

Bcs Medical (Shackleton) Ltd

Shackleton Medical Centre

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Shackleton Medical Centre is a care home that can provide accommodation and personal or nursing care for up to 26 people with both nursing and general care needs and end of life care. At the time of the inspection there were 13 people living at the care home.

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

The provider had developed plans about how individual risks would be managed but these were not always in place for all identified risks. As a result, staff were not always provided with adequate information as to how to reduce risks to people.

Robust processes were not always in place to ensure infection control practices were implemented effectively.

Staff had completed training identified as mandatory by the provider, but some nurses and care workers had not completed training to meet the specific needs of people using the service.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Care plans did not always provide accurate and up to date information relating to a person's care needs. This meant there were risks that people's needs would not be met.

The provider had a range of quality assurance processes in place but some of the checks in relation to these did not provide robust information to identify areas requiring improvement.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 January 2020) and there were multiple breaches of regulation. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

We undertook this targeted inspection to check whether the breaches of regulation in relation to Regulations 9 (Person Centred Care), 12 (Safe Care and Treatment) and 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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 of regulation in relation to management of risk, infection control, mental capacity assessment, person centred care planning and quality assurance at this inspection. 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 for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Shackleton Medical Centre

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on whether the provider had met the breaches of regulation 9 (Person centred care), regulations 12 (Safe Care and Treatment), regulation 17 (Good Governance) and regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014 which were breached at our last inspection in November 2019. During the inspection we also checked regulation 11 (Need for Consent).

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Shackleton Medical Centre 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 spoke with the registered manager, clinical lead, a nurse and the housekeeper. We reviewed a range of records. This included the care plans for six people. A variety of records relating to the management of the service, including audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. Following the inspection, we reviewed the training records for staff and the staffing rotas for the previous four weeks.

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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the breaches of regulation we found at the previous inspection. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risk assessments and information was in place for the majority of risks but some relating to specific health risks did not provide enough information for staff so they were clear about the action they needed to take to mitigate these risks.
- Where a person was living with an identified medical condition such as epilepsy and stroke, risk assessments and specific guidance was not provided for staff on how to provide the person with safe and appropriate support to reduce possible risks.
- The pre admission assessment for one person indicated they had a history of falls from bed and required the use of bed rails to reduce possible risks. The risk assessment completed when the person had moved to the home indicated the person did not require the use of bed rails and was not at risk of falling from their bed. The clinical lead explained it had been identified following admission that the person required a safety mat in case they fell from the bed but this was not identified in the risk assessment or care plans which had been developed when they moved to the home earlier in the year. Therefore, appropriate guidance for staff on how to ensure the person was safe was not provided.
- People living at the home had personal emergency evacuation plans (PEEP) in place but they did not always include the full information about a person's support needs. For example, the PEEP for some people stated the person was dependant in relation to evacuation but did not indicate the specific reason for this dependency such as visual impairment or for being disorientated to time and place.
- The action recorded on an incident and accident record for one person indicated a risk assessment was required for a specific identified need. When we checked the records for the person, a risk assessment had not been completed to identify any possible risks and how these could be responded to.

We found no evidence that people had been harmed however, systems were either not in place or robust

enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the management of risk.

Preventing and controlling infection

- The provider had a care home cleaning policy which was reviewed in December 2019. This had not been updated to reflect the impact of Covid 19 and the guidance provided by the Government in relation to infection control during the pandemic. The covid-19 policies indicated increased cleaning of touch points but there was a lack of detail in the cleaning schedules which were tick lists addressing broad topics with no specific instructions particularly around Personal Protective Equipment (PPE) and infection prevention and control.
- Risk assessments relating to Covid 19 for people using the service and staff to identify any specific issues which could impact on their health had not been completed. The clinical lead explained they were planning to do staff supervision to discuss any issues, but these had not been completed. Therefore, appropriate actions could not be put in place to reduce possible risks of infection for both people living at the home and staff.
- There had not been any consideration as to whether any adjustments were necessary to rotas, shift patterns or handovers to improve practices around infection prevention and control. For example, there were no domestic staff available after 3pm and care staff did not work in identified cohorts to reduce the amount of people they came in contact with. There were no written travel risk assessments or procedures for staff to be mindful of on public transport. Staff in high risk groups such as people from Black, Asian and Ethnic Minority (BAME) communities had not been risk assessed, so appropriate adjustments could be made.
- The clinical lead confirmed that the temperatures of people using the service should be taken daily and the results recorded on the handover sheet. We reviewed recent handover records and we found people's temperatures were not always recorded. For example, we saw people's temperatures had been recorded on 16 August but not on the 17 August. The clinical lead confirmed that temperatures should be taken daily and there was nowhere else that staff would record people's daily temperatures. This meant staff could not always monitor people's temperature to identify possible symptoms or changes in their health so appropriate action could be taken promptly to minimise the risk of transmission of any infection and to seek medical help.
- Systems were not operated effectively to confirm that the home complied with infection control practice including frequently touched surfaces such as door handles being cleaned regularly throughout the day. The housekeeper confirmed they were on duty between 8am and 3pm and staff would deal with any spillages during the rest of the day, but they would not undertake any planned cleaning procedures. This was confirmed by the nurse on duty during the inspection. Therefore, procedures were not always in place to ensure infection control risks were managed throughout the day.

Systems were not in place or robust enough to demonstrate infection control was always effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the breaches of regulation we found at the previous inspection. We will assess all of the key question at the next comprehensive inspection of the service.

Staff support: induction, training, skills and experience

At our last inspection the provider had training in place, but this did not always provide staff with the support and up to date knowledge they required to provide suitable care. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- At the previous inspection the training records indicated that some nurses had not completed training required to meet people's specific support needs. During this inspection we reviewed the training records for the additional five nurses employed as bank staff. In relation to tracheostomy training we saw there were no records to indicate that the five bank nurses had completed the training since the previous inspection. A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help a person breathe.
- We also saw four of the bank nurses had not completed PEG training. A PEG (Percutaneous Endoscopic Gastrostomy) is a way of introducing food, fluids and medicines directly into the stomach through a thin tube that has been passed surgically through the skin and into the stomach.
- The training records indicated one senior care worker and four care workers from the 13 employed at the home had not completed training in relation to epilepsy.
- The provider accommodated some people with a behaviour that might challenge the service. Training in relation to supporting people with a behaviour that might challenge the service had not been completed by one nurse and five bank nurses as well as one senior care worker and five care workers.
- We reviewed the staffing rota, and we identified one staff member who was scheduled to work who was not on the training records to indicate what training they had completed. This meant the provider could not confirm the training that had completed by this member of staff. Following the inspection the registered manager told us they have updated the staff member training records
- There were people using the service who required care and support with specific needs. This issue of making sure staff received appropriate and relevant training had been identified at previous inspections of the service. This indicated the provider had not taken action after previous inspections to ensure nurses and

care workers had received appropriate training to meet people's specific needs and to ensure safe care was provided for people using the service.

This meant staff had still not completed the training identified by the provider to ensure they had the required skills and knowledge to provide care in an appropriate manner. This placed people at risk of harm and was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Training records we saw indicated that since the previous inspection, the majority of staff had completed the training identified as mandatory by the provider.

Ensuring consent to care and treatment in line with law and guidance

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack the 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- During the inspection we saw mental capacity assessments and best interests decisions were not completed where it was identified a person may not be able to consent to a specific aspect of their care.
- The clinical lead confirmed people living at the home had received Covid 19 testing. We saw that where a person had been identified as not having the mental capacity to consent to their care there was no record of a best interests decision being made for the Covid 19 testing.
- The care plan for one person indicated they smoked and their cigarettes and lighter were kept by staff. The person's care plan stated they needed to ask staff for the cigarettes before they accessed the outdoor smoking area where staff stayed with them. There was no mental capacity assessment or best interests decision recorded to indicate why the staff held the person's belongings or if the person could understand possible risks. There was also no record to show if the person has agreed to the staff keeping their cigarettes.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to ensure the principles of the MCA were complied with. This placed people at risk of decisions not being made in their best interests. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the breaches of regulation we found at the previous inspection. We will assess all of the key question at the next comprehensive inspection of the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to provide person centred care to people. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- The care plan for one person indicated they were living with visual impairment but the only guidance for staff on how to support the person was to read the menu aloud to them. The care plan was not provided in an accessible format and staff were not given appropriate guidance in relation to how to support communication.
- The provider had a Covid 19 care plan in place for people living at the home, but this was identical for each person. This meant the care plan did not provide appropriate information for staff on how they should support a person's individual needs. For example, if a person required a higher level of PPE to be used by staff or if they were disorientated to time and place.
- The mental health care plan for one person identified the person had a learning disability. The care plan stated the person could become agitated and we saw a behaviour chart had been completed but there was no guidance for staff on how to support the person when they behaved in a way that could challenge staff including when the chart should be completed.
- A person's dementia care plan identified they recently required one to one support from staff as they started to develop hallucinations. The mental health care plan and other aspects of the care plan had not been updated to reflect the person's increased support needs. Also, the person's washing and dressing care plan stated staff should apply a prescribed cream, but the skin care plan stated there were no creams to be applied. This demonstrated a lack of consistency in the care plans.
- The information provided when a person had been discharged from hospital to the home indicated the person was living with epilepsy, but the person's care plan did not indicate this or provide any information for staff on the support they required.

We found no evidence that people had been harmed however, the care plans did not always provide staff with up to date information regarding people's care needs. This placed people at risk of not receiving the care and support they needed. This was a continued breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the breaches of regulation we found at the previous inspection. We will assess all of the key question at the next comprehensive inspection of the service.

Continuous learning and improving care

At our last inspection the provider was not using their quality assurance processes effectively to monitor, assess and improve the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The registered manager and clinical lead had introduced a range of quality assurance checks, but these were not always robust enough to identify areas for improvement. A care plan audit had been completed for the majority of people using the service, but the audit forms had not been completed to cover the full care plan and risk assessments for each person. This meant the audit had not identified the shortfalls we identified at this inspection. The action plan for the care plan audit did not have dates for completion or identify who was responsible for completion.
- An infection control audit was done quarterly but was not detailed or robust to ensure the cleaning had been carried out in line with guidance and as frequently as needed to ensure the home was as safe as possible. The records completed by the housekeeper to show what cleaning had been completed was a daily tick list with a list of tasks for example disinfect wash basin but did not specify which one was cleaned across the whole care home. This meant the provider could not accurately monitor cleaning was done effectively as well as being in line with their procedure and best practice.
- A copy of the up to date training records was requested from the registered manager and they provided a list which indicated it was up to date as at 13 August 2020. The list was not up to date and the registered manager had to provide an updated matrix two days after the inspection but this was still not completed in full. This meant the provider did not have effective oversight of training staff were required to undertake.
- The provider did not ensure risks were always assessed, monitored and mitigated by providing appropriate information for staff or by having effective processes in place to ensure action to reduce possible risks were undertaken.

The provider had not ensured the quality assurance processes were robust enough or effective to provide

information on where improvements were required. This was a continued breach of regulation 17 (Good Governance) 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 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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	<p>The registered person did not act in accordance with the Mental Capacity Act 2005 as they did not always demonstrate they were working within the principles of the Act where people did not have the mental capacity to give consent to their care</p> <p>Regulation 11 (3)</p>