

TLC Care Management Ltd

Calderdale Retreat

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?

Inadequate 

Summary of findings

Overall summary

About the service

Calderdale Retreat is a purpose-built residential care home providing personal and nursing care to older people and people living with dementia. The service can accommodate 81 people. At the time of inspection there were 45 people using the service.

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

Medicines were not always managed safely. We found this was a breach of regulation 12 (Safe care and treatment).

The systems and processes to monitor the quality of the service had not identified or addressed the issues found in relation to the management of medicines. People did not have accurate, up to date and complete records. We found this was a continued breach of regulation 17 (Good Governance).

We made a recommendation that the provider should seek feedback from staff about staffing levels throughout the home.

Relatives we spoke with were complementary about how staff had helped their family member to keep in contact with them. Staff were positive about working at Calderdale Retreat and felt supported by the management team.

There were systems and processes in place to safeguard people from the risk of abuse. The premises were maintained. Infection prevention and control process were in place to help minimise the risk and spread of infections.

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 14 April 2020). There was a breach in regulation 17 (Good Governance). This service remains rated requires improvement. This service has been rated either inadequate or requires improvement for the last six consecutive inspections.

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 20 April 2021 to follow up on a breach of legislation at the last inspection. The provider completed an action plan after the last inspection to show what they would do, and by when, to improve governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

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

You can see what action we have asked the provider to take at the end of this full 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 monitor the service.

We have identified breaches in relation to medicines management and governance 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 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. We will work with the 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Calderdale Retreat

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Calderdale Retreat 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 did not have a manager registered with the Care Quality Commission. A registered manager 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.

Inspection activity started on 20 April 2021 and ended on 5 May 2021. We carried out a site visit on the 20 April 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the manager, deputy manager, housekeeper, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We sent a questionnaire to 10 members of staff to obtain feedback. Four staff provided feedback through a questionnaire.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at risk assessments, policies and procedures.

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. At this inspection this key question remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. The controlled drugs register was not kept updated and controlled drugs were not always stored safely.
- Medication returns forms were loose and kept in a variety of locations which made it difficult to determine whether medicines, including controlled drugs, had been returned to the pharmacy.
- People's photographs were not always on the Medication Administration Records (MARs) to help identify the correct person was receiving medication.
- Not everyone who needed, had a PRN protocol in place for medicines that were to be taken 'as required'.
- A medications fridge stored items other than medicines. We found a can of coke and a half opened bottle of water. This compromises hygiene standards and fridge temperature.
- There were inconsistencies with medicines management throughout the units within the home. For example, the recording of medicines which were returned home with people or to the pharmacist were signed by two people in red pen on one unit, but this process was not followed on all units when medicines were returned.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were managed properly and safely. 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.

The provider responded immediately during and after the inspection. They confirmed all the actions from the inspection had been addressed.

At our last inspection we recommended the provider consider current guidance on giving 'homely remedies' and 'as and when' medicines to people alongside their prescribed medicine and take action to update their practice. The management team told us a decision was made to not use homely remedies due to their process of contacting a team of nurses for any health concerns. If the nursing team advised over the counter medications, the management team would agree this with the GP and record this following current guidelines.

- Staff received medication training and had their competency checked.

Assessing risk, safety monitoring and management

- Care records contained risk assessments in relation to people's care and support needs. However, we

found these contained conflicting information. One person's care record was a respite care plan which lacked detail and did not have a care plan or risk assessment to demonstrate how to manage the person's risks.

This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider responded immediately during and after the inspection confirming actions were being taken to address these issues.

- The premises were well maintained. Regular checks of the building and equipment were completed.

Staffing and recruitment

- People told us there were enough staff. One person said, "I'm very well looked after." Another said, "You only have to ask for something to be done."
- Six staff told us there weren't enough staff to meet people's needs. Two other staff said there were times when there haven't been enough staff. One told us, "They [management] are constantly ringing us on our days off to cover shifts and even to cover nights when we work on days." Another staff member said, "There's not enough [staff] on the top floor." Another commented, "Staffing levels do not support people, for example, if doing personal cares with both staff, there is no one else to support others or see what's happening in the unit. Staff breaks often do not happen because [staff] just can't leave their floor."
- We didn't see anyone waiting for help or assistance, however we saw there were times when staff members were not available in the communal areas.
- The nominated individual and manager told us staffing levels were worked out per unit which they feel has improved the situation. A dependency tool was also used to make sure the staffing levels were appropriate.

We recommend the provider seeks feedback from staff about staffing levels throughout the home and considers this along with people's level of need, the size and layout of the building, when working out appropriate staffing levels.

- Safe recruitment processes were in place to ensure staff were suitable to work with vulnerable people. However, one file was missing a reference. The nominated individual told us this reference had been seen at a recent audit but now it could not be located. They were going to follow this up and take steps to re-request the missing reference.

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

- People told us they felt safe living at Calderdale Retreat. However, two people raised concerns with the Expert by Experience about staff. The manager made safeguarding referrals immediately and took appropriate action.
- A number of safeguarding matters had been raised by healthcare professionals. Issues had been raised around staff not recognising the signs when a person was deteriorating and dehydration.
- The manager was in the process of arranging training to support staff awareness around these issues. They had improved fluid charts to show the fluid aim for the day to help staff identify lack of fluid intake.
- Staff we spoke with were aware about the signs of dehydration. We saw people were offered drinks. People told us they can have a drink when they want.
- Staff were aware of the signs of abuse and how to report any concerns.
- The manager and provider investigated safeguarding matters, accidents, incidents and complaints. The nominated individual ensured there was overview to analyse and identify patterns and trends.

Preventing and controlling infection

- 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found a lack of consistent and effective leadership and robust quality assurance meant people were at risk of receiving poor care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Since registration in April 2017 the service has failed to achieve a good rating and has a history of breaching regulations. The previous registered manager, who had also been the nominated individual, had deregistered with the CQC in December 2020 and no longer worked at Calderdale Retreat. The lack of consistent leadership is a continued issue since registration of the service. A new nominated individual was now in place. They told us a registered manager was not in place as they wanted to ensure they found an experienced manager appropriate to the service. In the interim there was a general manager in post who was supported by a care consultancy company to maintain oversight of the service.
- Accurate, up to date and complete records were not always maintained in respect of each person. For example, although it had been identified at a provider audit in March 2021, one person still had a respite care plan in place despite being at the home for over five months. The information was difficult to obtain due to the pages within the record being loose. We found no evidence people had been harmed but shortfalls in record keeping created a risk people would not always receive care and support which took account of their needs and preferences.
- Systems and processes to ensure compliance with the relevant regulations were not always operated effectively. Following the last inspection a Deprivation of Liberty Safeguards (DoLS) tracker had been put in place to enable a clear overview of when people's DoLS were due to expire and whether they had any conditions. 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- The information on the tracker had not been kept updated. However, when we reviewed the paperwork, all DoLS were in date. There was insufficient information recorded to assure us one person's DoLS condition,

in relation to covert medication, had been met. Following inspection, the provider sent us correspondence from the person's GP who confirmed they had completed regular care reviews around covert medicines.

- Despite the provider having systems to monitor the quality and safety of the service, they were not always effective. For example, they did not identify the issues we had found in relation to the management of medicines and if issues were identified they did not ensure they were addressed in a timely manner. We also identified areas of the home which were not dementia friendly so people could not orientate themselves to time, date and season.

- The provider's policy and procedures were not always followed and contained out of date information in relation to the previous registered manager and when the home provided nursing care. The safeguarding policy did not include local authority contact details.

- A full fire risk assessment had been completed by an external company in 2018. The fire risk assessment did not have a corresponding action plan to demonstrate what action had been taken in relation to the recommendations made. The provider produced a word document to assure us all of the actions had been completed. We asked to see the fire risk assessment reviews. We were provided with a 'Fire risk assessment reviews sheet' which was signed and dated in 2019 and 2020. However, there was no further information or comments on the findings from these reviews to demonstrate a detailed review had taken place.

This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider responded immediately during and after the inspection confirming actions were being taken to address these issues.

- The provider understood when to submit statutory notifications to the CQC and to make appropriate referrals to the local authority safeguarding team.

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

- The provider understood the duty of candour legislation and acted appropriately when necessary.

- All the relatives we spoke with were complementary about how staff had helped their family member to keep in contact with them. One relative said, "I've had regular phone calls, postcards, keyrings, pictures of [person] on Facebook doing activities. They were marvellous." Another told us, "To be honest they've been absolutely fantastic." One relative told us, "There is a newsletter, and they email information, and they had a 'Facebook' site."

- All the staff we spoke with were positive about working at Calderdale Retreat. One member of staff commented, "I love my job. I like making a difference. Cheer people up and make them smile."

- Staff told us they felt supported by the management team. One staff member commented, "They [managers] are active and physical help you." Another member of staff told us, "I get all the support needed from my management." However, one member of staff said, "The leadership is not strong and staffing levels are poor."

- The management team engaged with staff through supervisions and team meetings. The provider obtained feedback on the service from staff, people, relatives and professionals through surveys. We saw an analysis of the surveys for February 2021. No issues were noted. However, all eight staff we sought feedback from felt there were issues with the staffing levels within the home. We have made a recommendation regarding this within the 'Safe' section of the report.

Working in partnership with others

- We received feedback from healthcare professionals who visited the home. Although some healthcare

professionals considered the provider was moving in the right direction, there were concerns raised. They considered staff did not always recognise signs of deterioration in people, which may lead to a delay in accessing healthcare services. The manager was in the process of arranging training to support staff awareness around these issues.

- Some healthcare professionals considered there was a lack of communication and engagement between staff and other healthcare professionals.

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 Medicines were not always managed properly or safely.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to ensure compliance with the relevant regulations were not always operated effectively. Accurate, up to date and complete records were not always maintained in respect of each service user.

The enforcement action we took:

We served a warning notice under Section 29 Health and Social Care Act 2008.