

Whisselwell Care Limited

The Priory Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service well-led?

Inadequate



Overall summary

We carried out an unannounced comprehensive inspection of this service on 3 and 4 December 2014. Breaches of legal requirements were found. CQC took enforcement action because the service was not well led and improvements were needed to ensure the well-being and safety of people living at the home.

After the comprehensive inspection in December 2014, the provider wrote to us to say what they would do to meet legal requirements in relation to improving their service. This included a warning notice. The provider had until 30 April 2015 to make improvements and become compliant.

We undertook this unannounced focused inspection to check that they had followed their plan and to confirm that they now met legal requirements in relation to the warning notice. This report only covers our findings in relation to the warning notice. You can read the report

from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk. The inspection team consisted of one inspector.

The purpose of this current inspection was to focus on the question is the service well led? The inspection was specifically to look at how the service was run. We looked to see if people were protected by effective management systems and processes.

The management of staff members' supervisions, staff recruitment and staff disciplinary procedures had not improved. Checks relating to the maintenance of the building were not being robustly audited; some people did not always have access to hot water in their bedrooms. The risks to people's safety and well-being were not well managed and risk assessment charts were not audited.

Summary of findings

Some improvements had been made such as spot checks on staff practice and the management of complaints. However, we judged there had not been significant improvement and the rating for this question remained 'inadequate'. Since our inspection, the registered manager has sent us updates to demonstrate the work they have completed to improve the quality audit systems in the home.

A further comprehensive inspection will take place to inspect all five questions relating to this service. These questions ask if a service is safe, effective, caring, responsive and well-led. Since our inspection on 14 May

2015, the registered manager has assured us they have taken further action to improve their quality assurance systems. We will look at this work as part of our next inspection.

The service has a registered manager. 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 and associated Regulations about how the service is run.

The Priory Residential Home provides accommodation for up to 21 people. At the time of the inspection, the registered manager told us 19 people lived at the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Inadequate



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 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 (Regulated Activities) Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The provider had sent us an action plan following the inspection on 3 and 4 December 2014. We met with the provider on 27 January 2015 to discuss the action plan and our concerns.

Before the inspection, we reviewed the information we held about the home and notifications we had received. By law, CQC must be notified of events in the home, such as accidents and issues that may affect the service.

During the inspection, we looked at records relating to monitoring audits connected to recruitment, staff inductions and supervisions, safety of the building, and risk assessments. We spoke with the registered manager and staff involved in the management of the home. We also met with seven people living at the home and explained the reason for our visit.

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Our findings

The registered manager told us she usually spends two days a week at the home but she was available by phone at other times. Staff rotas for the last 20 weeks showed there were six weeks when the registered manager had not been present at the home. There were also four weeks when she had been present for only one day a week.

Work to establish new systems and ways of working had been delegated to three senior staff members. There was not a comprehensive and robust auditing system in place to monitor the work to improve the service. In areas connected to staff supervisions, staff inductions, staff recruitment and the maintenance of the building the registered manager could not demonstrate how they ensured the systems and processes had improved and were effective.

During the inspection in December 2014, it was identified that staff supervisions did not take place regularly and were poorly documented. The purpose of individual staff supervision is to provide a regular opportunity to discuss the performance of each staff member and future training and development. On this inspection, spot checks on staff files showed four care staff members had each participated in one supervision meeting in the last five months. A fifth care staff member had received two supervisions. Since the last inspection, the registered manager told us all staff had taken part in a supervision meeting to discuss their work and training needs. This work had been delegated to senior staff. However, there was no written audit to demonstrate how the registered manager had checked on the quality and quantity of the staff supervisions.

The files for senior staff involved in the management of the home showed they had not received supervision in a five month period. The registered manager confirmed it was their role to provide supervision to senior staff. The last recorded supervision for two seniors was in 2013 and for the third person it was 2014. The registered manager showed us supervision had been planned for May 2015 but senior staff said this had not happened.

The registered manager was asked how often supervision should take place in a year for each staff member. During the inspection, she consulted with two senior staff members about how often supervisions should take place. There were no clear arrangements in place and after

discussion she told us each staff member should be supervised eight times a year. We queried if eight supervisions for 19 staff members would be achievable considering the delay in supervisions so far this year. A staff member commented it was not manageable.

There were entries in an office diary stating how many people should receive supervision each month. But this system was not robust as arrangements had not been put in place to cover a senior staff member who had been away for a period of four weeks. They were involved in providing supervision for staff and arrangements had not been in place to cover their role.

Discussion between the registered manager and senior staff showed supervision arrangements were poorly planned. There was not a robust system in place to demonstrate how supervisions would be managed by staff and audited by the registered manager.

Following an inspection in December 2014 we judged recruitment was poorly managed and did not protect the safety and well-being of people living at the home. For example, there was poor quality of information on the application form of one recruited staff member. There was also recorded information of concern about their suitability, which had not been raised for discussion with them. On this inspection, the staff member's file was checked again to see what action had been taken to address these concerns. Improvements to the quality of the information had not been made. Despite our previous feedback, there was no record to show the file had been audited by the registered manager to ensure the staff member was suitable to work at the home.

The registered manager had delegated the task of recruitment to senior staff. The registered manager told us they had begun auditing the recruitment files for existing staff but had not prioritised the recruitment processes for new staff to ensure practice had improved in the way staff were recruited. She explained she had planned to review both new staff members' files on the day we had arrived to inspect.

Since the last inspection, the registered manager told us two new staff members had been recruited. References had been sought regarding their suitability. However, in one instance a reference was sought from a former work colleague rather than the registered manager at the service where the applicant still worked.

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For the second new staff member the application form was poorly completed; it was not signed or dated by the applicant. And there was no explanation as to their occupation in the two month period since the place of their previous employment had closed. One new staff member had been working at the home for five weeks; the second new staff member had worked at the home 19 days. So there had been time for these discrepancies to be identified by the registered manager. However, a robust auditing system managed by the registered manager was not in place.

The registered manager advised she had completed monthly audits on some existing staff files. The registered manager explained how in a five month period she had not found an effective tool to audit staff files and previous auditing work had not been recorded. She showed us a new audit tool which she was trialing on the day of our inspection and had begun to complete. After the inspection, the registered manager sent us the work she had completed on the day of the inspection.

During the inspection in December 2014 we highlighted that staff performance relating to medication errors had not been well managed. This had not been identified by the registered manager. Since the December 2014 inspection, there had been a medication error by a staff member, which had been reported by a colleague. Records showed the staff member had been told they would need to be re-trained in medication and would receive another copy of the medication policy.

Disciplinary action against the staff member had been managed by senior staff but it had not followed procedures detailed in the action plan as completed by the registered manager. We queried this discrepancy; a discussion between the registered manager and staff showed there was some confusion around the interpretation of the service's action plan to address staff disciplinary issues. There was not a robust system in place to demonstrate how the registered manager ensured disciplinary measures were consistently managed. She confirmed she had not audited this staff member's file since the last inspection.

Following the inspection in December 2014, the registered manager identified in the service's action plan changes to managing new staff members' inductions. On this inspection, we saw new staff members' induction records were still poorly completed; they had not been audited by the registered manager. The action plan said new staff

would be given key policies, such as safeguarding, medication and whistle-blowing. This had happened for one staff member but not for the second staff member. The registered manager was not able to demonstrate how they ensured new staff had appropriate access to key documents. Discussion between senior staff and the registered manager showed there was a lack of clarity over induction arrangements for new staff.

During the inspection in December 2014 it was highlighted that the safety and maintenance of the building was poorly audited, which included two unrestricted windows on upper floors of the building. On this inspection, we spot checked five upper floor windows and saw they were restricted. However, senior staff were unable to find the paperwork to demonstrate that checks on window restrictors had taken place. These records were sent after the inspection but only covered a two month period and had not been audited by the registered manager.

A more comprehensive maintenance log was now kept and most entries were now dated when the work was completed. However, since January 2015 there were records that four people did not have consistently hot water from the hot tap on their bedroom sink. There was only one occasion when it was recorded a plumber was called in response to this issue.

During our visit, we checked three of these rooms and advised the registered manager the water was either lukewarm or cold. Staff told us the hot water in one room was "temperamental" and questioned if the room should be used. The registered manager had not regularly audited the maintenance records but said the plumber was regularly called out. They asked for senior staff to arrange for the plumber to visit again.

During our inspection, a person had been left unattended with a drink which had soaked their clothes. Staff had not followed the advice of the speech and language team to reduce this person's risk of choking, which was recorded in their care plan. Other risks had been identified for this person but on the day of the inspection there were gaps in the records for repositioning the person to help reduce pressure damage to their skin. Their food and fluid chart also had gaps.

The charts were not in order and had not been audited to ensure they were completed correctly. The layout of the charts varied, which the registered manager said should

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not have happened as they had been updated. This issue had not been previously identified. We have shared our concerns about this person's care with the community health and social care professionals involved in their care and well-being.

There had been improvements in some aspects of the systems to monitor the quality of the service provided to people. For example, since the last inspection, senior staff had undertaken observations of staff practice, which included a night time spot check. When they took place, there had been improvements in the way staff supervisions were recorded, as described in the registered manager's action plan.

The registered manager explained how they had trialled different care plan layouts but had now found a format, which worked well. They told us they could not audit the care plans until this work had been completed. A sample of the care plans showed they were written in a person centred way; we explained the changes to care planning would be looked at in detail at the next inspection.

Some recruitment practices had improved since the last inspection, such as confirming people's identity. Disclosure

and Barring Service (DBS) checks were now completed before people started working at the home to help ensure new employees were suitable to work with vulnerable people. Recruitment files were better organised, which made them easier to audit.

Since the last inspection, the registered manager had sent out a letter and attended a meeting with relatives to reassure people about the work taking place to improve the quality of the service. Complaints were audited by the registered manager and the recording of their response had improved. Senior staff had also held four staff meetings, including an impromptu one in response to a complaint. The registered manager had participated in one of these staff meetings when previously they had not attended staff meetings. CQC was also now appropriately notified about incidents in the home which helped us monitor people's well-being.

However, despite the commitment of staff to improve the systems to monitor the safety and well-being of staff, the changes were not well established and were poorly planned and managed.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There were a number of concerns during our inspection which had not been identified by the registered manager including staff supervisions, staff recruitment, staff inductions and the management and audits of the building. This showed a lack of a robust quality assurance system.</p>