

Ark Care Services Limited

Highermead Care Home

Inspection report

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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

This unannounced focused inspection took place on 20 April 2018. The last inspection took place on 15 January 2018 when the service was not meeting the legal requirements. The service was rated as Requires Improvement at that time and two warning notices were issued. These notices required the provider to make improvements in relation to the safety of the environment and compliance with the Mental Capacity Act by 28 February 2018. This focused inspection was completed to check that the provider had made the necessary improvements.

Highermead Care home is registered to provide care and support for up to 22 predominantly older people. Nine people were using the service at the time of this inspection some of whom were living with dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

During our previous inspection we found managers and staff did not have a good understanding of the Mental Capacity Act. People without the necessary authority had signed consent forms and individual capacity to make decisions had not been assessed. Best interest decisions had not been documented and we found there were unnecessary restrictions in place and inappropriate applications had been made under the Deprivation of liberty Safeguards.

At this inspection we found significant improvements had been made in this area. The acting manager now had a good understanding of this legislation and inappropriately signed consent forms had been removed. People's capacity to make decisions had been assessed and the service now recognised that people's capacity to make decisions could vary. Two people had been recognised as having capacity and inappropriate DOLS applications had been withdrawn. Pressure alarm mats were no longer in use where people had the capacity to use the service call bell system. The acting manager had not yet introduced a system for recording best interest decisions and we have made a recommendation in relation to this.

Following our January inspection a warning notice was also issued in relation to environmental safety concerns. This was because a first floor and accessible window had not been fitted with restrictors, a nail sticking out of a wall at head height, Fire doors were propped open with furniture and damaged linoleum flooring represented a trip hazard.

At this inspection we found some issues had been resolved but also identified additional environmental safety concerns. The window was now appropriately restricted, the nail had been removed and furniture was no longer used to hold fire doors open. However, the damaged linoleum had not been repaired. In addition, at this inspection we found that the flooring in the dining room was uneven and could become slippery when wet. There were gaps between tiles that could represent a hazard to people using mobility aids. This meant that although the service had made some improvements it remained in breach of the regulations. We also found that the discoloured and unsightly carpets discussed in previous reports had not

been replaced.

A significant incident had occurred prior to this inspection. A person subject to a DOLS application had left the service without support and fallen into an adjacent field where a boundary fence had collapsed. The person had subsequently been found by members of the public. Staff had only become aware that the person was missing following social media alerts. The acting manager had introduced additional door check following the incident to reduce the risk of similar incidents reoccurring. However, no records of an investigation into this incident were available in the service and the boundary fence had not been repaired.

In January issues in relation to the quality of medicines record keeping were identified and at this inspection we again identified failings in this area. Medicines that required stricter controls had not been recorded on receipt and creams had not been dated on opening. The service continued to use non-standard codes on printed Medicine Administration Records charts which unnecessarily introduced risks that these records could be misinterpreted.

At this inspection we found the service did not have sufficient numbers of staff employed to meet peoples' needs. The provider had recognised this issue and a staff member from their service in Lancashire had been allocated to complete night shifts in this service in Cornwall on a two weeks on, one week off, basis. In addition, staff and the acting manager had worked additional hours to ensure all planned care shifts were covered until additional staff could be recruited. Staff told us, "There is enough staff to keep it going but we are just waiting for DBS's for some new staff" and "I can't see how it can't improve as we have a lot of people applying."

In relation to the current staff shortages one person's relative commented, "The staff work long hours to cover for shortages sometimes and you can see it's tiring work which I wouldn't want the responsibility for. They are wonderful people."

The service does not have a registered manager. The acting manager appointed shortly before our previous inspection was well respected by the staff team who told us, "The manager is fabulous, absolutely fabulous. She is single handedly holding this place together."

Prior to this inspection we received information from whistle blowers indicating that staff and the manager had been unable to contact the provider's director for a three week period. During the inspection this was confirmed to be accurate with staff reporting that during a flooding incident as a result of a burst pipe, staff had only been able to access support from the provider's administrative officer but not contact the director. During the inspection the acting manager told us she did not feel appropriately supported by the provider. Following the inspection the acting manager withdrew their application for registration and gave notice of their intention to resign from their post.

At this inspection we have found that the provider has again failed to take all action necessary to fully comply with the legislation. Damaged, hazardous and unsightly flooring had not been replaced and the boundary fence had not been repaired following the incident where a person fell into an adjacent field. Staff recognised significant investment by the provider was necessary to address these issues and commented, "We need a lot of money invested in this place".

The staff team were committed to the people they supported and people told us, "The staff are all very nice, caring people." Records showed staff had routinely completed additional shifts to ensure peoples' needs were met. For example one staff member had sat with a resident throughout the night following an equipment failure, to ensure the person safety.

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 entirely safe.

Although some improvements had been made to the safety of the environment there remained issues with damaged and uneven flooring in some areas.

An incident that had occurred had not been appropriately investigated or learned from.

Medicines were not always recorded correctly and the service continued to use non- standard codes on MAR charts.

There were insufficient numbers of staff employed to meet people's care needs.

Recruitment procedures were safe and staff understood local procedures for the reporting of suspected abuse.

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Requires Improvement ●

Is the service effective?

The service was not entirely effective.

Although best interest decisions had not been documented, the acting manager now had a good understanding of the Mental Capacity Act. Peoples' capacity to make decisions had been appropriately assessed.

Heavily stained and discoloured carpets reported previously had not yet been replaced.

Staff were sufficiently skilled and experienced. All necessary recruitment checks for new staff were underway.

Requires Improvement ●

Is the service well-led?

The service was not entirely well-led.

Requires Improvement ●

There was no registered manager at the service. An acting manager had been appointed and was well respected by the staff team. However the acting manager had subsequently given notice of their intention to resign.

Necessary repairs had not been completed to ensure people's safety or improve the quality of the service's environment.

The staff team were committed to ensuring people were cared for.

Highermead Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 20 April 2018 and was unannounced. The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is a person who has experience of, or has cared for a person who uses similar services.

The service was previously inspected on 15 January 2018. When it was found to require improvement in relation to our questions; Is the service Safe, Effective or Well led. As a result of these failings, warning notices were issued in relation to environmental safety and compliance with the Mental Capacity Act.

Prior to the inspection we reviewed the information we held about the service, previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with eight people who used the service, two relatives who were visiting, four members of care staff and the acting manager. In addition, we observed staff supporting people throughout the home and during the lunchtime meal. We also inspected a range of records. These included four care plans, three training records, recruitment records, staff duty rotas and the service's policies and procedures.

Is the service safe?

Our findings

At our previous inspection in January 2018 we found significant failings in relation to the safety of the environment at Highermead Care home. These included an accessible unrestricted window on the first floor, a nail sticking from wall at head height, bedroom fire doors propped open with furniture and damaged flooring leading to trip hazards. As a result the provider was issued a warning notice and instructed to make the necessary improvements by 28 February 2018. This inspection was completed to check the necessary improvements had been made.

We found most of these issues had been resolved. The nail sticking from the wall at head height had been removed, window restrictors had been fitted to the window and fire doors were no longer propped open with furniture. However, there remained issues with the quality of linoleum type flooring in areas on the ground floor that people used continuously.

This flooring had failed on multiple joins. In some places it had been taped down in an attempt to manage the resultant trip hazards. In one area, accessed occasionally by people, and regularly by staff accessing the medicines cupboard, tape had not been used. This represented a significant trip hazard as the edges of the damaged flooring had lifted.

Tiled flooring in the dining room was uneven with gaps between some tiles that could represent a hazard to people using mobility aids. Staff also reported that some of these tiles became very slippery when wet. Stair gates were being used to restrict people's access to the first floor which was not in use. This gate was damaged and ineffective as it did not lock securely and would fail if leaned against. The continued use of this faulty equipment exposed people unnecessarily to risk.

Accidents and incidents had been documented in daily care records but not adequately investigated. For example, prior to the inspection we were informed by members of the public and via a notification from the service of a significant incident that had occurred. A person living at Highermead had been found in a nearby garden and the service had only discovered the individual was missing following social media alerts raised by the public.

We discussed this incident with the acting manager and staff, and asked to see details of any investigations completed into this incident. We were informed these records were unavailable as the investigation was being completed by the provider's administrative officer based in London. We requested a copy of the findings of this investigation but this information was not provided until 16/5/18. From discussions with staff we established that the individual had left the service via an emergency entrance, accessed the service's grounds, and then fallen into an adjacent field where the boundary fence had previously collapsed.

In response to the incident the acting manager had introduced additional regular checks to ensure door alarms were operational. However, no repairs had been made to the service's boundary fence at the time of our inspection. One person's relative told us, "Nobody should be able to get through the front door without being noticed/helped by a member of staff, but if they did leave the building the perimeter of the grounds

are completely insecure, which we do worry about."

This meant that although the service had complied with most aspects of the warning notice there was an ongoing breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because damaged flooring had not been repaired and incidents had not been appropriately investigated.

During our January inspection we also identified ongoing failures in relation to the quality of support people received with their medicines. These included failures to counter sign hand written entries on Medicines Administration Record (MAR) charts, use of non-standard codes on MAR charts, failure to date eye drops on opening, failures to date creams on opening, and inaccuracies in the service's controlled drugs records. These recording failures contributed to a breach of regulations.

At this inspection we found some improvements had been made to medicines recording. The manager had made arrangements with the local pharmacy for printed stickers to be provided and affixed to MAR records when changes were made to prescriptions. This meant staff no longer needed to make hand written alterations to MAR Charts when people's prescriptions were changed. Eye drops were now dated on opening and disposed of after 28 days to ensure they remained sterile. However, we again found that creams had not been consistently dated on opening.

We also audited the service's controlled drugs records and found pain relief patches delivered four days prior to the inspection and stored in the controlled drugs cupboard, had not been documented.

The failure to maintain accurate and complete medicines records forms part of the breach regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 discussed further in the well led section of this report.

The service continues to use non-standard coding on MAR charts. These codes were clearly displayed in the Medicines room and at the beginning of each person MAR records. However, staff were unable to explain how or why the use of non-standard codes was beneficial but reported that the provider insisted they be used.

There were appropriate facilities available for the safe storage of medicines. Regular medicine audits had been completed and there was an appropriate system for the return and disposal of medicines that had not been required. Where people were prescribed, "as required" medicines their records included guidance for staff on the circumstances in which these medications should be used.

The service aimed to provide support from three staff during the day and two staff at night. At the time of our inspection there was a total of four care staff, two senior cares, the acting manager, two cooks and a cleaner employed. This meant it was necessary for the acting manager to complete care shifts to ensure sufficient staff were available to meet people's needs. One person's relative told us, "The staff work long hours to cover for shortages sometimes and you can see it's tiring work which I wouldn't want the responsibility for. They are wonderful people."

The provider recognised there were insufficient staff currently employed to meet people's needs. As a result arrangements had been made for a member of night staff from the provider's other location in Preston, Lancashire, to work in the service as a temporary measure. Staff told us, "One carer from Greenways is doing nights, two weeks on and one week off."

We reviewed staff rotas and time recording records for three weeks including the inspection. Although the service was short of staff we found planned staffing levels had been achieved. Staff consistently reported all planned care shifts had been provided and commented, "With three staff it does work and it has never been just two of us", "Always two of us at night" and "It is never a senior plus one carer. If we are short one of the seniors or the manager will come in."

In the morning of our inspection we saw staff were busy supporting people both to get up and with their medicines. This meant there was limited staff availability in communal areas and people who required assistance to mobilise were unable to access support when they wished. The acting manager had previously recognised this was an issue and reported that the number of falls in the morning had decreased when they acted as an additional fourth staff member during the morning.

Staff had worked additional hours to ensure people's safety, but were tired. The staff recognised current staffing delivery was not sustainable from the existing staff team. Records showed that on five occasions during a three week period staff had worked over 50 hours per week with one staff member having completed over 75 hours work in a single week. Staff comments in relation to current staffing levels included, "I am not going to lie it is stressful. It is frustrating but I know it is going to get better. I know we can't carry on like this forever", "There is enough staff to keep it going but we are just waiting for DBS's for some new staff" and "I can't see how it can't improve as we have a lot of people applying."

The service was actively recruiting and the acting manager told us, "I have just taken six staff on but it takes time as they have to do the training" and "One is due to start a week today and the others are waiting for their DBS's to come back." We reviewed the records available in relation to these prospective staff and found all necessary pre-employment checks including Disclosure and Barring Service (DBS) checks were underway.

People told us they felt comfortable living at the service and staff told us that people were safe from abuse.. Information about local safeguarding procedures was readily available and staff knew how to raise concerns outside the organisation if necessary. Care plans included risk assessments with guidance for staff on how to protect individual from identified areas of risk.

The service had appropriate emergency procedures in place and all firefighting equipment had been regularly serviced. Personal emergency evacuation plans including photographs had been developed to identify the support each person would require in the event of an emergency evacuation.

There was a cleaner on duty each day and suitable cleaning schedules in place. Cleaning materials were stored securely when not in use and staff used Personal Protective Equipment were necessary to manage infection control risks.

Is the service effective?

Our findings

In January 2018 we found; staff did not have a good understanding of the Mental Capacity Act, that people's capacity to make decisions had not been appropriately assessed, that inappropriate applications had been made under the Deprivation of liberty Safeguards, and that there were unnecessarily restrictive measures were in place. As a result a warning notice was issued to the provider instructing them to make the necessary improvements by 28 February 2018.

At this inspection we found significant improvements had been made in these areas. The manager had a good understanding of the mental capacity act and told us, "I have redone all of the mental capacity assessments." Each person's care plan now included individualised capacity assessments. As a result of these capacity assessments the manager had identified that two people about whom DOLS applications had previously been made had full capacity. These DOLS applications had been withdrawn and staff now recognised that these individuals were free to leave the service if they wished. The code for the service's front door was now displayed to enable only people with capacity to operate this door independently.

Each capacity assessment was detailed and informative. We found people had been assessed as having capacity in relation to some decisions but not others based on their current abilities to understand, retain and process information necessary to make decisions. For example, one person had been found to lack the capacity to make decisions about sharing personal information, seeking medical treatments and being supported with medicines. While it was also recognised that the person had the capacity to make decisions about how their personal care was provided.

Restrictive measures had also been reduced. Pressure alarm mats had been removed from some people's bedrooms as assessments had identified these individuals were able to use the call bell system to request support from staff when required. Staff told us, "Not everyone has a pressure mat, three people have call bells" and one person said, "We have bells in our rooms and if I use it, day or night, someone always comes to see what help I need."

The manager had highlighted to the authorising authority when additional restrictions had been introduced following a DOLS application. This had enabled the authorising authority to prioritise the person's application which had subsequently been approved. Where a DOLS authorisation had been granted this was clearly recorded within the person care plan. One person's authorisation was subject to conditions which were understood by the manager and had been complied with.

The manager now also had a better understanding of who was able to sign consent forms where people lacked the capacity to do this for themselves. Some people had appointed representatives to hold lasting powers of attorney for them, and this was documented within their care records with full details of which type of lasting power had been granted. Where consent forms had been signed by relatives who did not have the necessary lasting power of attorney for care and welfare, and these documents had been removed from people's care records.

Systems for making and recording best interest decisions, when people lacked the capacity to make specific decisions, had not yet been developed. The manager recognised this was a priority but reported this had not yet been addressed as their time had been required to cover care shifts due to current staff shortages. This meant that although most areas of the warning notice had been complied with further improvements were required.

We recommend that appropriate best interest decision making processes are introduced to ensure people's rights are protected.

Previous inspections have repeatedly identified that the down stairs carpets were heavily stained, unsightly and in need of replacement. The provider has previously given repeated assurances that this issue would be addressed including during the January 2018. At this inspection we again found that the carpets were heavily stained and in need of replacements. The failure to address this issue forms part of the breach of regulation 17 discussed further in the Well Led section of this report.

The premises were appropriately adapted to meet people's needs and bedroom doors were individually decorated to help people orientate themselves within the service. At the time of our inspection only ground floor rooms were in use and the service had been decorated to a reasonable standard. Bedrooms had been individualised according to people's tastes with pictures and personal items.

Relatives reported that staff protected people's privacy and we saw bedroom doors were closed while staff were providing personal care. Staff understood the importance of respecting people's decisions. They told us "You can't force people to have a shower. You can encourage them but not force them" and "We cannot force people to do anything. I would not want to be forced to do things so I don't do that to them. You have to respect their wishes."

At the time of our inspection there were appropriate induction procedures in place and all staff were being supported to complete the care certificate. This nationally recognised training package is designed to provide staff new to the care sector with an understanding of current good practice.

Staff were sufficiently skilled to meet people's needs as their training had been regularly refreshed and updated. Staff comments included, "I've done falls awareness, Mental capacity Act, mental health and lots of online courses", "All my training is up to date" and "I have done a lot of training." While one person told us, "I like all the Staff. I've known some of them for a long time but even recent new-joiners are lovely people and they are getting the training they need from the other staff."

Records showed all staff had regular one to one meetings with the manager and staff told us, "I had supervision about two weeks ago" and "I had supervision the other day". In addition, there were plans in place to introduce annual performance appraisals in August.

Records showed people had regular access to health professionals and who told us staff followed guidance they provided. Relatives told us they were both kept informed of any changes to people's health needs and made to feel welcome while visiting.

People and their relatives were complimentary of the meals served at the service. They told us, "The food is good and there's plenty of it.", "The menu choices are pretty standard but it's the type of food I'd cook for myself if I could, and there's plenty of it" and "Mum doesn't have a great appetite nowadays, but the staff encourage her to eat enough and make sure she gets enough to drink during the day. She's maintained a steady weight all the time she's been [at the Service]." The cook had a good understanding of people's

nutritional needs. They explained that meals were freshly prepared and that where people needed food to be processed each menu item was processed separately to enable people to enjoy their individual flavours.

Is the service well-led?

Our findings

People and their relatives were complimentary about the acting manager who they said was open, approachable and had made improvements to the service's performance. One relative told us, "My mother has been resident here several years and things have gone down and then improved again, especially recently under the new manager." People and their relative told us they felt comfortable reporting issues to the acting manager who they were confident would take action to resolve their concerns.

Staff also spoke favourably of the manager's open and honest approach. Their comments included, "The manager is fabulous, absolutely fabulous. She is single handedly holding this place together" and "I love her. She is fantastic. She has done wonders for this place and it is frustrating she has not been able to do everything she wanted to as that would have turned it right around." Ongoing staff shortages meant the acting manager had been regularly providing care and support. This had limited the acting manager's ability to focus on their leadership and management responsibilities.

Prior to this inspection we received information from whistle blowers that indicated staff and the acting manager had been unable to contact the provider's director for a period of approximately three weeks. During the inspection staff confirmed this was true and told us that they now understood the director had gone on holiday overseas during that period. Staff and the acting manager told us that they had not been informed of the director's absence, and that they were not aware of any arrangements that had been put in place to provide the service with support during this period.

The service is required to have 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 2008 and associated Regulations about how the service is run. The service did not have a registered manager in post.

At the time of this inspection the acting manager, appointed shortly before our previous inspection, was in the process of applying to become registered. The manager's fit person interview was arranged for the Friday following the inspection. During the inspection the manager reported that they did not feel appropriately supported by the provider and were considering withdrawing from the registration process as a result of this issue. Following the inspection the manager withdrew from the registration process and gave notice of their intention to resign.

The provider had failed to take the actions necessary to fully comply with the environmental safety warning notice issued following our previous inspection. The damaged linoleum flooring had not been replaced and represented a possible trip hazard as discussed in the safe section of this report. In addition, discoloured carpeting highlighted as unsightly in previous inspection reports had also not been replaced. The acting manager recognised these issues needed to be addressed but was unclear what action was planned as the provider had taken on responsibility for resolving them. Staff told us, "They sent someone in to do measurements for the carpets" but the staff did not know when these works were due to be completed. Of

further concern was that, no repairs to the boundary fence had been made following the incident where a resident, subject to a DOLS authorisation, had left the service without support and fallen into an adjacent field as the boundary fence was broken. At the time of our inspection this fence remained damaged and staff were unaware of any plans to make the necessary repairs.

Staff recognised that the provider had failed to take action to address and resolve issues raised during previous inspections. Their comments included, "We need a lot of money invested in this place". A further example of issues with the facilities at the service was the faulty dishwasher. Staff told us the dishwasher was faulty and all dishes needed to be pre washed to ensure they were adequately cleaned. Staff told us they were unaware of any plans to have the dishwasher repaired or replaced.

As discussed in the safe section of this report, there were on-going issues with the quality of medicines record keeping. Controlled medicines had not been appropriately documented and creams had not been consistently dated on opening. In addition, the provider continued to insist on the use of non-standard MAR codes as discussed in the safe section of this report. This issue had been raised in previous reports but had not been addressed by the provider.

This meant the service was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As provider had failed to operate effective systems and take action necessary to ensure compliance with the regulations.

People told us, "The staff are all very nice, caring people" and it was clear during the inspection that the staff team were committed and focused on ensuring people's needs were met. During our inspection we saw that support was provided with compassion and staff told us, "We are doing our best and will continue to do our best for the residents". An example of the staff team's dedication was that one staff member due to be off-shift had chosen to sit with a person through the night to ensure their safety following an equipment failure.

People's relatives told us they felt able to provide feedback to staff on the service's performance. Relatives told us they had been invited to attend meetings at the service following our previous inspection where the provider's plans and intentions for the service had been shared and discussed.

Care records showed the service had worked collaboratively with health professionals and made timely and appropriate referrals for additional support when necessary. A visiting Health Professional told us, "They follow any advice we provide."

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>The provider had failed to ensure the premises were safe to use as damaged flooring had not been repaired. Also the provider had failed to do all that is reasonably practicable to mitigate risks as incidents had not been fully investigated.</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 provider had failed to operate effective systems and take necessary action to ensure compliance with the regulations. Medicines records were not accurate and complete.</p>