

Shaw Healthcare (Ledbury) Limited

Ledbury Nursing Home

Inspection report

Ledbury Community Health & Care Centre
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Ledbury
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ledbury Nursing Home is a residential care home providing personal and nursing care to 31 people at the time of the inspection. The service can support up to 36 people.

Peoples experience of using this service and what we found

The service was not always well- led. The provider's governance systems were not consistently effective to identify shortfalls, maintain continuous improvement and ensure compliance with regulations.

The provider was not able to evidence people were supported to have maximum choice and control of their lives in relation to their consent to receive a test for COVID-19.

Medicines were not always managed safely with people not always receiving their medicines as prescribed. There was evidence to demonstrate people's medicines were not administered and stored safely.

Care plans were not always up to date and did not therefore always contain accurate information about people's care and support needs. Records to evidence the care and support provided were not always in place or maintained to evidence how staff had support people to have their individual needs met. Terminology used within care records was not always in line with person centred care.

Staffing levels were assigned using a tool based upon people's support needs. Staffing vacancies were met using agency staff. People enjoyed the food provided however some people's dietary needs were not always met in a timely way.

People felt safe living at the home and staff were aware of their responsibility to keep people safe.

Staff were seen undertaking additional cleaning and using personal protective equipment to reduce the risk of cross infection. Staff received training to support their roles and provide them with skills and knowledge. Gaps in training were known to management for them to action and resolve.

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

Rating at last inspection

The last rating for this service was good (published 07 February 2020).

Why we inspected

We received concerns in relation to staffing levels, the deployment of agency staff and training. We had also received concerns about the management of medicines.

As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, effective and well led relevant key question sections of this full report.

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

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to keeping people safe in relation to their medicines, risks and care planning as well as the governances of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

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 effective?

The service was not always effective.

Details are in our effective 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 ●

Ledbury Nursing Home

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 one inspector with another inspector assisting remotely reviewing the evidence received and provided by the provider.

Service and service type

Ledbury Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on the first day. We informed the registered manager we would be returning and announced the date. This was to ensure they and other managers were available.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the home. We spoke with the registered manager, deputy manager, quality manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. In addition, we spoke with four members of the care team, two nurses, one agency member of staff, two domestics and a member of the catering team.

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 reviewed a range of records. This included two people's care plans in detail and others in part. We also reviewed a multiple of people's medication records and a variety of records relating to the management of the service including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with six relatives of people using the service to seek information on their experiences and to one healthcare and one social care professional.

We provided further feedback, in addition to that given on each day of the inspection, to five members of management including the registered manager and the nominated individual on Wednesday 11 November 2020. We held a further discussion with four members of management on Monday 16 November 2020. Both meetings took place using electronic technology.

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 has 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; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Medicines were not always managed safely and recorded accurately. People could not be assured they would always receive their medicines as prescribed. This placed people at risk of not having their health care needs met.
- We previously reported on gaps in the recording of topical medicines. These items are creams and lotions applied to the skin. During this inspection we found similar concerns regarding the recording of these items. Records regarding the application of these creams remained to be incomplete. We found occasions where creams mentioned on the records held by the nurse did not match the creams in place or the records to be completed by staff members.
- Medicines were not always applied either as a transdermal patch (pain relief) or a prescribed ointment as prescribed. For one person the gap between patches for pain relief was longer than prescribed. An earlier month's records also evidenced more than one occasion when the patch was not applied in line with the doctor's instructions.
- A nurse had recorded a person's eye ointment could not be found. The person did not have this applied for five days. The ointment was however in the medicine cupboard throughout and therefore had been available to staff.
- There were gaps in medicine records whereby the provider could not demonstrate whether a person had received their medicines. Medicine records were not always completed accurately whereby we highlighted errors. For example, nurses signing for medicines on the wrong day, not recording the dose administered when a person was on a variable dose, incorrect balances remaining and the use of incorrect codes. In addition, there was no record showing where a transdermal patch was applied and a record of its removal and disposal.
- Protocols for the administration of medicines prescribed on an as and when basis could not be found by nursing staff and the registered manager at the time of our inspection. This meant the information was not readily available for nursing staff and any other healthcare professionals to refer to. This could potentially place people at risk of not having their health care needs recognised and met.
- Checks to ensure medicines were stored at a safe temperature were not always maintained. Having medicines stored at an incorrect temperature, outside of the manufactures guidance, can potentially result in the decomposition of the medicine. This could place people at the risk of harm. In addition, records evidencing fridge temperatures were not regularly maintained to evidence correct storage conditions.
- The registered manager viewed incidents and events which were brought to their attention. This was to assess how these risks could be reduced to prevent similar occurrences taking place. However, medicine errors were not always brought to the attention of the registered manager to influence areas for

improvement.

- We previously reported on a lack of risk assessments in relation to disposable gloves and hand sanitisers seen on handrails around the home environment. This inspection took place during the COVID-19 pandemic. Hand sanitiser was freely available around the home for staff to access. The registered manager informed us, during the inspection, they had not completed a risk assessment as they believed nobody to be at risk.
- Monitoring records, care records and risk assessments to evidence the care and support provided were not always in place or were inconsistent. Therefore, they did not always contain explanations of control measures for staff to follow to keep people safe and avoidable harm. This increased the risk of people receiving unsafe care. For example, the provider could not demonstrate whether one person had always been repositioned in line with their care plan.
- A person's wound record was not completed to evidence how the wound was progressing and when it needed to be next attended to. These meant the provider was unable to evidence appropriate care and support had always taken place and therefore left the person at risk of not having their needs met.

The provider failed to ensure people were protected against the risk of harm and were keep safe. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and senior managers working for the provider acknowledged the concerns raised. A full audit of medicines was undertaken by a senior manager following our findings. We were assured by management they would take immediate action to make the necessary improvements including competency checks on medicine administration and the introduction of additional recording systems.
- A risk assessment regarding the availability around the home environment of hand sanitiser was completed following the inspection and our feedback session.
- Safety checks were carried out in relation to fire safety and ensuring equipment used to assist people with mobility or transferring was safe to be used. A fire evacuation sheet was available close to the stairs to assist in the moving of people to safety in the event of a fire.

Staffing and recruitment

- We previously highlighted varied views regarding the staffing arrangements. Since our last inspection we have received concerns regarding staffing levels and the use of agency staff.
- Staff spoke of shortages in the numbers of staff and having to rush people's care. Staff acknowledged the current pandemic had affected staffing levels. For example, some staff were having to shield while others had needed to self-isolate.
- Family members and others raised concerns regarding staffing levels at the home and the ability to meet the needs of people living at the home especially in relation to social needs. One family member told us staff were, "Very kind" despite been very busy.
- Staff were seen to support people in having care needs addressed. Staff were seen to be kind and caring and for example lowered themselves down, so they were able to maintain eye contact with people. One person described the staff as, "Friendly" and attentive when needed. However, we observed two people sat with their midday meals in front of them. After a period of 25-35 minutes both these people received assistance from staff to have their meal. We brought our observation to the attention of management and were assured they would ensure more timely assistance would be provided to people, so they had their meal while it remained warm. We will follow this up as part of a future inspection.
- Agency staff were used to cover shortfalls in staffing numbers especially, to cover the nurse rota. The registered manager assured us regular nurses from an agency were employed to assist with consistency and reduce the risk of them working elsewhere and cross infections.

- Management described to us a dependency tool used to establish staffing requirements based on the care interventions required in the previous seven days and assured us staffing levels were sufficient to meet people's needs.
- One recently appointed member of staff confirmed background checks had taken place prior to them commencing work at the home. These checks are to protect people from the risk of harm and abuse.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person commented, "I very much feel safe, I like it here."
- Staff and management were aware of their responsibilities regarding safeguarding and informing other agencies such as the local authority in the event of anyone placed at risk.
- Information was on display regarding the local authority and their contact details.
- Following our findings, the registered manager submitted, as requested, a safeguarding referral in relation to one person's medicines due to the errors made in its application.
- Since our visit to the home we have become aware of some safeguarding concerns raised which are currently under investigation. The outcome of these investigations will be taken into account as part of future inspection planning and activity.

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.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- One of the nurses had carried out an assessment of a person's needs prior to their admission to ensure individual support and care needs were able to be met. One person told us, "I am very well looked after here."
- During our inspection we found people's identified care needs were not always met. For example, in relation to receiving medicines and repositioning in bed.
- We brought to the attention of the registered manager some terminology seen within the daily records. Terms were not necessarily person centred and in accordance with having respect for people. We were assured our observation would be addressed. We will follow this up as part of a future inspection.

Staff support: induction, training, skills and experience

- The registered manager was aware some staff refresher training was needed. Due to restrictions and social distancing they had not managed to provide some elements of training as they would have wished. The registered manager told us of their plans to address this shortfall. We will review staff training as part of a future inspection.
- Staff were confident they had their training requirements met using electronic 'on-line' facilities.
- An agency member of staff confirmed they had received an induction prior to commencing work on their first shift. The training covered areas such as fire, infection control and safeguarding.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager provided us with information regarding testing for COVID-19 and the obtaining of consent where people were unable to provide this themselves. These were however for tests carried out following our inspection as earlier records were not available.
- One relative confirmed they had been involved in a discussion regarding their family member having a COVID19 test.
- People's care plans referred to informing people prior to any activity to obtain their consent.
- The registered manager had knowledge about who had an authorised DoLS. Staff members had differing knowledge from one to another regarding who did and who did not have an authorisation.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care records evidenced contact with healthcare professionals such as advance nurse practitioners as well as advice telephone lines to obtain guidance.

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

- The home environment had been designed to meet people's needs. Equipment was available such as hoists in order to assist with people's mobility.
- Communal facilities were available. People were sat in the dining room in a way to achieve social distancing.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they liked the food and confirmed they were able to make a choice of meal. One person told us, "I've never had anything I don't want". Another person was heard to say, "Thank you" and described their meal as lovely when it was served. A further person commented they had enjoyed their meal.
- Meals were seen to be well presented making them desirable to eat. Equipment such as plate guards were used to enable people to remain independent when eating their meal. The menu showed a range of choices including vegetarian options.
- Staff we spoke with told us they believed the food provided to be of a good quality and confirmed people were able to make a choice.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had audit processes in place however, these had not identified the concerns we highlighted throughout the inspection. Staff had failed to administer people's medicines as prescribed. Audits had not driven the improvements needed to ensure people were safe. Arrangements to cover when the auditor was not available were insufficient.
- The provider had policies and procedures in place. These were not however always applied and acted upon. For example, records regarding medicines requiring additional storage and record keeping were not checked on a weekly basis as stipulated in the provider's procedure. Instruction such as the recording of fridge temperatures were displayed for staff. These checks were not consistently carried out. Quality systems had failed to identify this shortfall.
- Throughout our inspection nursing staff and management were unable to locate protocols for the administration of medicines prescribed on an as and when needed basis. Not having these readily available meant people's needs could go unmet.
- Written evidence of consultation with people's representatives under best interest decisions could not be found in relation to COVID-19 testing either during or following the inspection. The provider was therefore unable to demonstrate how decisions for testing were reached in line with the Mental Capacity Act.
- We highlighted to the registered manager on the first day of our inspection two storage cupboards where the door was not closed. One could not be shut due to items blocking the door. Signage on the doors stated they needed to be kept shut due to potential fire risks. These were brought to the attention of the registered manager. Both remained open when we returned two days later therefore no action had been taken by the management.
- We have previously highlighted the need to ensure care records are held securely. We saw two occasions where people's records were left on the handrail outside the person's room.

Systems in place were not sufficiently robust to demonstrate peoples safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

- Following our inspection but prior to completing our report the provider supplied us with an action plan regarding new procedures for the administration and auditing of medicines.

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

- The provider had carried out a satisfaction survey involving people who used the service in August 2020. Most of the replies returned indicated people had answered either 'very well' or 'well' to the questions asked.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff members were positive about the management of the service and the support they had received especially during the current COVID-19 pandemic. One member of staff described the management throughout the pandemic as, "Brilliant."
- A relative described the management of the home as, "Efficient."
- The provider's rating given by the Care Quality Commission following the previous inspection was displayed within the home and on the provider's web site as required. The previous report was available for people to read. This was so people had access to this information. In addition, other information was available for people to refer to such as the provider's service users guide.

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

- The management team told us they would assure themselves people were safe, and care was of a high quality.
- Information upon the duty of candour and openness was on display for people to refer to.

Working in partnership with others

- The registered manager had worked with other partners and professionals. This had included those involved in combatting COVID-19. Information on COVID-19 was widely displayed for the attention of visitors and professionals who could potentially enter the home.

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 The provider failed to ensure people received care and support in a safe way. Regulation 12 (1), (2) (a), (b) (d), (f), (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to have effective governance systems in place to assess and monitor the quality of the service to identify shortfalls and ensure compliance with regulations. Regulation 17 (1) (2) (a),(b),(c)