

Regal Care (Worcester) Limited

South Hayes Care Home

Inspection report

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Worcestershire
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Tel: 01905357429

Date of inspection visit:
22 June 2023

Date of publication:
23 August 2023

Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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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 2 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

This was a targeted inspection to review actions taken on the fire plan from Hereford and Worcester Fire and Rescue Service and to look at areas of concern from our last visit.

Some people remained at risk of harm as the provider had failed to provide sufficient fire evacuation equipment and safely secure stairwells.

The provider had failed to follow conditions placed on their registration at the last inspection and had admitted people into the home in unsafe conditions.

The provider had completed the actions required by Hereford and Worcester Fire and Rescue Service.

Staff were being safely recruited into the service and medicines were stored safely.

Rating at last inspection and update

The last rating for this service was Inadequate [published 22 June 2023]. At our last inspection the provider was in breach of regulations regarding keeping people safe and the overall management. At this inspection concerns remained regarding the safe provision of care and provider oversight.

Why we inspected

We undertook a targeted inspection to follow up on specific fire safety concerns which we had about the service. A decision was made for us to inspect and examine those risks. We found continued breaches regarding keeping people safe and provider oversight.

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

The overall rating for the service has not changed following this targeted inspection and remains inadequate.

CQC have introduced targeted inspections to follow up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Enforcement

We have identified continued breaches in relation to keeping people safe and provider oversight. Therefore the provider still has additional conditions on their registration relating to the admission of new people.

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

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

Follow up

We will continue to monitor information we receive about the service until we 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?

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

South Hayes Care Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of notice of decision and review previous breaches in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection was carried out by 2 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 reviewed information we had received about the service since the last inspection. We spoke with Hereford and Worcester Fire and Rescue Service.

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

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

During the inspection

We spoke with 3 staff members including the nominated individual, deputy manager and maintenance staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at documents relating to checks completed by the provider and maintenance staff. We also looked at staff recruitment files and medicines storage.

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 this key question was rated inadequate. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check concerns we had about fire management, maintenance checks, staff recruitment, medicines storage and safe storage of COSHH items. We will assess the whole key question at the next comprehensive inspection of the service.

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety, and welfare of people. Recommendations from Hereford and Worcester Fire and Rescue Service had not been actioned or risks identified through maintenance checks mitigated to protect people from harm. These issues were a breach of regulation 12 (Safe Care and Treatment) 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 12.

Assessing risk, safety monitoring and management

- People were at risk of harm as the provider failed to ensure the physical environment was safe. The provider had moved 2 people into the home on the top floor, which did not have fire evacuation equipment. This meant those people may not be able to safely evacuate the building in the event of a fire.
- Stairwells on the top floor were not safely secured which posed a risk of falls from height.
- The provider failed to ensure large items of equipment were stored safely; this put people at risk of injury. For example, hot water tanks were stored in open rooms where people had access which meant people were at risk of injury.
- Wardrobes were not always fixed securely to walls. This placed people at risk of potential crush injuries should a wardrobe topple on them.
- The provider failed to ensure some communal areas were free from clutter. We found large boxes, mattresses and trailing wires which put people at risk of falls.
- People were at risk of harm as the provider failed to ensure all items potentially hazardous to health were safely stored. We saw an external door was open which led to the storage area of hazardous substances. This put people at the risk of harm from accidental or intentional ingestion.
- Window restrictors had been installed on all windows; however, they did not have the recommended tamper proof screws. We shared this with the deputy manager and maintenance person who said they would take action to replace them.
- Stair rails had not been installed at the correct height; however, the provider had scheduled an appointment for this to be rectified.
- The provider failed to identify radiator pipes were exposed in some places. This placed people at risk of scalds from hot pipes.

We found no evidence people had been harmed. However, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. These issues constitute a continued breach of Regulation 12: Safe Care and Treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We passed our immediate concerns to the deputy manager and nominated individual who started to address these immediately.

- Some improvements had been made to management of people's safety. For example, the provider had completed the actions in the fire report and the compartmentation work had been carried out.
- Fire doors had been replaced and work was being carried out to add further fire prevention measures. This included additional doors being added to areas which had sloped floors.
- Recruitment processes had been revaluated and the provider was safely recruiting people into the service.
- Hot water checks had been completed and were within the recommended temperature.

Using medicines safely; Preventing and controlling infection

- At our last inspection returns medicines were not stored in a locked room. People's medicines were now stored safely.
- The provider had taken action to improve infection control throughout the home. We saw people had new over chair tables. People's rooms and communal areas looked clean.
- The provider had employed additional domestic staff to work on weekends; staff told us this had made a difference to the cleanliness of the home.
- Staff room areas had been deep cleaned and were free from excess items.

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 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had made improvements with implementing systems and processes to ensure effective provider and management oversight. We will assess the whole key question at the next comprehensive inspection of the service.

At our last inspection the provider did not have effective systems in place to monitor good governance of the service. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider remains in continued breach of regulation 17.

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

- The provider's quality assurance systems and governance oversight had failed to identify areas of the environment which were unsafe for people to live in. The provider had been completing regular observations around the building identifying where improvements were needed. However, they failed to identify or correct issues with exposed hot water pipes, incorrect window restrictors fittings, access to hazardous substances, open stairwells, large freestanding objects and an absence of fire evacuation equipment.

Further improvements and provider oversight were required to ensure effective management of people's safety. These issues constitute a continued breach of Regulation 17 (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had reviewed staff personal files and improved processes to monitor staff joining the service.