing for people to join in with”, “We just sit in here and listen to music”, “We just sit around all day” and “I do puzzles, read the paper...sit around on my backside.”

When we looked around the home we noticed a number of areas in need of cleaning and detected some unpleasant odours in some of the bedrooms. We found a lack of appropriate hand wash facilities in a communal toilet and 4 bedrooms, we also saw a number of dirty wheelchairs and a bed made with dirty linen. We also noted a number of small maintenance jobs in need of attention. This included the replacement of the light bulb in the managers office which, at the time of our visit was lit only with a small bedside lamp.

We asked the manager about the staffing arrangements for cleaning and maintenance of the building. The manager told us that, due to sickness there had not been any cleaning staff for 2 weeks and no maintenance staff for 3 weeks. We saw from the staff rota that on 6 days out of the three weeks we looked at, a member of care staff had been given dedicated cleaning hours. The manager told us that on the other days, care staff had been covering the

cleaning and laundry within their care hours. On the day of our visit there were no staff dedicated to undertaking cleaning duties however, the manager told us that an arrangement had been made to employ an agency cleaner and the services of an agency maintenance person had been engaged.

We saw from rotas that care staffing was arranged at four in a morning and three in an afternoon. From 8pm until 8am there were two staff on duty. The manager told us there were 7 people who needed the assistance of two staff to meet their needs. This meant there were times when one of these people was being supported, there was either only one or no members of staff available to support the other people living at the home. Staff we spoke with said this did present difficulties in meeting people’s needs in a timely manner and maintaining their safety. The manager told us they felt it was true that there were not always enough staff to meet people’s needs.

We saw that people who lived at the home were not being engaged in meaningful activities. We saw from the rota that the activities co-ordinator was working mainly as a member of care staff with only 2 days of the three weeks rota we looked at, dedicated activity provision. Both of these days were for four hours of activity provision.

This meant that there were not enough staff available to safely meet people’s needs, to make sure that sufficient standards of hygiene and infection control were maintained or to engage people who lived at the home in meaningful activities of their choice.

This therefore demonstrates a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

Prior to this inspection we received information of concern from the local authority safeguarding team following a visit made to Highroyd Care Home on 8 and 9 April by a local authority contracts officer. This related to people who lived at the home being put at risk because they were not receiving adequate nutrition.

We asked people about the food provided. Most used words such as “nice” and “good” to describe it and were able to tell us that choice was offered, with alternatives if they did not wish to have the menu choices. One person said “The food is good. If you don’t fancy your food they make something you’d fancy.”

We observed this to be the case when one person told the cook that they did not want either of the options offered for lunch. The cook told them “What about I put a sausage in for you? You always say you like those.” The person was happy with this.

We looked at care plans and documentation relating to food and fluid intake for three people.

We saw that care plans were in place for nutrition and for managing weight loss, these varied in detail with only one of the care plans detailing the person’s food preferences. It is important when encouraging people to eat that their preferences are known.

We saw that all of the three people whose care records we reviewed had lost weight the last time they had been weighed. Weekly weight records for two of these people showed they had gained weight in previous weeks. The other person had continued to lose small amounts of weight. We saw that the advice of the dietician had been sought for these people.

We looked at the dietary and fluid intake records for these people. We found the records we were shown did not include detail of drinks or snacks offered or taken between meals. However we later found that these were kept separately. The manager told us this had been done to encourage staff to keep accurate records of food and drink taken between meals.

We looked at the ‘Record of food provided each day’ for the person who had continued to lose weight. We did not see any evidence that these records were being reviewed to make sure the person was receiving an adequate intake. We also noted that the entries made in the person’s care records did not always accurately reflect their dietary intake. For example on one day the food record showed the person had not taken any breakfast and had taken ‘1/4 fish, one chip and milky bar pudding’ for lunch. However the care notes stated that the person had taken ‘good diet’

Another person’s care plan stated that they were able to feed themselves with finger foods. When we looked at their dietary intake records we did not see any record of the person being offered finger foods at mealtimes and noted that out of 23 tea time meals, the person had ‘soup and bread’ 18 times.

We saw people were served drinks and offered snacks between meals. Snacks consisted mainly of biscuits or mousse type desserts. The manager told us the mousses had been recommended by the dietician. We noted however that these were being used for dessert at mealtimes as well as snacks. One person’s records showed that out of 17 meals they had been served mousse 14 times for dessert. This lack of variety may be detrimental when trying to encourage people with their nutrition.

At lunchtime we asked the cook if anyone was being served a meal which had been fortified. They said that no fortification had been added to any meal, after checking the list of residents and choice of meals.

When we inspected this service in December 2014 we identified a breach of regulation and said that improvements were needed in relation to meeting nutritional needs. We did not find sufficient evidence on this occasion to demonstrate that the required improvements had been made. This therefore demonstrates a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

Prior to this inspection we had attended a meeting with the local authority and the manager of Highroyd Care Home. During this meeting the manager said that due to their absence and the absence of the head of care, there had been no auditing or monitoring of the quality of service provision for three months. The responsibility for the leadership of the service, the continuation of auditing and monitoring and the safety and quality of service, in the absence of the manager, was with the registered provider.

When we talked to people about whether they thought the home was well run one person said “I’m pretty happy with the way that things are run” but another said “It has gone down a bit recently.” Staff told us there had been difficulties and a lack of organisation whilst the manager had not been at work but this was improving now they had returned. Staff told us there had not been any overall leadership during the absence of the manager and the head of care.

We saw that safety checks conducted by external agencies such as gas, fire fighting equipment and moving and handling equipment were all up to date.

We noted that since their return to work, the manager had made efforts to catch up with auditing but the effects of a lack of continuity in this area were evident in areas such as cleanliness and infection control, maintenance, and staffing.

There had been a delayed response of almost one month to our previous inspection report with the action plan we had requested not being submitted until the manager returned to work. The registered provider had not made any contact with the Care Quality Commission to request an extension to the date for response or to explain the situation in the home.

This demonstrates a failure on the part of the provider to provide leadership and is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 18 HSCA (RA) Regulations 2014 Staffing

There were not enough staff available to safely meet people's needs, to make sure that sufficient standards of hygiene and infection control were maintained or to engage people who lived at the home in meaningful activities of their choice.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

Not all of the people who lived at the home were receiving a diet suitable to their needs and preferences.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered provider had failed to provide adequate governance in the absence of the registered manager.