

Saffronland Homes 2 Limited

Glen Heathers

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

Glen Heathers is a care home providing personal and nursing care to older adults and can support up to 53 people, although now choose to only support up to 40 people. At the time of our inspection there were 36 people living in the service.

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

Staff and people told us they felt there were not always enough staff to ensure people's needs were safely met.

There were systems and processes in place to assess and monitor the quality of the service, however these systems did not identify the shortfalls we found. The culture at the service was not always positive and staff morale was low.

People were not always protected from the risk of avoidable harm. Risk assessments were not always in place, were not consistent, or did not provide staff with the information they needed to ensure people received safe care and support.

We could not be assured staff had received appropriate training in a timely way to enable them to carry out their role safely. The provider and registered manager had failed to notify CQC of significant events without delay, which they are required to do.

People's medicines were managed safely. The service worked in partnership with health and social care professionals to provide joined up care.

We had mixed views from people's relatives about if they thought the service was safe and if they were kept informed of information throughout the coronavirus pandemic.

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 16 July 2019).

Why we inspected

The inspection was prompted due to concerns we had received about infection control practices, the potential neglect of people receiving care, allegations of verbal abuse and staffing levels. A decision was made for us to inspect and examine these risks. 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.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Glen Heathers on our website at www.cqc.org.uk.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection and we have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management of risks associated with people's needs, staff training, staffing levels and governance systems.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan and 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.

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 ●

Glen Heathers

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 team consisted of two inspectors.

Service and service type

Glen Heathers 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. However, we rang the service immediately prior to entering the service. This was to check if they had any people with COVID-19, so inspectors could wear the appropriate personal protective equipment.

What we did before the inspection

We reviewed the information, we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We sought feedback from the local authority and professionals who work with the service. The

provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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 five members of staff including the nominated individual, registered manager, nurses, and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed the safety of the environment, medicine processes and looked at records relating to infection control processes.

After the inspection

We reviewed a range of records. This included nine people's care records and risk assessments and a variety of records relating to the management of the service, such as, quality assurance records, training information, records of accidents and incidents, policies and procedures and additional supporting information provided. We looked at three staff files in relation to recruitment, staffing rotas and the providers dependency tool, which is how they decide staffing levels.

We spoke with six staff, seven relatives and two professionals who regularly visit the service. We continued to seek clarification from the registered manager to validate evidence found.

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 now 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.

Assessing risk, safety monitoring and management

- Risks to the health and safety of people were not always being managed safely. Risk assessments in place did not provide specific and detailed information about people's needs to help mitigate risks. The service regularly used agency staff who may not always know people's needs well. Therefore, information in people's care records about their needs and any associated risks, would be essential to keep people safe. For example, where people had been assessed as being at high risk of choking, malnutrition or had continence needs or diabetes, there was a lack of guidance for staff about what action they needed to take to mitigate these risks. One person had a catheter in place and there was no risk assessment to mitigate the known risks when people have catheters, such as cleaning, positioning and warning signs that they could need medical intervention. This meant we could not be assured that risks to people were managed safely. We discussed this with the registered manager who told us they would review people's care plans and risk assessments to ensure this information would be clear and available for staff.
- Information in people's care records did not follow best practice and was contradictory. For example, one person had been assessed as needing a specific diet to meet their assessed needs. The information in their care plan did not follow current best practice, as categorised by the international dysphasia diet standardisation initiative [IDDSI] and used an out of date description for the type of food the person required. In addition, a different part of their care plan described a food product they liked, which was not in line with their assessed needs and would place them at risk, should staff give them this. This demonstrated people were at risk due to inconsistent information within their care plans and risk assessments.
- Where people required monitoring of specific needs, recording charts were in place. However, these lacked the information staff needed, in order to take the required action. For example, one person needed re-positioning, as they were cared for in bed and unable to move themselves. The person's care plan described them as needing 'regular re-positioning.' However, neither the care plan nor the monitoring chart described the frequency that the person should be re-positioned. In addition, the person had a wound on their skin and there was no information describing how staff should re-position them without causing further injury. We discussed this with the registered manager who told us they would review the monitoring forms to ensure they contained increased information to mitigate the risks.
- Environmental risks were not always managed safely.
- During our visit we saw doors that had signs on saying they should be kept locked, were not secure. For example, we identified an unlocked sluice room had chemical products that were easily accessible and a laundry shoot with an unlocked hatch, which had the potential to cause significant injury. These presented a risk to the vulnerable people living at the service. We discussed this with the registered manager who told us they would take immediate action to address this. However, we saw that the risks from chemical being left out had been previously identified during a staff meeting in February 2021 and had therefore not

been followed up to ensure action was taken where required.

- Fire emergency evacuation processes were not clear. People had personal emergency evacuation plans [PEEP], but these did not contain detailed information to enable safe and prompt evacuation when needed. For example, people's PEEPs did not describe what specific support each person would need should there be a fire and how they might react if they had a cognitive impairment. This meant we could not be assured that staff would be able to evacuate people safely. We discussed this with the registered manager and provider's representative who agreed to immediately review and update peoples PEEPs.

The failure to safely manage risks to people using the service and take action to mitigate those risks was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- During our inspection we saw there were not always staff available to offer support to people when needed. For example, one person required assistance as they had spilt a drink and were still in bed at 11am. The person was not dressed and when asked, said they were waiting for staff to be available. We had to ask the registered manager to ensure staff supported the person immediately.
- People told us there were not enough staff available to provide the support they needed in a timely way. One person told us, "You have to wait a long time for help. I can't get up and dressed when I want, as there is just not enough of them [staff]. Another person said, "No one comes to speak to me, the staff just walk by my room and don't even pop in." A third person said, "There is not enough staff, they don't always come when I ring my call bell, or I need to wait."
- Staff also described not having enough time to support people. Comments included, "We can't always get people up in the mornings and have to leave them in bed, which is really sad", "We do have time to get people up, but not always when they want to, we can't always meet people's needs in the time they need to be met" , "There is nowhere near enough staff to cover everything that needs to be done and you need eyes in the back of your head" and "I would like to spend more time with people, but staff are unable to do this due to the level of need of people living at the home, everything is very task focused." We reviewed the provider's staff rotas and their dependency tool, which is how they determine the amount of staff needed to support people. We found although the staff rotas demonstrated the number of staff available matched the provider's dependency tool, staff were not deployed in a way that ensured people's needs were met in a safe, dignified and respectful way. The registered manager told us they felt there were enough staff available to support people, however, agreed to review how they made decisions about staffing levels and discuss further with the provider.
- The provider's training records showed that staff had not received adequate training in a timely way to equip them to do their roles, safely and effectively. For example, the providers training records showed, six out of the seven staff that were administering medicines to people, had not received a medicines training refresher when required. Furthermore, 24 out of 40 staff had not had safeguarding refresher training when required and 25 staff had not received up to date first aid training. While some staff we spoke with told us they felt they had received adequate training, one staff member told us, "The staff training is rubbish, there are loads of staff that don't have any training, the training is awful. Staff don't know what they're doing, and I have never had any competency checks while working at the service." Another said, "All the training I've done has been online and with multiple choice. No one has ever checked my competency in relation to any of the training I received." We raised the concerns we found with the registered manager following the inspection and they told us they would address the training needs for staff and ensure they received the training they required. Following our inspection, we received records that demonstrated staff had now received the refresher training they required.

The failure to provide and appropriately deploy enough staff with the skills and knowledge to safely meet people's needs and ensure they had received training that equipped them for their role, was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We reviewed staff files and saw employment checks had been completed before staff could start working in the home. These included reference checks and checks with the Disclosure and Barring Service (DBS). DBS checks help employers make safe recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Action was not always taken when allegations of abuse were made. We reviewed a complaint made by a relative which referred to potential abuse of their relative by a staff member. The registered manager shared this complaint with the nominated individual, who responded to the relative. In the response to the relative we saw no acknowledgement of the allegation of abuse or confirmation this had been shared with the local authority and investigated. We checked our records and received no notification of this allegation of abuse. We discussed these concerns with the registered manager who confirmed the complaint had not been shared with CQC or the local authority safeguarding team, which they are legally required to do. However, they assured us they would take action to review this complaint.

- In addition, an external professional told us, "Throughout my involvements with Glen Heathers the registered manager has required help in identifying safeguarding and developing action plans and didn't necessarily consider options themselves."

- The provider had a safeguarding and whistleblowing policy in place.

- Staff told us they received safeguarding training; however, as described above we could not be assured this had been received in a timely way. Staff knew of the provider's policies and said they would escalate any concerns of poor practice to the registered manager, the local authority or CQC.

- Accidents and incidents were recorded, and the registered manager reviewed them to see if any action was needed to prevent a recurrence. However, we saw that in two separate incidents, two people had left the building unattended. We requested the incident records from the registered manager for both these events but only received one. We reviewed the record we received and discussed these incidents with the registered manager, who confirmed that both people would have been at risk to be outside of the service without staff support. Registered persons are required to inform CQC without delay of any event where abuse may have occurred. In these two incidents, there was the possibility of neglect in the service's duty of care, which had the potential to cause harm. CQC had not been notified of either event. We discussed this with the registered manager, who had failed to recognise these incidents under safeguarding. However, they assured us they would take the action required in any future incidents.

We recommend the provider and registered manager review local safeguarding adults board procedures to ensure robust processes are in place to safeguard people from abuse.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We saw that some areas of the home were in need of repair so that robust cleaning could take place. For example, we saw in one bathroom, enamel had come off the bath and the toilet flush was damaged so these could not be cleaned thoroughly. We discussed this with the registered manager and provider's representative, and they took immediate action to repair these areas.

- We were assured that the provider was using PPE effectively and safely. We observed staff wearing PPE correctly throughout our visit. However, one staff member was unable to keep their mask over their nose and it kept slipping down. We discussed this with the registered manager, but no consideration had been made to look for an alternative mask for this staff member, so we could not be assured this would not

continue to be a risk.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.
- 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.

Using medicines safely

- People were supported to take their medicines safely.
- Medicines administration records (MAR) were completed correctly and indicated that people received their medicines as prescribed.
- There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely.
- There was a system in place to ensure that the management of medicines remained safe. This system included a full medicines audits completed monthly and weekly and daily audit checks. These checks helped to ensure that medicines were always available to people and given as prescribed.
- People were provided with 'as required' (PRN) medicines when needed. PRN plans included information for staff to understand when these medicines should be given, the expected outcome and the action to take if desired outcome was not achieved. However, it was noted that when PRN medicines were given the reasons these medicines were administered, and the outcome was not recorded. This was discussed with the registered manager who agreed to review this and take action.
- Controlled drugs were stored in accordance with legal requirements and safe systems were in place for people who had been prescribed topical creams.

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.

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

- There were systems and processes in place for assessing and monitoring the quality of the service. However, these did not identify the issues we found regarding care records, risk management, staffing levels and training.
- Quality assurance tools had not always identified where people's care files lacked clear information about risks, did not follow best practice or were inconsistent. For example, we saw information recorded within people's care plans that was not always reflected in their risk assessments/plans. This placed people at risk of unsafe care.
- Records were not always able to demonstrate that the service was safe. For example, systems to demonstrate that all staff had completed all necessary training, were not effective. The provider and registered manager failed to evidence or identify staff had received required training in a timely way.

The failure to operate effective systems to assess, monitor and ensure the quality of the service was a breach of regulation 17 of the health and Social care Act 2008 (regulated Activities) Regulations 2014.

- The registered manager told us they understood their responsibilities to be open and transparent when things went wrong. However, there was a lack of evidence that learning from incidents and accidents had taken place, to drive quality and safety at the service. In addition, we identified three occasions when the provider and registered manager had not complied with a requirement of their registration, to notify CQC about significant events without delay. Although the provider and registered manager had notified CQC of some events as required, not all notifiable events had been reported. This limited our ability to perform our regulatory duty of monitoring events that occurred at the service.

The failure to notify CQC of significant events without delay was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The registered manager felt supported by the nominated individual who had regular oversight of the home.
- Policies and procedures were in place to aid the running of the service. For example, there were policies in relation to safeguarding, whistleblowing, equal opportunities and infection control. These were accessible to staff. However, we were not assured these were all being robustly implemented due to the concerns we

found.

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

- The culture at the service was not always positive. Care and support were not consistently provided in a timely way and people told us they felt unhappy and had to wait a long time for their care. One person told us, "You ask to see the manager, but she is never here. There is no stimulation." Another said, "It's alright here, it depends which staff are on though."
- Staff told us they did not all enjoy working at the service and felt they did not have enough time to sit and talk with people and meet their emotional needs. One staff member described to us how there was a culture in the service which was task focussed. Another said, "I want to give people what they want and spend more time with them, but we can't always do this as we don't have time."
- Relatives had mixed views about the staff and management team and the support their loved one's received. Comments received included, "It's not the most modern care home but it's about the staff and the people who provide the care, I trust them", "It's difficult times and they've [staff and management] done incredibly well", "There are quite a few members of staff who have gone above and beyond their role to help him out and us as a family" and "[Registered manager] is lovely. Any time there's been concerns she's phoned me, and I've been able to chat with her and find ways to work around it [concerns]. They always discuss with me any ideas if he's struggling, very hands on"
- We discussed the mixed feedback we received with the registered manager who told us they would review systems and staff support to improve outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager told us they kept in touch with people's relative's requesting and sharing information with them about the safety and support of people. This included information about visiting during the coronavirus pandemic. However, we received mixed views from people's relatives. Comments included, "They [registered manager] keep me updated, sometimes video calls and [phone] calls" and "We've been kept informed all the way through, very good about it all". However, other relatives said, "It's kind of one-way traffic, unless I ask about something, I don't get any information, none of us do" and "I wasn't kept updated I had to keep phoning. I kept telling them [staff], if there's any change then let me know, but they never really did let me know."
- The manager held staff meetings which gave staff the opportunity to discuss any issues or learning. However, feedback we received from staff was mixed. Comments included, "The [registered] manager is very supportive, but sometimes it can be difficult. The manager does make time for the staff; however, pressure can also be put on staff to work on their days off when there are shortages in staffing levels", "I love the residents [people], but the company is awful. It's very institutionalised and it feels like you've stepped back in time" and "The recording and records are rubbish, care plans and risk assessments are really old fashioned and not up to date, anybody can access people's care records because they're not locked away. I feel so bad for the residents they really deserve better."
- The registered manager told us they spoke to people using the service regularly and occasionally provided direct care and support, which gave them the opportunity to get to know people well. People told us they thought the staff were nice and we observed staff speak to people with kindness and patience. Comments from people included, "Oh yes, they [staff] are nice", "Staff help me wash and speak to me nicely, they don't rush and are gentle" and "The staff here are okay."

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and other health

and social care professionals to provide joined-up care.

- The registered manager told us they had a positive relationship with external professionals and used them for support and advice when needed. We had mixed views from external professionals about contact with the service. One external professional told us, "We have always had good correspondence with the [registered] manager, and staff have been pleasant when we visited." However, another external professional told us, they found the [registered] manager to be flippant, when discussing and sharing ideas about how to improve outcomes for a person.

Continuous learning and improving care; 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

- Complaints, concerns, accidents, incidents and near misses were recorded and monitored. These were reviewed by the registered manager and the provider had oversight of these. However, we could not be assured systems were robust to identify themes and trends or that prompt action was taken when needed. For example, the registered manager told us they had only received one complaint in the last year. We reviewed this complaint and the provider's response. We found that the issues raised in the complaint were not addressed to ensure safe care. See the safe section of this report for further detail.

- Duty of candour requirements were understood and met by the registered manager.

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 18 Registration Regulations 2009 Notifications of other incidents The registered persons had failed to notify CQC of significant events, in line with the requirements of their registration.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons had failed to safely manage risks to people using the service and take action to mitigate those risks.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons had failed to operate effective systems to assess, monitor and ensure the quality of the service.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered persons had failed to provide enough staff to safely meet people's needs and ensure they had received training that equipped them for their role.

