

Regal Care (Worcester) Limited

South Hayes Care Home

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

South Hayes Care Home is registered to provide accommodation and personal care for up to 39 older people; the home does not provide nursing care. Accommodation is provided over two floors with lift access. At the time of the inspection 25 people were using the service.

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

People were at increased risk because environmental risks were not managed safely. Actions from a fire service visit in December 2022 went without action which failed to keep people safe. Fire doors in increased risk areas did not always close or were defective so any potential risks to control the spread of fire, or to stop people being harmed, were ineffective. Fire evacuation procedures were not effective and some staff were unaware of what process should be followed in the event of a fire.

Not all windows were secured with window restrictors and where there were window restrictors in the building, they were inadequate. We saw exposed hot water pipes and electrical cables, placing people at increased risk of harm. Some hot water regulators were not working correctly, putting people at risk of scalding. This had not been identified through health and safety checks. People had unrestricted access hazardous substances and areas of the home that posed a significant risk.

Medicines were not always stored safely.

Staff were not recruited into the home safely, the relevant checks to assess a person's character before employment were not completed.

Infection prevention and control practices required improvement. During our visit, we saw areas of the building were not clean. There was no cleaner employed for weekends, staff completed this as part of their daily tasks.

There was a lack of provider oversight of the home. There were no audits for some aspects of the home and where audits were in place, these failed to identify issues found during the inspection. Systems to monitor the quality and safety of the service were ineffective and placed people at risk of harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to maintain relationships and they spent their time doing things they enjoyed. The atmosphere at the home was relaxed, and people enjoyed the company of each other and staff. Staff felt supported. Despite our findings people were satisfied with the service they received, and people and their relatives felt the service was safe. There were sufficient staff on duty to meet people's needs.

Rating at last inspection and update

The last rating for this service was good [published 26/03/2019]

Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about fire safety. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with fire and premises safety, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

Enforcement and Recommendations

Following our visit, we asked the provider to respond to the immediate concerns we found at our visit. We continued to seek their updates and assurances they had mitigated the immediate risks to people.

We have identified breaches in relation to the safety and maintenance of the building and governance at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded .

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

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.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

South Hayes Care Home

Detailed findings

Background to this inspection

Background

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 3 inspectors.

Service and service type

South Hayes Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. South Hayes Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people using the service, 5 family members and an external professional. We spoke with 10 staff members including the activities co-ordinator, maintenance person, the deputy manager, the registered manager, and the nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We liaised with Hereford & Worcester fire service who were present on the second day of the inspection. We reviewed a range of records in relation to people's care, including medication and care records. We also reviewed a range of records held by the service including, staff training and rotas, recruitment records, handover documents and premises checks.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely, Preventing and controlling infection

- The physical environment was not safe for people. The provider failed to ensure recommendations from fire safety surveys in December 2022 had been actioned. There were combustible materials stored alongside flammable liquids, gaps in walls allowing the easy spread of fire and smoke, missing smoke seals around doors, lack of barriers in loft spaces meaning fire and smoke could spread over fire doors, some fire doors did not close, there was a build-up of lint in the dryer exhausts creating a risk of ignition, fire exits had excessive locks hindering effective escape in the event of an evacuation. These issues put people at increased risk of harm in the event of a fire.
- The provider failed to assess the risk of harm from the portable radiators, this put people at the risk of burns.
- The provider failed to ensure areas of the home were safe for people. There was unrestricted access to the boiler room, high voltage electricity points and the lift electrical control panel. This put people at the risk of harm of potential electrocution, this posed a increased risk to people living with dementia.
- The provider failed to safely store hazardous materials. Substances hazardous to health (CoSHH products) were accessible to people throughout the building. This included cleaning chemicals identified as corrosive and hazardous. This put people at the risk of harm from accidental or intentional ingestion and from the increased risk of injury from fire.
- Not all windows were secured with window restrictors and where there were window restrictors in the building, they were inadequate as they were worn and could be opened easily without force, this placed people at risk of harm.
- The provider failed to ensure the stairs rails were at a safe height. There was open access to the stair well and the banisters were below the recommended requirement for this type of building. These issues put people at the risk of harm from a fall from height.
- Medicines were not always safely stored. The medication storage room and medication storage cupboard were unlocked meaning people had unrestricted access to medicines waiting to be returned to the pharmacy. These issues put people at the risk of harm from accidental or intentional ingestion of medicines.

Risks were not robustly assessed, monitored or managed and people were at increased risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Feedback was given to the provider throughout the 3 days of inspection and some immediate action was taken. All flammable and combustible items were moved and secured safely. Window restrictors were put on to all windows. Medicines were locked in the appropriate place.

- The provider had failed to take action where communal bathrooms and people's rooms had hot water

temperatures that exceeded the recommended temperature of 43 degrees, which placed people of risk of scalding.

- The provider failed to promote safety through the layout and hygiene practices of the premises.
- Over chair tables in communal rooms were 'bubbling' and showing signs of fluid ingress. Multiple locations throughout the building showed signs of visible dirt and debris, radiators contained a build-up of debris, high frequency touch points were worn prevention effective cleaning practice.
- Walking aids were visibly dirty and had sticky tape on them hindering effective cleaning, lighting pull cords were discoloured and stained with unknown substances. The staff room where staff were expected to change their uniforms and take their breaks was unclean and did not demonstrate any effective cleaning had taken place.
- We saw insects and snails on fabrics, used clothing and debris under chairs, unknown and discoloured material used to block cavities in the wall. Furniture was visibly dirty to the eye and there was a significant amount of dust on the chairs. These issues put people at the risk of harm from commonable illnesses.
- The provider failed to identify or mitigate potential risks to people. This included trip hazards resulting from missing carpets and under door strips, portable equipment, for example vacuum cleaners, left unattended creating a tripping hazard, access to stairs leading to the basement creating a risk of falls.
- The provider failed to ensure the physical environment was safe for people which placed at risk. There were multiple locations throughout the home where the radiator pipes were exposed creating the risk of burns.

The registered persons did not ensure that all premises and equipment were clean, suitable for the purpose for which they were being used. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Feedback was given to the provider throughout the 3 days of inspection and some immediate action was taken. Hot water temperature regulators were fitted and deep cleaning of the home commenced.

- Family members said their relatives were safe at the home and they had confidence in the staff team. People and relatives described the home as, "A really good place". And staff were, "Lovely and very caring".
- People had detailed care plans which were reviewed regularly with family involvement. Where families were not available, advocates had been sourced to support people to make choices about their care.
- People received their medicines as prescribed and had been consulted with any changes and reviews.
- People's risk assessments identified specific health needs, for example, diabetes, skin conditions and falls.
- Feedback from a healthcare professionals was positive, they told us the home was very proactive with implementing new guidelines for specific health needs. For example, a person developed pressure sores, staff devised charts and followed ensuring the best outcome for the person.

Staffing and recruitment

- Safe recruitment processes were not in place. Staff personal files did not contain all the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, references had not been obtained from previous employment.
- People were at increased risk of harm as staff had not received training on how to support them effectively and safely in the event of a fire emergency. The registered manager confirmed with us they had not completed any practice evacuations. This put people at the risk of injury as a result of fire.
- The provider had not ensured there was adequate staff available to carry out an effective cleaning programme. For example, there was no provision for cleaning over the weekends. At the time of inspection, the provider advertised for a weekend cleaner and sought agency staff to cover until the position was recruited.

Systems and processes to safeguard people from the risk of abuse.

- Staff received training in safeguarding and told us they knew what their responsibilities were and how to raise concerns. They felt any concerns would be listened to and acted upon promptly by the registered manager.
- Relatives felt their family members were safe. One relative told us, "I feel [person] is safe there, staff are brilliant".

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People had appropriate documentation which ensured where they lacked capacity, best interest decisions had been made. The registered manager had ensured relevant external professionals had been involved, such as solicitors and advocacy services.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance. Relatives were happy with the visiting arrangements.

Learning lessons when things go wrong

- Accidents and incidents were being recorded and reviewed by the registered manager.

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 our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider failed to establish robust governance arrangements and oversight. This meant significant environmental risks had not been identified or addressed, which put people at increased risk of harm.
- The provider had failed to take action in response to fire safety concerns after an inspection on 8 December 2022 by the fire services. We sought assurances from the provider who failed to respond to us with an action plan to mitigate the identified risks. We notified Hereford & Worcester fire services of our findings who visited to complete an urgent fire assessment with us during our inspection.
- Fire evacuation procedures were not effective, and staff were unaware of what process should be followed in the event of a fire. Given our findings of the increased risk a fire may take place, this put people at significant risk of harm.
- The provider's lack of effective governance checks and oversight of the service meant unsafe conditions such as, hot water temperatures exceeding identified safe levels, unsafe storage of returned medicines and insufficient infection control measures were not addressed in a timely manner which put people at increased risk of harm.
- Maintenance of the home was not well managed. We saw maintenance logs where window restrictors had been checked but not identified where restrictors were not in place or ineffective. However, no action had been taken to safeguard people from being put at significant risk of harm.

The providers oversight systems were not effective to ensure good governance of the service. This placed people at increased risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the registered manager and provider had started to take some actions to improve the environmental safety of the home and secured medicines in an appropriate place.

- Staff were knowledgeable about their roles and knew people well. Where recent changes had happened to a person's care plan or delivery of care, staff were aware of what changes had taken place and how to support their changing needs.
- Staff spoke fondly of the registered manager and felt supported in their roles. One staff member said, "If I am struggling [registered manager] is always there to support you and give you 1 to1 time".
- The registered manager held daily meetings to ensure any changes in relation to a person's needs was

shared with the team, and prior actions had been followed up. For example, if a person needed additional food supplements, this had been followed up, agreed by external professionals, and documented in the persons care notes.

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

- There was a positive culture within the home, people were involved in decision making and care planning.
- Care plans evidenced people and families had been part of their initial assessments and had been involved with changes and updates of their care plans.
- There were some renovations taking place at the home, people and relatives had been regularly given the opportunity to share feedback and suggest any improvements they would like to be made.
- Relatives told us they were regularly consulted with any medical changes, one relative told us they were informed their family member was taking antibiotics which may cause side effects, so they were aware for their next visit. Another relative told us, "Staff are close, they work together as a team".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities for notifying the CQC for events such as change of manager, events that change the service and abuse and neglect.
- The registered manager demonstrated good knowledge of their responsibilities about being open and transparent with people when things go wrong, and how information should be shared with external agencies.
- The registered manager was open to feedback and had started to make improvements whilst the inspection was in process.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider worked in partnership with several different health and social care professionals to support people's needs and achieve the best outcomes for people. For example, district nurses, general practitioners and advocacy services.
- Feedback from professional's was positive and demonstrated consistency and inclusivity for people who were involved in decisions about their specific health guidelines. For example, a person had chosen not to follow health guidance from an external professional, but had capacity to make their own choices, this had been documented and their decision had been respected. The healthcare professional said, "I am part of best interest decisions, they call me in a timely manner to discuss things and families are involved- all staff are lovely".

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks were not robustly assessed, monitored or managed and people were at increased risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The providers oversight systems were not effective to ensure good governance of the service. This placed people at increased risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>