Cheyne Group Management Limited

Cheyne House Nursing

Inspection report

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Date of inspection visit:
23 August 2016

Date of publication:
11 August 2017

Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 2 July 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook a focussed inspection on 30 June 2016 and 1 July 2016 to check that they had followed their plan and to confirm that they now met legal requirements. Breaches of legal requirements were found. Following this inspection we imposed conditions on the registered provider. These conditions meant that the provider was required to take specific actions to improve the service and meet legal requirements.

We undertook this focussed inspection on 23 August 2016 following information received about concerns to check that the provider had taken action with regard to issues raised by ourselves and other agencies who commission care for people living at the service. We also wanted to confirm their progress against conditions of registration which were put in place following the inspection in June and July 2016 now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection; by selecting the 'all reports' link for Cheyne House Nursing on our website at www.cqc.org.uk. In addition we had received information of concern about the standards of care provided at Cheyne House Nursing.

This inspection took place on 23 August 2016 and was unannounced.

Cheyne House Nursing is registered to provide accommodation and nursing and personal care for up to 26 older people or people living with dementia. There were 17 people living at the service on the day of our inspection.

There was not a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our inspection in September 2015 we asked the provider to take action to ensure they notified CQC when a request to lawfully deprive a person of their liberty was granted and operated effective systems and processes to make sure that they assessed and monitored their service. The provider sent us an action plan on 11 March 2016 and told us that these actions would be completed by 30 May 2016. We inspected again on 31 June 2016 and 1 July 2016 and found that the provider had not made all of the required improvements. At this inspection we found that the provider had still not made all the required improvements.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and breaches in Care Quality Commission (Registration) Regulations 2009. The provider had not ensured that people were kept consistently safe from the risk of harm and neglect, did not ensure the proper and safe

management of medicines; did not work within the requirements of the Mental Capacity Act 2005, and there were weaknesses in the monitoring of the quality of the service and reporting statutory notification to CQC. You can see what action we told the registered provider to take at the back of the full version of the report.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act, 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect them. The management and staff understood their responsibility and made appropriate referrals for assessment. At this inspection we found 15 people had a lawful DoLS authorisation in place. The provider had not notified us of these authorisations.

Standards of cleanliness had improved throughout the service. Staff had received training on infection control. However there remained areas which required improvement.

Medicines were not administered safely by staff. Referrals to other healthcare professionals had been made where people required additional support.

There was not always enough staff on duty to care for people's needs. The registered provider did not support staff to ensure they always had the competencies to meet the health and wellbeing needs of the people who lived at the service.

People were provided with enough to eat and drink. People did not always have a choice at mealtimes.

People had their risk of harm assessed. Systems to monitor the quality of care including record keeping were insufficient to lead to improvements in the 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?

Inadequate

The service was not safe

There was not always enough staff on duty to meet people's care needs.

People did not receive their medicines safely.

Risk assessments had been put in place.

Staff had an understanding of how to keep people safe from harm.

Is the service effective?

Inadequate

The service was not effective

People were not always cared for by staff that were supported to undertake training to develop and improve their knowledge and skills.

Staff did not receive regular support and supervision.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards.

People did not have a choice of meals. People were supported to have enough to eat and drink.

People had access to healthcare professionals.

Is the service well-led?

Inadequate

The service was not well-led

The systems to measure the quality of the care provided did not consistently deliver improvements to care.

The provider had not informed CQC about progress as required.

The provider did not inform CQC about statutory notifications.

There was a lack of consistent leadership in the service.

Cheyne House Nursing

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 was planned to check 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 took place on 23 August 2016 and was unannounced. The inspection was carried out as a result of concerns we had received from other agencies and to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 02 September 2015 and our focussed inspection on 30 June 2016 and 1 July 2016 had been made. We inspected the service against three of the five questions we ask about services: is the service safe, effective and well-led. This is because the service was not meeting legal requirements in relation to that question. We also looked at progress by the provider against the conditions of registration which we had put in place following our previous inspection.

The inspection team was made up of two inspectors and a member of the CQC medicines team.

Before our inspection we looked at information we held about the provider. This included notifications which are events which happen in the service that the registered provider is required to tell us about.

During our inspection we spoke with the manager, one member of nursing staff, three care staff, the cook, two people who lived at the service and two visiting relatives. We also observed staff interacting with people in communal areas and providing care and support.

We looked at a range of records related to the running of and the quality of the service. These included three staff recruitment and induction files, staff training information and meeting minutes. We looked at the quality assurance audits that the manager and the provider completed. We also looked at care plans for three people, daily care logs and medicine administration records.

Inadequate

Is the service safe?

Our findings

At our previous inspection we found registered nurses did not have the skills and competencies to safely order, store or administer medicines safely. At this inspection we found that the manager had put systems in place to ensure that registered nurses had the skills and competencies to safely order, store or administer medicines safely. A member of the CQC medicines team looked at how information in medication administration records and care notes for people living in the service supported the safe handling of their medicines. We found that oral medicines were stored safely for the protection of people who lived at the home and at the correct temperatures. Records overall showed people living in the home received their medicines as prescribed. However there were inconsistencies in the times people had pain-relief skin patches applied. For example, one person prescribed a skin patch to be replaced every 72 hours had it replaced at both longer and shorter intervals than 72 hours. This may have led to them receiving inadequate pain-relief.

The provider was not putting systems in place to address errors around medicines. For example, there had been a recent incident where medicines had been found unattended on a dining room table. These medicines had not been administered correctly and the intended recipient may not have received their prescribed medicines. This placed people living at the home at risk of accidental access to medicines which had not been prescribed for them and which could cause them harm. Some people who lived at the home were living with dementia and may not have been aware that the medicines were someone elses' if they found them. Records showed that the nurse responsible had received medicine competency assessments following the incident in order to prevent such events occurring again..

There was some supporting information available to enable staff handling and administering people's medicines to do so safely and consistently. There was a lack of information on how people preferred to take their medicine. When people were prescribed medicines on a when required basis, there was written information available for some but not all medicines prescribed in this way. This information is important to assist staff with knowing how and when to give these medicines to people consistently and appropriately. This is particularly important when people are prescribed more than one pain-relief medicine or medicines to manage their psychological agitation.

Where people had limited mental capacity to make decisions about their own care or treatment and were liable to refuse their oral medicines there were records of assessments of their mental capacity. Best interest decisions had been completed so that medicines could be given to them in food or drink, without their knowledge or consent (covertly). There were also additional records in place to show who had been consulted with in making the decisions but these were often incomplete. However where people were no longer having their medicines given to them in this way the records were still in place which would lead to confusion and people at risk of having their medicines given to them by inappropriate means. The nurse we spoke with about who was having their medicines given to them covertly was inconsistent with their responses and unclear of people's preferred method of administration of medicines. We noted that the medicine policy document was due for review 2013 but this had not yet been revised and there was a risk that the policy was not in line with current guidance.

These issues were a continuous breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we found staff did not always recognise that people were at risk of harm and told us that people were safe living at the service. At this inspection we saw that staff had access to a copy of the local authority's safeguarding policy. Two of the staff we spoke with had recently completed online training in safeguarding. We observed that staff had an understanding of how to safeguard people and when we spoke with staff, we found that they knew how to share their concerns outside the home, for example, with the local authority.

At our previous inspection we found that risks were not being managed effectively. For example, we found two different risk assessments were in use; the Malnutrition Universal Screening Tool (MUST) and an in-house assessment tool for nutrition. At this inspection we found that the local tool had been removed in order to avoid confusion and to ensure that people received the appropriate care. Risks to people's health, safety and welfare had been assessed. For example, we saw that where bed rails were in use, a bed rail risk assessment had been completed.

Previously we found that people who used the service and staff were at risk of injury from damaged equipment and furniture. We saw that a programme of replacement of furniture had commenced and an audit to monitor the safety of the equipment and a process to report items in need of repair had been developed. However we observed that hoists which were stored in a bathroom area had forms attached to them to record when they were cleaned but these had not been completed.

The laundry room was not fit for purpose. There were no separate clean and dirty areas and there was a risk of cross contamination. This issue had been identified at the previous inspection, the manager said that they were looking at ways to address this issue.

This was a continuous breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we found that the provider did not have a dependency tool to calculate the amount of staff and skill mix needed to provide safe care and treatment to people. The manager told us that they had started to introduce a dependency tool which they would use to monitor people's care needs with. It was not clear whether it would help to calculate the amount of staff and skill mix needed to provide safe care and treatment to people. It was also not clear how this would link with the system which the provider operated to calculate staffing. Staff told us that there was not enough staff on duty. One staff member said, "Most days aren't too bad. It's difficult to cover a shift [if someone goes sick]. They just ring round to see if anyone can come in to cover. We are one short this morning which means there are only three of us. We just do the care they need at the time. Don't have five minutes to have a natter." Another staff member told us, "I am always busy. I do think we need more staff. It's not [manager], it's from above. Something can happen which takes up one person. When we use agency it helps in some ways but its hard work. They don't know how [to do things]." We saw that people were sat in the lounge during the morning without meaningful activity or interaction for most of the morning. A member of staff told us, "We don't really have time to spend quality time with people. Dependency of residents is higher. Before, we used to have time to go round 2-3pm and get involved with nails, hand massages. Could sit with families. Staffing hasn't kept up with changes [in dependency]." The manager told us that they had recently increased the two cook's hours by an extra 30 minutes each, so that they could provide a choice of meal to people.

At our previous inspection we had found that there were serious shortfalls in the recruitment processes. We

found gaps in the safety checks that were necessary to ensure that a prospective staff member was suitable before they were appointed to post. At this inspection we found that safety checks had been completed however the recruitment checklists were incomplete. Therefore we were unable to determine if staff had gone through the correct recruitment process.

This was a continuous breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that although some improvements had been made these had not been tested for sustainability and were not sufficient to change the rating.

Inadequate

Is the service effective?

Our findings

At our inspection in June and July 2016 we found registered nursing staff and care staff did not have the competencies, skills and experience to deliver safe and effective care and treatment. Following our previous inspection we had asked the provider to ensure that all registered nursing staff employed in the care of service users were subject to competency assessments. At this inspection we found that competency assessments had not been completed on all relevant areas of care, for example skin care and infection control. We could not be assurred that registered nursing staff and care staff had all the competencies, skills and experience to deliver safe and effective care and treatment.

At our previous inspection we found that staff did not always receive feedback on their performance or have their training needs identified for the following year. At this inspection we found that a system had not been put in place to ensure that staff received an annual appraisal. The supervision records showed that supervision sessions were inconsistent. Most staff had not received supervision since the last inspection. Car staff we spoke with told us they had not had supervision or appraisal.

Previously we had identified that staff did not have the skills to recognise poor practice or to challenge each other when omissions in care were identified. There were shortfalls in the registered nurse's knowledge regarding issues such as skin care, which presented a significant risk to people living at the home. At this inspection we found that some training had been provided, for example, skin care training. Previously the induction process had been considered inadequate to ensure that staff had the appropriate skills before providing care to people. The induction process had not been reviewed.

We observed the handover between shifts and found that staff exchanged information on people's wellbeing and any changes to their care needs. However we found that the information provided was quite superficial and related to completed tasks rather than the person's wellbeing. A member of care staff told us, "Sometimes nurses don't pass on the information you need. I found out from a resident's relative that they had been in hospital [last weekend]. They went in on the Friday and came back on the Saturday. But it hadn't been included in the Monday handover. The husband told me. I felt stupid."

This was a continuous breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we observed that people's consent to care and treatment was not always sought by staff and that consent forms were incomplete. At this inspection we found consent forms in care files for people to receive care and treatment, permission to share information and to have their photograph taken for identification purposes had not been completed consistently.

The 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 people lack mental capacity to make particular

decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At our previous inspections we had found an inconsistent approach to mental capacity assessments and best interest checklists. At this inspection we found a range of capacity assessments covering all aspects of their care, such as assistance to go to the toilet and support with taking diet and fluids had been completed. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that 15 applications to lawfully deprive a person of their liberty had been submitted to the local authority and were approved and a further 2 authorisations had been refused. Although the provider had taken action to address the breach of reg 13 by submitting applications for DoLS, we found that they still did not fully understand the requirements of the MCA in ensuring that decisions were made in people's best interest and ensuring that people were able to consent to their care and treatment.

This was a continuous breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we found that people were not always provided with a well-balanced and nutritious diet that met their needs and preferences. We found that people were not being offered a choice of meals. We observed at this inspection that a meeting had taken place to discuss how choices could be offered to suit everyone. We observed lunchtime and saw that choices were still not available to people who required a soft diet. For those people who required a soft diet we saw that records did not detail their likes and dislikes. There was a risk that people did not eat their meals because of the lack of choice and knowledge of their preferences. At lunchtime we saw a member of staff went to each person and asked them verbally which of the two main menu choices they would like. It was clearly difficult for some people to convey their choice but the member of staff did not plate up the two meals to make it easier for people to choose. The manager told us that staff had been encouraged to do this but that the inspection may have made them nervous. We saw that where people had their food and fluid intake recorded charts were completed and fluids totalled how much the person had actually taken. Although improvements had been made we saw people weren't necessarily able to make informed choices about their meals or consistently receive meals of their preference.

At our inspection in June and July 2016 we found people who lived at the service were not supported to maintain good health. At this inspection we found that referrals for professional healthcare advice, treatment and support had been made. We saw that people at risk of pressure damage had been referred to the tissue viability nurse specialist for advice on treatment and appropriate pressure relieving surfaces such as mattresses and special cushions. We saw that records of professional visits and assessments had been completed to ensure that staff had up to date information to assist them to plan people's individual care needs.

At this inspection we found that although some improvements had been made these had not been tested for sustainability and were not sufficient to change the rating.

Inadequate

Is the service well-led?

Our findings

At our inspection in November 2015 we identified that the registered provider did not operate effective systems and processes to make sure that they assess and monitor their service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan which set out how they planned to address the areas highlighted. After our previous inspection on 30 June 2016 and 1 July 2016 we had put in place conditions of registration in order to assist the provider to improve the service to people.

At this inspection we checked progress against these conditions and found that the provider had not implemented all the conditions. For example the provider was required to send an audit to CQC on the first Monday of each month informing us of the completeness and accuracy of records. We had not received this by the date of our inspection. During our inspection we found inaccuracies in records for example one person's medicines had been altered and this was not reflected in the care plan. The provider was also required to ensure that all staff were competent in maintaining legible, accurate and contemporaneous records. At our inspection we found that the provider had not provided access to record keeping training for staff or support with regard to this. Following our inspection we have asked the provider to tell us about the progress on the registration conditions.

We found that the manager had commenced audits in some areas however it was unclear whether or not these would lead to improvements as actions had not yet been completed. We found that where audits had been completed they had not always picked up issues or ensured that they were actioned. For example we found gaps in people's care records despite a records audit having taken place. We also found gaps in monitoring documentation such as the recruitment checklists which meant the provider was unable to assure themselves that checks were being completed.The manager told us that they did a daily walk about the service, but they did not have a system to maintain a record of their findings and there was no evidence that any concerns had been identified and actioned.

Previously we found the provider was not using opportunities to get feedback from staff to improve their skills and the quality of care. At this inspection we found the manager had put in place meetings with staff to get feedback to improve their skills. For example a meeting had taken place on 9 August 2016 and skin care had been discussed. We saw that staff had been given information about this and that skin care was being provided according to guidance provided by a specialist nurse. However the provider had not put in place a system to provide professional support to the registered nurses as required following our previous inspection.

There had not been a registered manager in post since July 2015. Since that time there have been three managers. The current manager had commenced the process to be registered with CQC.

At our inspection in June and July 2016 we found the provider did not have systems in place to ensure that policies and procedures were put into practice to provide a good standard of care. At this inspection we found the provider continued not to have systems in place to ensure that this guidance was put into practice

to provide a good standard of care. For example the medicines management policy had not been followed regarding medicines which were administered in food or drink.

Previously we found that people's personal information was not stored securely and was easily assessable to visitors to the service. At this inspection we saw that care files were stored in a lockable cupboard in the nurses' office however the door was open when we arrived. We brought this to the manager's attention at our previous inspection however, we observed the door open when the office was unoccupied several times on the day of our inspection.

These issues are a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we found that the provider had not notified us of events that they are required by law to do so. For example the provider is required to inform CQC of deaths of people living at the home and DoLS applications. At this inspection we found that since our previous inspection applications for DoLS had been made and approved. The registered provider has a legal obligation to notify CQC when applications have been made for a DoLS and when they have been approved. We found that notifications had not been made to inform us of these.

This was a continued breach of regulation 18 Care Quality Commission (Registration) Regulations 2009

At this inspection we found that although some improvements had been made these had not been tested for sustainability and were not sufficient to change the rating.

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 16 Registration Regulations 2009 Notification of death of a person who uses services
Diagnostic and screening procedures	Regulation 16 Registration Regulations 2009 Notification of death of a person who uses services The registered person failed to notify CQC when a person in their care died. Regulation 16. (1)(a)(b)
Treatment of disease, disorder or injury	

The enforcement action we took:

Notice of decision to restrict admissions.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Diagnostic and screening procedures	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person did not notify CQC when a request to lawfully deprive a person of their liberty was requested, withdrawn or granted. Regulation 18. (1) (4A) (a)(b) 4B)(a)(b)(c)(d) (5)(a)(b)(c)(d)(e)(f)
Treatment of disease, disorder or injury	

The enforcement action we took:

Notice of decision to restrict admissions.remains

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons failed to ensure that risks to people's safety and welfare were properly assessed and action taken to mitigate risks. This included risks associated with people's health, in the environment, from lack of measures to control infection and in the way that medicines were managed. Regulation12 (1) (2) (a)(b)(c)(e)(f)(g)(h)
Treatment of disease, disorder or injury	

The enforcement action we took:

Notice of decision to restrict admissions to the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered persons failed to ensure that people were protected from abuse and improper treatment and did not prevent people from being unlawfully deprived of their liberty. Regulation 13. (1) (2) (4)(b)(c)(d) (5)(d) (7)(b)

The enforcement action we took:

Notice of decision to restrict admission remains

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The registered provider did not ensure that people always had their nutritional and dehydration needs met and had the support to do it. Regulation 14. (1) (2)(b) (4)(a)(b)(d)

The enforcement action we took:

Notice of decision to restrict admissions

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered person did not ensure that equipment was fit for purpose and properly maintained. Regulation 15. (1)(a)(b)(c)(d)(e) (2)

The enforcement action we took:

Notice of decision to restrict admissions

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have systems in place to assess, monitor and improve the quality of care to people. Regulation 17. (1) (2)(a)(b)(c)(d)(e)(f) (3)(a)(b)

The enforcement action we took:

Positive condition to maintain accurate and complete records. Notice of decsion to restrict admissions.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 HSCA RA Regulations 2014 Staffing The registered person did not ensure that there were sufficient numbers of suitably qualified, skilled and experiences staff on duty. Regulation 18. (1) (2)(a)(b)(c)

The enforcement action we took:

Notice of decision to restrict admissions. Postive condition to provide registered nurses with competency