

Mr & Mrs B J Wise

St Andrew's Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Summary of findings

Overall summary

St Andrew's Care Home is registered to provide accommodation for 23 people who require personal care; some people are living with dementia. There were 20 people living at the home at the time of the inspection.

We visited St Andrew's Care Home on 1 and 2 November 2016 when we judged their overall rating was 'Good.' However, some aspects of recruitment practice needed to be improved to ensure only staff suitable to work with vulnerable people were recruited which was a breach of regulations. We received an action plan following the inspection, which demonstrated the steps taken to improve recruitment practice. We returned to the home on 26 April 2017 and re-inspected the question is the service safe? We judged improvements had been made in the way staff were recruited and the breach had been met.

On 9 June 2017, we received concerns about some aspects of the service. We shared these concerns with the local authority safeguarding team and commissioners. They immediately arranged for health professionals to visit the home on a daily basis to monitor people's well-being and safety. We attended a whole home safeguarding strategy meeting on 15 June 2017 and heard feedback from health professionals. The provider and registered manager were also invited to attend part of the meeting to hear the concerns and give their response. We then carried out an unannounced inspection on 16 June 2017 and fed back our findings to the registered manager and provider. As we had re-inspected all aspects of the question relating to safe on 29 April 2017 and found people were kept safe, we focused on the concerns that had been raised about the service. Following a safeguarding investigation, we completed a second day of inspection on 7 July 2017. Since the inspection, the provider has kept CQC updated on the steps they have taken to address the areas identified for improvement.

These concerns related to how one person was moved, unprofessional practice by staff towards each other and in the way they spoke with people and people being socially isolated. Health professionals also raised concerns about a piece of equipment that did not work, poor moving and handling practice, poor standard of cleanliness in some rooms, lack of accessibility of drinks, the conduct of a staff member and the use of personal mobile phones to store people's care records.

There was a registered manager at the service who had registered with CQC. 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.

We found some carpets and furnishings were unclean, broken and smelt unpleasant; the provider took immediate action to address this. The stair lift was unreliable, which impacted on people accessing other areas of the home; a system was put in place to ensure staff used the equipment appropriately to ensure it remained charged for the next person to use. Before the inspection, the registered manager had ensured care records were deleted from staff members' mobile phones; tablets were available for them to access

people's care records.

Staff were up to date on the current needs of people living at the home to help keep them safe but some care records had not always been updated with this information, which had been addressed by the second day of our inspection. We saw staff were responsive to people's changing needs to help keep them safe. Care staff worked well as a team and were caring in their approach. They made sure drinks were available to people.

Staff supported people in a safe and consistent way but the amount of hours worked by some staff had not been effectively monitored, which could potentially lead to unsafe practice. The provider told us how this was being addressed and monitored. Unprofessional behaviour by staff towards each other had not been effectively addressed; the provider has updated us on the disciplinary action now being taken.

CQC have requested monthly reports from the provider of the actions taken following their quality assurance checks. These will be reviewed and if necessary a comprehensive inspection will be brought forward to judge if the service is well run.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Improvements were needed to help keep people safe.

Some carpets and furnishings were unclean and smelt unpleasant; the provider took immediate action to address this.

The stair lift was unreliable, which impacted on people accessing other areas of the home; a system was put in place to ensure staff used it appropriately.

Staff supported people in a safe and consistent way but the amount of hours worked by some staff had not been effectively monitored. Unprofessional behaviour by staff towards each other had not been effectively addressed.

Staff recognised people's changing care needs to help keep them safe, although records were not always up to date, which staff addressed by the second day of the inspection.

Requires Improvement ●

St Andrew's Care Home

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.

The inspection was prompted by concerns shared with CQC by an anonymous caller. The inspection was unannounced and took place over two days starting on 16 June 2017. We returned on 7 July 2017 and inspected the work that had been completed. One adult social care inspector completed the inspection.

We reviewed all the information about the service before the inspection. This included all contacts with the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law.

We met with people living at the home; we spoke with four people to hear their views on their care. We spent time in communal areas of the home to see how people interacted with each other and staff. This helped us make a judgment about the atmosphere and values of the service.

We spoke with six staff who held different roles within the home including care staff, and the registered manager. We also looked at the home's environment, including the outside space.

We reviewed three people's care files, maintenance records and staff duty rosters. We also looked at records relating to the management of the service. We spoke with health professionals for their views on the service as part of the safeguarding process.

Is the service safe?

Our findings

The Care Quality Commission (CQC) received concerns relating to how one person was moved, unprofessional practice by staff towards each other and in the way they spoke with people and people being socially isolated. Health professionals also raised concerns about a piece of equipment that did not work, poor moving and handling practice, poor standard of cleanliness in some rooms, lack of accessibility of drinks, the conduct of a staff member and the security of personal mobile phones to store people's care records.

During a safeguarding meeting, a discussion took place around the use of personal phones to store electronic data connected to people's care. The registered manager explained why they had taken this step and how people's information was kept secure and safe by staff signing in which could be tracked. However, by the first day of inspection, staff said there were now enough tablets available for them to use to access the electronic care system and the broadband signal had been strengthened to improve access. We saw staff using the tablets and the registered manager said the system had been deleted from all staff members' personal phones.

During the first day of the inspection, we were offered a vacant room to meet with staff. The chair in the room smelt unpleasant and the base of the divan bed was badly stained. Staff and the registered manager confirmed these items of furniture had been in place when the room was last used by someone on a respite stay. We visited another person's room, which had a strong unpleasant smell, the walls were marked, a bedside cabinet was broken, the blanket on the bed had holes in it and the carpet was stained. There was a record showing what work was planned to maintain the furnishings in the home, which did not address all of the issues we identified during the inspection.

The registered manager said some items were on order to be replaced and staff had been told to throw away bed linen not fit for use. We showed these rooms to the provider who took immediate action to address our concerns, including removing unclean furniture. They said a budget was available to buy new furniture, bed linen and carpets and they did not know why this had not happened. They said they regularly visited the home but did not routinely spot check the environment and the work they had delegated as part of their quality assurance process but that this would now change. Between our two days of inspection, the provider updated us on the steps taken to improve the environment, which we saw on the second day of our visit. For example, a new carpet and beds. We visited other bedrooms which were not odorous. On the second day of the inspection, staff confirmed new bed linen had been bought, and the provider told us the home was to be re-decorated.

There are four bedrooms in the annexe which is based across the courtyard from the main house. The surface between the two buildings was uneven and two people regularly crossing this space needed aids to help them walk. When we inspected in November 2016, we were told by the registered manager that work would take place to improve the surface. This had not happened; the provider said this was now being addressed and said they would update CQC so we could monitor the action taken. Health professionals visiting the annexe expressed concern about the unreliability of the stair lift; maintenance records showed

the stair lift had been out of action, although the engineer was called promptly and was regularly fixed. During the first day of our visit, calls were made to request repairs to the stair lift, which we were told was fixed later in the day. On the second day of our inspection, the stair lift was working and staff had to sign to say when it had been used. This helped staff to leave it correctly positioned so the equipment was charged and ready for the next person.

Staff said there was generally good teamwork amongst care staff. However, during the inspection we had confirmation regarding unprofessional practice by staff towards each other; these inappropriate actions by staff had not been robustly managed. Since the inspection, the provider has kept CQC updated on the disciplinary action being taken. We reviewed the allocation of shifts to cover sickness and annual leave. We expressed concern to the provider as to how this work was allocated and the risk for some staff working exceptionally long hours potentially becoming unsafe in their practice. They told us they were already aware of the amount of hours allocated to one staff member and had already queried it. However, they said they would now actively ensure additional hours would be shared out equally or agency staff used to provide cover.

People looked well cared for and were relaxed with staff. For example, one person hugged a staff member and said "come along, my friend." We saw staff had an affectionate approach with people and spent time listening to their conversations. Two people told us how their friendship was supported by staff; they told us "It's very nice here." Staff were calm and caring in their approach, gently supporting people with their mobility. Care records showed how changes in people's health were recognised, for example people's weight was monitored and health professionals contacted for advice to help keep people safe and well. Staff told us about people's preferences and care needs but some of these had not been transferred to update care plans. This had been addressed by the second day of our inspection, such as choice of time of getting up and how a person should be supported to leave the building in the event of an emergency. We also highlighted how staff needed to ensure they remembered to record accurately the time when they turned a person to help with their skin integrity.

We met a person who needed equipment to move them; this equipment was in their room as staff had described to us. We looked at their care records and could see their mobility was variable. Staff were advised to assess their ability each time they helped them to move and change their approach to suit the person's needs. Staff were able to describe how they supported the person and how they assessed their ability each time, which reflected the advice they had been given. Records showed the person spent time in their room as they had become frailer but we saw they joined other people at lunchtime. Staff said this helped reduce the person's social isolation and encouraged them to eat. Staff were gentle and respectful towards the person.

We met a second person who was in their room; staff told us about their moods and how they interacted could quickly change, which we observed. We saw staff responding to their calls and making sure they had a drink. There was a positive interaction between the staff member and the person. Staff advised drinks were not usually left with the person as sometimes they would throw the cup so they were encouraged to drink with a staff member present. Health professionals advised us this person had been in communal areas when they had visited and been encouraged to participate with others. Staff told us this was sometimes for restricted periods of time as the person could become agitated.

A third person told us they had moved bedrooms in November 2016; we discussed how this decision had been made and if they felt isolated. They had not requested the move from the main house to the annexe but said they were happy with their room, which they chose not to leave. They did comment they saw less of staff now they were in the annexe as staff did not pass by liked they used to with their previous bedroom,

which they missed. However, they said staff came when they rang their bell and they said they were "pretty good" at coming over in a timely way. They said some staff chatted more than others which they appreciated and they praised some individuals for their kind approach. They were also visited by the home's activities person who played games of their choice. The person described how staff supported them to move and access the shower; they felt safe when this happened. Their description of the help they needed matched the description given by staff and showed staff listened to their preferences. While we were with the person, we noticed there was a bolt on the inside of the door, the person said they never used it and recognised it would be unsafe to use as staff would not be able to get in. They agreed for us to request for it to be removed; the registered manager and provider said they had not noticed it on the door but removed it during our visit. The provider said they realised their quality assurance processes needed to be more robust to ensure the environment was safe, well-maintained and clean.