

Tarvin Estates LLP

Tarvin Court

Inspection report

4 Tarvin Road
Littleton
Chester
Cheshire
CH3 7DG

Tel: 01244332538

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

We undertook an unannounced focused inspection of Tarvin Court on 6 February 2018 and our visit on the 7 February 2018 was announced.

The inspection was prompted from information the commission received regarding a failure by the registered provider and manager to report safeguarding incidents.

Tarvin Court 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.

Tarvin Court accommodates up to 28 people in one adapted building divided in to two units. At the time of our inspection 14 people were living at the home. Tarvin court is a two storey building with a single storey extension to the rear of the property. There are 22 single rooms and three double rooms. It is situated in Littleton.

The service has a registered Manager. 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.

At the last inspection on 7 February 2017 we found that there were a number of improvements needed in relation to safe care and treatment, staffing, consent and good governance. These were breaches of Regulation 12, 18, 11 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective and Well-led to at least good. The provider sent us an action plan that specified how they would meet the requirements of the identified breaches.

This inspection was done to check that improvements after our comprehensive inspection on 7 February 2017 had been made. The team inspected the service against two of the five questions we ask about services: Is the service Safe and Well Led? During this inspection we found some improvements had been made, however we found a number of areas of ongoing concerns relating to poor practice that had not been identified or addressed by the manager or registered provider. You can see what action we took at the end of this report.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

The registered manager had introduced regular audits that included medicines, infection control, care plans and accidents and incidents. However, although these were regularly completed and some areas for development and improvement had been identified and actioned, trends and patterns had not been identified to keep people protected from future risks.

Accidents and incidents were not analysed by the registered manager to identify trends and patterns. Action had not been taken to mitigate future risks.

Gaps in staff training and skills had been identified but not addressed, which meant all staff were not up to date with the knowledge and skills required for their role. Staff had not completed up to date safeguarding training.

Safeguarding policy and procedures were in place and staff demonstrated some understanding of these. However, investigations had identified that the management team had not consistently reported all safeguarding concerns in accordance with the local agency or registered provider's processes. There had been a number of safeguarding concerns that had been investigated by the relevant agencies and substantiated.

Staff recruitment procedures were followed. Employment checks had been undertaken that included references from up to date employer and a DBS. However, we found that there were not enough recruited staff to meet the needs of the people living at the home and there was a high level of agency staff use. This meant people were not always supported by staff that fully understood their individual needs.

Staff meetings, supervision and appraisal took place regularly. Daily handover meetings took place to ensure staff had up to date information about each person living at the home. Staff told us they felt supported by the management team. However, we found that there was clear evidence of disharmony within the management team that was causing division within the home.

Improvements had been made to the management of medication. Medicines were managed in accordance with good practice guidelines. There were clear procedures for ordering, storing, administering and disposing of all medicines. Staff had received training and been assessed as competent. People told us they received their medicines on time.

Improvements had been made to minimise the spread of infection. The carpet in the medicines room that had previously been identified as an infection risk had been replaced.

Health and safety checks were regularly undertaken. Equipment was checked and serviced in accordance with good practice guidelines.

The registered provider had policies and procedures in place that were accessible to staff to offer them clear guidance in their role. These were up to date and had been reviewed. The Statement of Purpose and Service User Guide were up to date and available to people and their relatives.

The registered provider lacked effective oversight of the management of the home and they had not ensured all requirements of their registration were being met.

We found that we had not always received notifications in a timely manner to inform us of significant events that had occurred at the home.

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.

Safeguarding policies and procedures were not always followed by the registered provider. Not all staff had completed safeguarding training.

Safe moving and handling practices were not consistently followed. Staff moving and handling training was not kept up to date.

Medicines were managed safely and people received their medicines as prescribed.

Is the service well-led?

Inadequate ●

The service was not Well-led.

Audits systems were not robust and did not consistently identify areas for development and improvement which had left people at risk of harm.

Significant gaps in staff training had not been addressed in a timely manner to ensure staff had the required skills and knowledge for their role.

The registered provider had policies and procedures in place that were accessible to staff.

Tarvin Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 7 February 2018 and was unannounced on the first day, announced on the second day.

The inspection team consisted of one adult social care inspector and an inspection manager.

We contacted the local authority safeguarding and contracts teams for their views on the home and we took these views in to account during our inspection planning.

The registered provider had completed and submitted a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and any improvements they plan to make. This information formed part of the inspection planning and was used during the inspection visit.

We checked the information we held about the registered provider and home. This included statutory notifications sent to us by the registered manager. A notification is information about important events which occur at the home that they are required to send us by law.

During the inspection we spoke with two people living at the home, one relative of a person living at the home, the registered manager, the care manager, a registered nurse, a senior carer and a carer. We spent time observing staff interactions with people living at the home.

We looked at two people's care records, three staff recruitment and training records, medication administration records (MARs), and other records relating to the management of the home.

Is the service safe?

Our findings

At the last inspection we found a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because medicines were not administered safely and the carpet in the medicines room was an infection control risk. At this inspection we found the registered provider had made the required improvements in relation to the management of medicines. However; we found ongoing areas of concern in relation to the safe care and treatment of people supported.

The registered provider had a safeguarding policy and procedure in place that staff were familiar with. Prior to our inspection visit we had been notified that a number of safeguarding incidents had occurred at the service and that these had not been reported as required to relevant agencies. All safeguarding concerns had been investigated and had been substantiated. Investigations undertaken had identified that both the management team and registered provider at Tarvin Court had not followed local procedures for reporting safeguarding concerns. Records showed that 50% of staff had not received up to date safeguarding training. Two staff had not completed this training and seven staff were awaiting refresher training. This meant that the registered provider had left people at risk of further harm by not following their own and local reporting procedures.

People had been placed at the risk of harm through poor moving and handling practices. The registered providers training matrix identified that not all staff had completed moving and handling training and seven staff were overdue refresher training. Safeguarding investigations that had been completed identified that poor practice in relation to the use of unsafe moving and handling techniques had resulted in actual harm to people living at the home. This meant people were not always protected from the risk of harm. These practices were immediately addressed by the registered manager and staff have received updated moving and handling training.

Accidents and incidents had been recorded by staff and included key information about each incident that had occurred. However, the registered manager and provider had failed to identify trends or patterns through their audits and analysis. Appropriate actions had not been taken to mitigate the further risk of harm to people supported.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made so that people received their medicines safely. People's medicines were managed by trained and competent staff. One person told us "I always get my tablets on time" and another person said "Staff do not rush me when I take my medicines as I can be a little slow sometimes". All medicines were administered and stored securely and in line with the registered providers policy and procedure. The medicines room and fridge temperatures were monitored and recorded daily. We checked three people's medicines and found the stocks were accurate and administrations had been accurately recorded on the medicine administration record (MAR). People's allergies were clearly recorded within their care plan and medicines files. 'As required' (PRN) medicines had protocols in place that ensured they were

managed safely.

Improvements had been made to mitigate the risk of the spread of infection. The carpet in the medication room had been replaced. Staff had received training on infection prevention and control. There was PPE equipment available that included disposable gloves and aprons to be used to prevent the spread of infection. There was ample hand washing facilities at the service. Infection control audits were regularly undertaken by the registered manager to identify any areas for development and improvement.

At the last inspection we found there were requirements from a fire enforcement notice that had not been met. During this inspection we were shown documentation to confirm the requirements had been met.

Safe recruitment procedures were demonstrated. All staff files included a completed application form, two references that included one obtained from the applicants most recent employer as well as a Disclosure and Barring Service check (DBS). This meant the registered provider only recruited staff of suitable character.

We reviewed four weeks staff rosters that showed a high use of agency staff throughout the day and night. The registered manager told us they used agency staff to maintain staffing levels. People told us they saw regular staff that were employed by the service but also received support from staff they were unfamiliar with. One person told us "I like to see lots of different staff as they all bring different chat" and another person said "When I use my call bell staff always come as quickly as they can." Staff told us there was a thorough handover each day where each person living at the home was overviewed so that all staff had up to date information about them.

Risk assessments were in place and up to date. These included falls risks, pressure area, nutrition, continence and environment. The documents included guidance for staff, the number of staff required and any equipment needed to minimise or mitigate the risk.

Health and safety checks were in place and up to date. Regular hot and cold water checks were documented. Legionella testing was completed. Electrical and gas safety certificates were in place and up to date. PAT tests were completed annually. Fire system, emergency lighting and firefighting equipment checks were completed regularly. This meant the registered provider had systems in place to ensure routine checks and servicing were completed in all required health and safety areas.

Equipment was regularly checked and serviced. These included the rise and recline chairs, moving and handling equipment, call alarm system, wheelchairs and profiling beds.

Is the service well-led?

Our findings

The home had a registered manager who had been in post since January 2017 and registered with the Care Quality Commission since May 2017.

During the last inspection we found a breach of Regulations 11, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff had not received up to date training and consent to care and treatment was not always obtained in line with relevant guidance and legislation. The registered providers quality assurance systems failed to monitor the health, safety and welfare of people who lived at the home.

On this inspection visit we found that improvements had been made in relation to Regulation 11. Where people who had been assessed as lacking capacity to make a specific decisions, records evidenced that appropriate consent to care and treatment had been sought. However, we found ongoing concerns in relation to staff training and the registered provider's quality audit system was not effective.

We reviewed audit documentation completed by the Registered Manager and management team. Medication, environment and infection control audits were regularly undertaken and identified areas for development and improvement. Audits included some action plans to evidence were developments and improvements had been made. However, the management and review of accidents and incidents was not effective. For example, records identified that four people had sustained skin tears and bruises. The registered manager reviewed each document but did not identify trends or patterns or potential causes to these injuries to mitigate the risk of further harm to people. Independent investigations in to safeguarding concerns had established trends and patterns relating to poor practice and unsafe moving and handling techniques carried out by staff. This had not been identified by the registered manager or provider.

The registered manager and provider had failed to implement and follow the local authority or their own safeguarding policy and procedure when safeguarding concerns had been brought to their attention. In addition the registered providers audit systems had failed to identify that all staff had not received up to date training to ensure they were competent and effective in carrying out their role.

The registered provider lacked effective oversight of the management of the home and they had not ensured all requirements of their registration were being met. People had not been protected from the risk of harm.

This is repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found significant gaps in staff training that had been identified by the registered provider on the training matrix but had not been promptly addressed. This meant staff may not have had the up to date skills and knowledge to competently undertake their roles. For example, people were placed at risk of avoidable harm as all staff did not have the up to date skills and knowledge for their role.

This was a repeated breach of Regulation 18 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014 as staff had continued to not receive up to date training.

Staff told us they felt supported by the management team and were proud of the work they did to support people. However, during our discussions we identified a clear disharmony between members of the management team which was causing division within the home. We raised our concerns regarding this with the registered provider who said they would seek to address this.

Policies and procedures had all been reviewed and updated since our last inspection. These were readily available for staff if they required good practice guidance. The statement of purpose and service user guide had been reviewed by the registered provider and was up to date.

We reviewed minutes of residents and relatives meetings that had taken place during 2017. The registered provider and registered manager had attended one of the meetings following the last CQC inspection. The registered provider explained areas for development and improvement and described difficulties they had experienced in recruiting staff. Relative's comments about these meetings included "The last meeting helped me understand what the owner (registered provider) was going to do to make things right at the home" and "I like these meetings as I get to meet other relatives." This showed that the registered provider was actively engaging with people living at the home and their relatives.

Staff meetings took place regularly and minutes were in place. Staff described the shift handovers they attended as robust. Handovers included information about people's dietary needs, pressure relief needs and any information specific to each person living at the home. They described this process as robust and felt their opinions were valued.

Prior to the inspection, we reviewed the statutory notifications that the registered provider had submitted to the CQC. Notifications enable CQC to monitor any events that affect the health, safety and welfare of people who used the service. We found that we had not always been notified in a timely manner about incidents that occurred at the service. We spoke with the registered manager and provider during our visit and they informed us they would review this practice.

The last CQC report was clearly displayed at the home.

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
Diagnostic and screening procedures	People were not always cared for by staff with the required skills and knowledge to undertake moving and handling safely.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Quality monitoring systems were not robust as they had failed to identify areas that required development and improvement.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Staff had not all received up to date training for their roles.
Treatment of disease, disorder or injury	