

Stocks Hall Care Homes Limited

Andrew Smith House - Nelson

Inspection report

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Date of inspection visit:
08 February 2019

Date of publication:
11 March 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Andrew Smith House is registered to provide nursing and personal care for people living with dementia, older people, physical disability, nursing care and mental health care needs. It is situated in Nelson, Lancashire. Accommodation is provided on four units on two levels, with a lift to both floors and wheelchair access to all parts of the home. The home can accommodate up to 60 people. At the time of this inspection, there were 39 people who lived in the home.

Our last inspection report for this service was published on 30 August 2018 and the rating was 'Requires Improvement' with the question, is this service safe? rated 'Inadequate'. There were six breaches of regulations 12,17,18,19 and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment, good governance, staffing, employment of fit and proper persons and duty of candour.

Following the last inspection, we took enforcement action and issued the registered provider with warning notices in relation to medicines management and good governance. We also asked the registered provider to tell us what actions they would take to comply with these regulations. At this inspection in February 2019, we found that the provider had made some improvements in relation to the management of risks of injury, medicines management, staff training, duty of candour and fit and proper persons. However, we found continuing areas for improvement in relation to governance arrangements, staff training and medicines management. Our findings showed there were areas which required further improvements and improvements made needed to be imbedded.

We found shortfalls in the assessment of people's mental capacity. The service remains, 'Requires Improvement'.

This was a scheduled inspection based on the service's previous rating.

People's experience of using this service:

There had been improvements in the management of risks of injury and oversight on accident and incidents. Risk assessments were in place and incidents were analysed and management plans discussed with staff. The frequency of injuries had reduced for certain individuals who had been at high risk during our last inspection.

Improvements had been made to the safe management of medicines. We noted some areas where improvements were necessary and the registered manager took immediate action to rectify them.

While people were assisted to have choice and control of their lives and consent to receive care had been sought, we found people's mental capacity to make specific decisions was not lawfully assessed and

authority to deprive people of their liberties for their safety had not always been sought. We made a recommendation in relation to the application of mental capacity principles and seeking authorisation to depriving people of their liberties. People's records had been checked to make sure they included up to date and accurate information about people's needs. However, the systems for recording care records needed to be improved. We made a recommendation about effective record keeping for care plans. Staff had been safely recruited

Improvements had been made to ensure staff were providing effective care for people through person-centred care planning, training and supervision. Consideration had been made for the provision of best practice guidance and support to meet people's individual needs.

People were treated with compassion and dignity by care staff.

We observed a homely and friendly atmosphere throughout the inspection.

Staff spoke passionately about their roles and wanting to provide quality care.

There was good evidence that equality and diversity had been considered, in particular around those with protected characteristics such as disability, race, culture and religion.

Improvements had been made to ensure people received personalised care that was responsive to their needs.

Staff had developed good relationships with people. People clearly enjoyed the presence and attention from the staff.

Improvements had been made to the governance systems, and a new registered manager had been employed. They had made some changes however, this was still in its infancy and further changes were required. The systems internal quality audits needed to be improved to effectively monitor compliance. The registered manager was committed to improve people's outcomes and had fulfilled their duty of candour.

For more information please see the Detailed Findings below.

Rating at last inspection: The service was previously rated Requires Improvement.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

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 effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive 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 ●

Andrew Smith House - Nelson

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 was conducted on 08 February 2019.

Inspection team: This inspection was conducted by two inspectors, a pharmacy inspector who specialised in medicines, a specialist advisor who specialised in adult nursing and two experts 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. They had experience of caring for an older adult.

Service and service type:

Andrew Smith House 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 registered manager who had been appointed following our last inspection. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did: Our plan took into account information the provider sent us. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team and other professionals who work with the service. We assessed the

information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we observed interactions between staff and people who used the service. We also spoke with seven relatives of people using the service to ask about their opinions and experience of the care provided. We spoke to six people who used the service. We were unable to speak to some people due to their communication needs.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, deputy manager, the administrator, nine care staff members. We looked at five people's care records and electronic medicines administration records for eight people in detail. We looked at other records including quality monitoring records, recruitment and training records for four staff members and records of checks carried out on the premises and equipment.

Details are in the key questions below.

The report includes evidence and information gathered by all the inspection team members and experts by experience.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was a risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

- At our last inspection on 19 and 20 July 2018 people were not protected against the risks associated with entrapment by bedrails and risks of choking. This was because there were inadequate risk assessments and action had not been taken to reduce the risks. There was no managerial oversight on significant accident and incidents in the home and lessons had not been learnt to prevent further occurrences. Security measures were not robust to protect vulnerable adults from leaving the premises unescorted by staff. Medicines were not managed safely as we found issues with storage, administration, records and staff training. There were unsafe recruitment practices. These were breaches of Regulation 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the previous inspection, the new registered manager had investigated the issues with medicines and had taken action to improve the practices in the home. This was evident throughout the home. Despite further work being needed, we were assured that issues would be addressed and saw evidence of regular audits and actions.

- Each person's record had a photograph in place, to help staff identify them. For two people, their allergy status had not been recorded on the eMAR (electronic medicines administration record). This was addressed by the registered manager following the inspection. People's preferences and details of how to manage medicines to be taken when required, had been added to the system. The registered manager was dealing with the problem of system access for agency staff.

- Medicines required at a specific time were given properly, and the stock balances we checked were correct, suggesting people received their medicines as prescribed. There was an excess of some medicines and the registered manager told us that some staff had recently been given responsibility for medicines management within their role so that this would be addressed.

- The management of thickened fluids, required for people who have difficulty swallowing, had improved throughout the home and people had sufficient stock. However, we found recording gaps on one unit which meant we could not be sure drinks had been thickened properly.

- Staff had up to date medicine competencies and there were sufficient numbers of trained staff to administer medicines in the home. However, not all staff who cared for people knew how to administer emergency medicines. We escalated this to the registered manager who assured us training would be arranged.

- At this inspection records showed that risk management plans and arrangements for protecting people from unsafe care had improved. A system for reviewing incidents and checking actions taken by the registered had been introduced. Action had been taken to protect people from bed entrapment and choking. Accidents and incidents had been documented and staff had taken action to support people where required. There was a follow up procedure to review care records, such as care plans, were updated following any accident or incidents. However, we found there were inconsistencies in risk management records. Some care records showed risk assessments were not completed for known risks. Weight management processes were not followed robustly for example where weekly weighing was identified as a requirement this had not happened. Risks or unintentional weight loss had been identified however they had not been adequately managed.

- People were monitored to reduce the risk of altercations and incident between people and protective measures were put in place where people were at risk from others due to their needs.

- Emergency procedures for keeping people, staff and others safe were in place and they were regularly reviewed and updated as required. These included personal emergency evacuation plans (PEEPs) and a business continuity plan.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt their relative's safety had improved. Comments included, "There had been some problems but that had ended when the new manager came and they're a great home and really care for people."

- Staff were trained in safeguarding and knew what to do if they were concerned about the well-being of the people using the service. Lessons from safeguarding enquiries had started to be shared with care staff during staff meetings and handovers. This was an improvement.

Staffing and recruitment

- There had been improvements to staffing levels in two of the units and the use of agency staff had reduced. Relatives we spoke with were confident there were enough staff employed to meet people's needs. Comments included, "Oh yes, I am sure there are enough staff sometimes there are more staff than clients as some are bedbound and need more care." And "Yes, I think there is enough staff, there seems to be enough."

- There had been improvements to ensure the safe recruitment of staff. All the records we reviewed showed staff were safely recruited with the appropriate checks carried out to ensure they were safe to work with people who use care services. The relevant pre-recruitment checks, such as disclosure and barring service (DBS) checks had been undertaken. References were sought before new staff could access vulnerable adults to check potential staff's suitability.

Preventing and controlling infection

- People were protected against the risks of infection. Regular environmental checks had been undertaken including cleaning schedules. We saw care staff had completed training in infection control and food hygiene. Care staff were provided with protective equipment such as gloves and aprons.

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Records showed some people living at the home had DoLS authorisations applied for. However, we found mental capacity assessments and best interests records had not been completed to demonstrate whether people could or could not agree to the restrictions in place. There was no significant impact on people due to this shortfall and the registered manager started to take action to address this.

- Staff did not have a good understanding of the MCA however they informed us that they encouraged people to make decisions for themselves.

We recommend the registered provider and the registered manager to seek support from a suitably qualified source in relation to meeting the principles of MCA.

Staff support: induction, training, skills and experience

- At our last inspection in July 2018 we found the provider had failed to deploy sufficient numbers of staff, who were suitably qualified, competent, skilled and experienced to meet the needs of those who lived at the home, and who had received appropriate support, training, professional development and appraisal, to enable them to carry out the duties for which they were employed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During this inspection we found improvements had been made. The majority of care staff had received adequate induction to orientate them to their role. Relevant training related to the needs of people living at the home had also been provided. Improvements had been made to ensure staff received supervisions however this needed to be consistent as some staff had not received supervision in line with the organisations' policy.

We recommend the registered provider to seek best practice guidance in relation to staff training and

supervision.

- The service's training matrix showed that staff completed a wide range training courses including dementia awareness, medicines management, health and safety, moving and handling, the Mental Capacity Act 2005 and fire safety. However, improvements were required to the overall system for monitoring training compliance in the home. On the day of the inspection the registered manager could not assure us whether staff had received training or not as the training records were kept at the providers' head office. This meant they could not guarantee they had robust oversight on staff training. After the inspection the registered manager informed us they had reviewed their processes.

- Relatives felt that staff had improved their skills, knowledge and experience to meet people's needs. One relative commented, "Yes, I have never seen any of the staff doing anything incorrectly they do seem to be well trained and I have seen them do many different things and I visit at different times of day. I do watch carefully as I have had experience in another home where things went wrong."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff providing consistent, effective, timely care within and across organisation

- There had been no new admission since our last inspection. However, there was a system for assessing people before they started using the service to ensure their needs could be met. Assessments covered people's health and social care needs. In the majority of the cases care was delivered in line with national guidance. However, the registered provider had introduced a new electronic care system. At the time of our inspection this system was not working properly to provide staff with adequate information about people's needs and risks. The registered manager informed us they were aware of the technical concerns with the new system and that support systems were in place. However, on the day of the inspection we found information about people could not always be accessed easily by staff.

- Improvements had been made to ensure people received one to one support that was linked to their needs and where additional hours were required relevant authorities had been involved to provide additional funding.

- Relevant referrals had been made to external professionals such as, speech and language therapists. Assessments obtained from these health and social care professionals were also used to plan effective care for people.

Adapting service, design, decoration to meet people's needs

- The environment had been adapted to meet the needs of people living at the home. Adequate living space was provided and furnished to help maintain people's safety, independence and comfort. A programme of renovations was underway in some parts of the home.

Supporting people to eat and drink enough with choice in a balanced diet

- People had nutritional assessments and care plans to ensure care workers knew how to meet their nutrition and hydration needs. Nutritional assessments also included personalised information on how people liked their food presented, what types of food they liked to eat, and any ethnic, religious or cultural dietary requirements they had. However as stated in the Safe domain, risks of unintentional weight loss were not robustly managed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us, and relatives confirmed, that they were treated with kindness and were positive about the caring attitudes of staff. Comments included, "There had been some problems but that had ended when the new manager came", "They're a great home and really care for people." And "The carer staff have really built a solid relationship with my [relative]."

- Staff knew people well and displayed positive, warm and familiar relationships with the people they interacted with.

- Staff understood, and supported people's communication needs and choices. They maintained eye contact and listened patiently and carefully when speaking with people to ensure their needs were understood and met.

- People had been given the opportunity to share information about their life history, likes, dislikes and preferences. Staff used this information, as well as positive interaction, to get to know people and engage them in meaningful conversations.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect whilst providing care and support.

- People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private. We observed staff knocking on doors and waiting for a response before entering people's bedrooms and bathrooms.

- Staff also ensured that people's confidentiality was maintained. One relative told us; "The new manager would not talk to me until I got the paperwork to prove that I was in charge of [relative's] affairs."

- People told us they were given choice and control over their day to day lives and supported to maintain their independence wherever possible. One family member told us "With my [relative] they encourage them to walk and give them the glass and encourage them to drink themselves."

Supporting people to express their views and be involved in making decisions about their care

- People and family members were encouraged to share their views about the care they received with regular reviews and surveys; reviews were completed and results were shared.

- People and family members told us they were confident in expressing their views about the care and support provided by staff. Family members confirmed they had been involved in the decisions made about a relative's care and could meet with the registered manager regularly if required.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last comprehensive inspection in July 2018, we found the provider and staff were not always responsive when people's needs, and risks had increased. People were not adequately assessed when they started using the service.

- During this inspection in February 2019, we found the new registered manager had started to review the processes for ensuring people's records reflected their needs. They had taken action where people required more support. The provider had introduced a new electronic care recording system. Before the inspection they had notified us of technical difficulties with the system. During this inspection we found the system was not working properly to provide care staff with easy access to information about people's needs and risks. The records we reviewed had missing information on people's risks. While some paper records were available, they were not up to date. The service was using agency care staff which makes it important for staff to have adequate information as they were not regularly working at the service. We spoke to the registered manager who informed us that they had informed the technical department to ensure the concerns were resolved. They also informed us staff had access to 24hr technical support.

- Relatives gave us positive feedback about the home and the care staff. Comments included, "There are regular meetings, they send letters out they want to know if we are happy with things."

- People's needs, including those related to protected characteristics, were identified. We saw details around equality and diversity were included in care plans and staff had received training in equality and diversity.

- The service recorded and shared information relating to people's communication needs as required by the Accessible Information Standards; for example, where people were identified as having hearing difficulties and where they had sight impairment. Appropriate signage had been provided to help orientate people to their environment.

End of life care and support

- People's end of life care had been considered and anticipatory medicines were in place for those who required them. Preferred plans of care were in place however they were still in paper form and not kept with people's up to date or live care records which meant staff may not have easy access to the records of people's end of life wishes should an emergency medical situation occur. We asked the registered manager to take action on this.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place. People told us they were able to raise concerns

with the registered manager.

- Relatives told us they were able to raise any concerns if they needed to. We saw complaints had been received. We discussed the need to ensure complaints are acknowledged and written outcomes of complaints were given to people. The registered manager assured us that they had met with some relatives weekly to give them updates on their concerns.

Is the service well-led?

Our findings

Well-led -The service was not consistently managed and well-led.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- At our last inspection in July 2018 we found there was a significant lack of managerial and provider oversight of Andrew Smith House. The systems for assessing and monitoring the quality of service provided were weak and management support for those who lived at the home and the staff team was poor. Audits were not robust to identify shortfalls and drive improvement. Staff were not supported and monitored to ensure they received effective training. There were concerns about transparency and duty of candour following significant events in the home. These were breaches of Regulation 17 and 20 of the Health and Social Care Act (Regulated Activities) Regulations 2014.
- During this inspection we found some improvements had been made to the governance processes and the new registered manager had established improved ways of monitoring staff performance and the care delivered. However, some of these improvements and changes were still in their early stages and needed to be sustained over a period of time to ensure people can receive consistent care. We made a recommendation in relation to seeking consent and there were shortfalls in the new care recording system and the provision of staff supervision.
- A new manager had been appointed. This 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.
- Staff and relatives told us there had been a noted improvement and people's outcomes had also improved. Comments from relatives included, "There has been a real improvement since the new manager came. The health carer assistants are a lot more attentive and call people by their names rather than just being tasks to perform."
- Staff we spoke with felt the service was well managed and they were supported in their roles by the registered manager. Comments from staff included, "There's significant support from the manager and we can always approach the unit managers." All staff we spoke with demonstrated a desire to provide quality care for people using the service.

Continuous learning and improving care

- A variety of regular audits and quality monitoring was taking place. Findings were recorded and included the actions taken to improve the service. These included medicines audits and environmental. The

provider's internal quality team had undertaken internal inspections to identify areas of improvement. However, we found the internal quality checks were not robust and had not been improved to ensure they were aligned to current regulatory requirements and to ensure they supported the registered manager by checking their compliance with regulations. Further improvements were required to the provider's oversight on the service to ensure effective ongoing monitoring and accountability. We recommend the registered provider to seek best practice guidance from a reputable source in relation to their audit processes.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Improvements had been made to promote openness and transparency throughout the staff team. The registered manager had ensured that notifications had been submitted to CQC where this was necessary. Rating from their last inspections were displayed in the home. The registered manager was transparent with all stakeholders including relatives and health and social care professionals. Policies, procedures and best practice guidance was available and accessible to staff to support them in their roles.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- Records we looked at showed staff meetings were being held. There were daily and monthly meetings for staff and management including clinical meetings. Meetings had been held with people and their family members, so they can have a say on the quality of the service or when the care provided did not meet their expectations.

- Evidence we looked at demonstrated the service had made improvements to ensure they worked in partnership with the wider professional team. Records noted the involvement of GP, medicines management team at the clinical commissioning group, social workers and commissioners of people's care.

- Care workers were given information on local health and social care and community services, so they knew what was available for the people they supported and could tell them about the services they could access.

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	The provider had failed to ensure that legal consent for care and treatment was obtained from people who used the service and to seek required authorisations when people were unable to consent to their care arrangements.- Regulation 11 HSCA RA Regulations 2014 Need for consent