

Hometrust Care Limited

Carlisle Dementia Centre - Parkfield

Inspection report

Carlisle Dementia Centre (Parkfield)
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Date of inspection visit:

22 November 2021

25 November 2021

Date of publication:

17 January 2022

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

Carlisle Dementia Centre – Parkfield provides nursing and residential care for up to 44 people, some of whom were living with dementia or a mental health related condition. There were 29 people living at the service at the time of our inspection.

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

Following our last inspection some improvements had been made in relation to infection control practices at the service. However, some improvements were still required. Vaccination checks on professionals entering the building needed to be fully monitored. Some areas within the home needed to have improved cleaning programmes in place.

Improvements needed to be made with medicines management, including in connection with record keeping.

Records were not well maintained, including care plans and risk assessments. Oversight of the governance and safety procedures within the service was not always well managed, including failing to identify omissions in connection with infection control and medicines management.

There were enough staff at the service, although in previous weeks some gaps had occurred due to staff sickness.

People and relatives told us staff worked hard to ensure their care needs were met and were complimentary about the caring nature of staff. People said they felt safe and their relatives said their family members were safe too.

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 did not always support this practice as records were not always in place. We have made a recommendation about further dementia friendly signage within the building being required.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 15 April 2021) and there were three breaches of regulations. We took enforcement action around infection control by imposing urgent conditions on the provider's registration.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection whilst we found some improvements had been made there were additional concerns and further new breaches of regulations were found.

This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a focussed inspection to review whether the provider had met the urgent conditions we had previously imposed on their registration and the previous breaches identified. The inspection was also prompted in part due to concerns received about the care people received.

We looked at the safe, effective and well-led domains. 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 COVID-19 and other infection outbreaks effectively.

Although the conditions set against the providers registration had been met, we have found evidence that the provider needs to make further improvements. Please see the safe, effective and well-led sections of this full report.

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

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 the safe management of medicines, monitoring of vaccinations for visiting professionals and infection control, record keeping and management oversight of the service.

We issued a warning notice in connection with regulation 17, good governance. We have told the provider to address the concerns in the warning notice by a specified date.

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 ●

Carlisle Dementia Centre - Parkfield

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 team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Carlisle Dementia Centre – Parkfield 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. Registered managers 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.

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 they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and four relatives. We spoke with, or contacted via email, all members of the staff team, including the nominated individual, the operations manager, the compliance manager, two deputy managers, a nurse, a cook, the housekeeper and the administrator. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records in full and parts of other people's; and multiple medication records. We looked at four staff files in relation to recruitment and staff support. We also viewed 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 looked at training data and quality assurance information sent electronically.



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.

Preventing and controlling infection

At our last inspection the provider had failed to protect people from the risk of infection, particularly in regard to the use of PPE. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we issued conditions on their registration.

Improvements had been made at this inspection, therefore we removed the imposed urgent conditions from the providers registration. However, further issues were found in relation to infection control and the provider continued to be in breach of Regulation 12.

- Infection control procedures were not always safe. Spot checks regarding infection control had taken place but not regularly.
- Staff changing rooms were untidy and also used for staff breaks. Clean staff uniforms were near staff 'home clothing' and outdoor bags which could have led to potential cross infection.
- Relatives sometimes used communal rooms. This posed a risk of transmission of COVID-19 to other people using these areas.
- We observed domestic staff cleaning areas of the service, although some areas remained dirty and cluttered and in need of tidying and cleansing.
- Testing of staff and visitors to the service took place. Although it was not always clear from records that all tests for staff had taken place.
- Staff at the service had not routinely asked professionals for proof of vaccination status, including the CQC inspector and a visiting nurse. From 11 November 2021, all care home workers and other visiting professionals need to be fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. The provider's representative later sent us information to show vaccinations information had been requested for some contractors working within the service, but this had not been shared with staff at the service.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. These issues were a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had introduced PPE stations to ensure staff had easy access to gloves, aprons and masks when carrying out personal care. Staff were observed wearing masks. Visitors to the service wore appropriate PPE. A relative said, "Staff definitely wear face masks, protective clothing. I also get PPE myself."

Using medicines safely

At the last inspection the provider had failed to maintain appropriate records in respect of management of prescribed topical medicines. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Topical medicines which should be applied to people's skin, were not always managed safely. Some applications were found in other rooms and some records were not fully detailed and often recorded that medicines should be applied 'as directed' rather than clear instructions.

We found no evidence people had been harmed, however, the above shortfalls were a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were not always managed safely and effectively.
- There were gaps in medicines administration records, so it was not clear if those medicines had been administered. The codes used to describe why a medicine had not been given were sometimes incorrectly used.
- 'As required' medicines had protocols to describe when these should be given, although some needed to be updated. These were not carried with the nurse during medicines administration rounds and meant there was a risk medicines may not have been offered.

We found no evidence people had been harmed, however, the above shortfalls were a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks related to day to day care and support were considered and action was taken to manage these. However, not all risk assessments had been put in place, including in relation to finances and people's behaviours which may have challenged the staff team.
- Risk assessments relating to contractors working in the building were either not in place or had not been communicated to staff at the service by the provider.
- Safety monitoring had taken place. However, in some cases this was not robust as entry to the garden area was not secure and could be easily accessed from outside.
- There had been no dedicated maintenance person working at the service, although a new one had been recently appointed. Maintenance staff from another location supported the service. Some checks had not been fully completed or checked at all. This included portable appliance testing for electrical items and water temperatures.
- Where staff members had historical convictions identified on their DBS, a risk assessment had been completed, but not placed on their personnel file and senior management were unaware.

We found no evidence people had been harmed, however, the above shortfalls were a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

At the last inspection safeguarding systems were not robust enough to protect people from recurring incidents of potential harm. This was a breach of Regulation 13 (safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- People told us they felt safe. Relatives confirmed those views. One relative said, "My (person) feels safe and happy, everything seems fine, I am extremely satisfied."
- Staff had received training and could explain what abuse was and how they would report any concerns they had.
- Policies and procedures regarding safeguarding and whistle blowing were available.
- Any safeguarding concerns had been reported.

Staffing and recruitment

- There was enough staff working in the service. One relative said, "There is always enough staff though." Previous staffing rotas indicated there had been some shortages due to staff sickness. The provider did not use a dependency tool to confirm if enough staff were in place at any one time. The nominated individual later said they were going to review this and find a suitable dependency tool to address this.
- Staff were recruited safely. This included checks from the Disclosure and Barring Service (DBS) and obtaining references. We noted personal email addresses had been used in some cases for references rather than professional ones. The operations manager assured us this would be addressed.

Learning lessons when things go wrong

- The provider had an action plan to address concerns found at the last inspection. Although this had not been fully actioned.
- Falls and incidents were recorded, and action taken to prevent further concerns arising.

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 requires improvement. At this inspection this key question has remained the same. 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

At the last inspection the provider had failed to maintain complete care records. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made but further action was required. The provider remained in breach of Regulations 17.

- People's needs and choices were assessed and written in their care plans. However, when changes or issues relating to people's care had occurred or been reported; records had not always been updated or reviewed. Including for one person who had concerns over their financial situation.

This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

At the last inspection we made a recommendation the provider review best interest decisions to ensure they were in place. At this inspection we found some improvements had been made but further action was required.

- Best interest's decisions had been made when required. However, records were not always fully completed to show if relatives or professionals were involved in the process. The management team were aware of this and were still working to address this.

The above shortfalls were a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were aware of people subject to DoLS and records were maintained to ensure these approvals were up to date. Some applications were still being updated and were in the process of being reviewed.

Staff support: induction, training, skills and experience

- Staff felt supported. However, records indicated supervision was not completed at the frequency identified by the provider. Staff returning from sick leave had not always received back to work interviews to ensure they were up to date with changes within the service.
- Staff received an induction when starting at the service, but this was not always evident in the staffing records reviewed.

The above shortfalls were a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training in topics identified as mandatory by the provider. Due to the issues we had found during the inspection, the provider was in the process of reviewing what additional training staff required.

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

- Kitchen records were not in place to confirm people's individual dietary needs or allergies. Although care staff ensured the correct food and fluids were provided to individuals.
- Where necessary people's nutritional intake and weight was monitored, although records were not fully maintained.

The above shortfalls were a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported with their nutritional and hydration needs, including any special diets or support they may have required.
- Food appeared hot and appealing. We observed mealtimes throughout the inspection. One person said, "The food is fine, portions quite ample, if you want more, you just ask. If you want a snack, you just have to ask, no problems to get it."

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

At the last inspection we made a recommendation the provider sought guidance about dementia design to support orientation within the service. The provider had made some improvements.

- Memory boxes and signage had been placed in some parts of the service as an aid to support people living with dementia to aid orientation. Some memory boxes did not always contain any items to promote this. Further signage was needed in parts of the building.

- There was outside smoking areas for people and staff. These areas had no shelter to protect people from inclement weather. We brought this to the attention of the provider's representative's who said they would address this.
- People's rooms were individually decorated and personalised with items special to them.
- The service was in the process of a full redecoration programme. One relative said, "Atmosphere generally very good, lot of work being done but no disruption to the residents."

We have made a further recommendation the provider considers best practice guidance regarding the use of dementia care signage.

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

- The service worked with a range of other healthcare professionals to deliver timely and appropriate care.
- During the inspection we saw health care professionals visiting the service to treat and support people.

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 requires improvement. At this inspection this key question has remained the same. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had ineffective governance procedures in place. This had led to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvement had been made at this inspection, we found ongoing issues and additional areas of concern regarding Regulation 17.

- Quality checks and oversight by the provider were not robust. Audits had not always been completed regularly. The provider had either failed to identify the issues we had during the inspection or had not addressed them since our last inspection.
- Records were not always detailed, up to date or in place, including care plans, risk assessments, monitoring checks or kitchen records regarding nutrition.
- No staffing dependency tool was used to monitor if enough staff were present to meet people's needs.
- People were not always involved in decisions about their care. Meetings or surveys had not taken place to ensure feedback was gathered to improve the service.
- Relatives were contacted and involved in decisions about healthcare or other matters, although this was not fully recorded particularly if best interest decisions were required.

Detailed and effective quality monitoring processes were not always in place. Records relating to the effective management and oversight of the home were either not in place or had not been fully completed or monitored. These shortfalls were a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a manager registered with the CQC, however they had not worked at the service for a number of months. A new management team had been recently appointed, including a temporary manager who intended to make a formal application to become the registered manager.
- The provider had reported notifiable incidents to the CQC in line with their legal requirements.

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

- Staff, people and relatives told us they felt staff morale had improved. One staff member said, "The new staff and management are good, and it feels more like a family again."
- Staff meetings had taken place infrequently. The compliance manager told us these were to be planned at six weekly intervals.
- The providers website included information, which was out of date. We were told by the compliance manager the website was being updated.
- The management team understood their responsibilities under duty of candour.

Working in partnership with others

- The service worked with other organisations and professionals such as the local authority, GP's and occupational therapists to make sure people received appropriate care.

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
Treatment of disease, disorder or injury	<p>Medicines management procedures were not robust.</p> <p>Risk assessments relating to the health, safety and welfare of people and those relating to staff had not always been completed.</p> <p>The provider had failed to fully monitor the service for infection control.</p> <p>The provider had failed to fully monitor professionals visiting the service for their vaccination status.</p> <p>Regulation 12(1)(2)(a)(g)(h)(3)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The providers governance procedures were not robust and had failed to either identify issues we had found or had not addressed them since our last inspection. Regulation 17(1)(2)(a)(b)(c)(e)(f)

The enforcement action we took:

We have issued a warning notice.