

Magicare Limited

# Priscilla Wakefield House




## Inspection report

Rangemoor Road  
London  
N15 4NA  
Tel:  
Website:

Date of inspection visit: 25 January 2016  
Date of publication: 08/04/2016

### Ratings

#### Overall rating for this service

Is the service safe?	Good 
Is the service effective?	Requires improvement 
Is the service well-led?	Requires improvement 

### Overall summary

The Inspection took place on 25 January 2016. The inspection was an unannounced responsive focussed inspection triggered by concerns raised in notifications to the CQC. At the last inspection on the 19 February 2015 the service rating was Good.

Priscilla Wakefield House is a care home situated in Tottenham. It is registered to provide nursing care and accommodation for 112 people. The unit we inspected was Dorrit Unit. This is a unit for older people who require dementia nursing care.

There was no registered manager in place. We were told a new manager had been appointed but had not yet commenced their post. 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.

We inspected under the domains of Safe, Effective and Well-Led. Care staff and nurses on the day of inspection were able to meet people’s support needs and the provider had requested agency staff to work one to one with a person who required extra support. Staff demonstrated they knew how to report abuse appropriately and could name possible signs of abuse.

The service assessed risk appropriately and put in measures to minimise the risk.

# Summary of findings

We observed medicine were administered appropriately and nurses informed people what medicine they were taking and why. The service had put in measures to manage infection control to avoid cross contamination.

The service referred people to appropriate health care practitioners. Nurses made mental capacity assessments when necessary and there were applications made for Deprivation of Liberty Safeguards.

We observed care staff support people with their meals following speech and language therapist guidelines when appropriate. Both kitchen staff and care staff took care to ensure people had appropriate meals to meet their dietary requirements.

Staff had not received regular supervision sessions; there had been changes in the senior staff team that had delayed some staff supervisions.

There were gaps in some health care records this meant there was not always accurate monitoring of people's health and measures to minimise risk were not being utilised.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 9 Person-centred care and Regulation 17 Good Governance.

In addition we made a recommendation regarding the frequency and content of supervision for staff.

**You can see what action we told the provider to take at the back of the full version of the report.**

# 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 safe?

The service was safe. Staff knew what action to take should they suspect abuse, including reporting any concerns appropriately.

The service took action to ensure there were enough staff on duty to meet people's support needs.

Staff administered and stored people's medicines in a safe manner.

People were protected from the risk of acquiring an infection because staff followed infection control procedures.

Good



### Is the service effective?

The service was not always effective. Staff did not receive regular supervision sessions to support them in their work, and did not always keep health care monitoring recordings up to date.

Support guidelines to manage behaviours that challenged the service were not available to care staff.

People were referred to appropriate health care practitioners, and were supported to eat a nutritious diet and remain hydrated.

Requires improvement



### Is the service well-led?

The service was not always well-led. The service did not have a robust auditing system in place to identify where improvements were needed.

Staff found management supportive and staff could express their views.

Requires improvement



# Priscilla Wakefield House

## 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.

The inspection took place on the 25 January 2016. This was an unannounced focused inspection of Dorrit unit following notifications of significant incidents that we had received. We inspected the domains of Safe, Effective and Well Led.

The inspection team consisted of two inspectors. Before the inspection we looked at the notifications we had received and spoke to the commissioning authority and the safeguarding team.

During our inspection we spoke with three people using the service and two visiting relatives. We interviewed four staff including two care support staff, a nurse on duty and the clinical lead. In addition we spoke with cleaning staff, kitchen staff, the head house keeper and the deputy manager. We spoke with one visiting health and social care professional. We observed staff interaction throughout the day in particular at mealtimes when giving support to people. We observed eight people's medicines administration and looked at seven people's medicines administration records. We looked at six people's care records. We examined supervision records for ten staff and examined the recruitment process in three staff personnel files.

# Is the service safe?

## Our findings

People told us that they felt safe living at the home

Staff knew what action to take should they suspect abuse, including reporting any concerns initially to the duty manager. Staff said they would report abuse to the local authority and the CQC if management did not manage the concern appropriately. They were able to tell us the signs they would look for, such as people being withdrawn or unexplained bruising. We saw there was a safeguarding adult policy, staff had received safeguarding adult induction, and the service planned refresher training.

The staff undertook risk assessments for people for example there was a risk assessment for people who were not able to pull the call bell for staff to assist them when they were in their bedrooms. The service had assessed and minimised the risk by identifying hourly checks for some people. Another example seen in people's documents was the assessment of the risk of falls with monthly reviews to ascertain if there had been a change in people's circumstances. Nurses told us what measures were put in place to minimise the risks such as increased staff support.

A relative told us "yes we need more staff" but also described staff as responding quickly, "if needed call the carers [staff] and they come and help". Staff members we spoke with said there were problems with staffing sometimes due to staff sickness or absence but management "always try and get agency staff or ask staff from another floor to help out".

We asked the deputy manager, how the service determines staffing requirements. The deputy manager explained that they had between seven and eight care staff and the two nurses on duty in Dorrit unit. They employed agency staff to make up the numbers if permanent care staff were not available and employed agency staff should someone require extra support. We observed on the day of inspection an agency staff member commissioned specifically to provide one to one support for a person who required this support to remain safe from harm. This support had been in place for some days as the person was very unsettled. This was an example of the service responding positively to meet the support needs of a person by employing an extra staff member.

We saw the unit had adequate staff to meet people's needs on the day of inspection. We saw care staff working in the

unit as named on the rota. We observed care staff answered call bells quickly throughout the day and offer the required support. Dorrit unit was divided into two areas, there were two nursing staff on duty every day who each covered one area. There was a unit manager, who had a managerial oversight of the unit. The unit manager was not present on the day of inspection.

Staff personnel files showed that staff members were subject to the necessary checks before employment. Each file reviewed contained a checklist which included, Disclosure and Barring Service (DBS) criminal records checks, references, proof of identity and address. We found some gaps in one application which did not contain address details of their previous employment and there was no proof of address. We brought this to the attention of the deputy manager who said they would speak to head office about the lack documentation. To ensure only registered nurses were employed the service requested the nurses' registration pin number and checked authenticity before employing both permanent and agency nurses.

One person told us "yes, they do give me pain medicine when I need it". Another person told us staff did not always explain their medicines however we observed the nurse administering medicines to this person and saw that they took the time to explain what they had given them. We saw that the nurse reassured this person when they became anxious about a sore on their ear. We observed the administration of another seven people's medicines. The nurse administered the medicines to each person taking time to explain what the medicine was for and administered medicines in an appropriate manner. Medicine administration records (MAR) were completed accurately and medicines were stored appropriately.

We observed that the head housekeeper monitored to ensure the service was clean and that staff observed good practice in infection control. For example care staff used disposable equipment such as gloves and aprons to avoid cross contamination and sluice rooms contained reminders telling staff how to clean items safely. The head housekeeper explained the cleaning staff work on their allocated unit and undertake general cleaning each day. They also have a specific task each day such as cleaning lime scale from the shower heads or dusting the air vents. Every month each room received a deep clean. Cleaning staff showed us they used infection control techniques for example using specific coloured bags for different types of

## Is the service safe?

refuse. We saw there was a programme of training with regard to promoting good infection control and hygiene with further training scheduled to take place the following week. The home had systems in place for managing infection control.

# Is the service effective?

## Our findings

A relative we spoke with said “they [staff] manage my relative well” another relative said “they changed the doctor and you get a referral when you need it.” We saw evidence in people’s records for referrals to appropriate health professionals for example speech and language therapists for swallowing assessments and GP referrals for tests.

We talked with the nurses and asked how they made daily clinical decisions. The nurse explained that they used their nursing skills and experience to make an initial assessment if a care staff member raised a concern about a person. They described that they would often call their nursing colleague to discuss their findings, getting the GP or sending for an ambulance if appropriate. They had guidelines in place if people’s medical observations fell below a certain level and described the care staff as “good, they will always tell you if they are concerned by their observations of people”. Nurses explained that if they felt concerned the clinical lead or the deputy manager for the home were always available for advice. We saw there was a clear line of decision making by qualified nursing staff.

Staff confirmed that they had completed a two week induction of the service, this involved working alongside a senior care worker. This included training in moving and handling, personal care, health and safety, hoisting, safeguarding, Deprivation of Liberty Safeguards (DoLS), and food hygiene. We saw there was mandatory dementia care training for all staff working in the unit to attend. Some staff told us that they would benefit from training in safeguarding and DoLS, communication and team building, one staff member told us that this would, “be very beneficial, build trust and work better as a team.”

Although most staff told us that they had received some supervision, records reviewed showed that six of the ten staff files reviewed had not received supervision between March 2015 and July 2015 and none had an appraisal for 2015. However the service had completed some supervision sessions in recent months. The service was not following their supervision policy which states that supervision should take place ‘once every 3 months,’ and staff should have an ‘annual appraisal.’ Staff confirmed that they had received supervision, but this had not been regular due to the recent changes and senior staff being

absent. The deputy manager told us that this was due to the absence of a senior staff member, and they were slightly behind with staff supervision and appraisals on this unit.

We found some gaps in recordings in a number of health care areas. We found a gap in the fluid balance chart for one person who required monitoring of their fluid intake. Staff had assessed some people as having a high risk of pressure ulcers. One action to ensure pressure ulcers did not occur was to turn and reposition people in their bed every two to three hours. Some people did not have their turning charts completed. One person had several gaps in the turning chart which showed that they had not been repositioned for a number of hours. For example on 20 January 2016 there were only two entries and on 23 January 2016 there was a gap of four hours 15 minutes with no explanation recorded. We asked staff about this and they told us that although they record this person repositioning on a turning chart they are able to reposition themselves, however staff monitor to ensure they are comfortable. We looked at other people’s turning charts and found in one person’s chart a gap of five hours on the 13 January 2016 and a gap of four hours and thirty minutes on the 15th January 2016. The nurse confirmed the person was assessed to be repositioned every two to three hours. The deputy manager was unable to explain why the care staff had not recorded appropriately.

In addition we found staff did not always record people’s weight as assessed. The service used the Malnutrition Universal Screening Tool (MUST), a nutritional assessment tool to ascertain if people required extra support with their nutritional intake. One person’s record stated that they must have their weight recorded every two weeks following an assessment that showed significant weight loss on 30 October 2015. There was no recording in November 2015 and then only recordings monthly in December 2015 and January 2016. We brought this to the attention of the nurse who explained the person had received a fortified diet but could not tell us why the recording had not been made by the care staff as the assessment specified. The gaps in these health care records meant the unit did not have robust systems in place to monitor and maintain people’s health.

**This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

## Is the service effective?

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. 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 were being met.

We spoke with the clinical lead who told us as the lead person for safeguarding and DoLS they attended safeguarding meetings with the local authority. They also completed DoLS applications and told us of one person where the DoLS had expired, they had made a new application and they were awaiting the authorisation from the statutory body. One person was very unsettled and assessed as at risk of coming to harm or injuring others. The service had risk assessed appropriately and as a safety measure had put in place one to one staff support. This was an appropriate response to the risk. They had a DoLS in place. We observed the person displayed behaviour that challenged the service. For example the staff member struggled to support the person to sit down and eat their meal and had difficulty stopping them from going into other people's rooms. There were no behavioural support plan guidelines in place for the staff as to how to work with this person. This meant the support given was intuitive rather than planned. We observed when other staff went to support the worker it became chaotic as staff approached the person in different ways. We brought this to the attention of the nurse on duty and the deputy manager.

### **This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

A person told us "they [staff] are very polite and they ask before they do anything". The clinical lead told us that the nursing staff completed mental capacity assessments when necessary. A nurse was able to tell us how they would undertake a mental capacity assessment. The service undertook mental capacity assessments for example with regard to consent to the care planning and consent to take

medicines. Following a mental capacity assessment some people were administered covert medicines. We observed that when nurses gave the covert medicine they still explained to each person what they were administering and why, demonstrating they used the least restrictive option when they could. One person named on the new week's handover sheet as assessed for covert medicines was not correct. The nurse explained this was an error and corrected the mistake. We observed staff asking consent throughout the visit when approaching people and asking people's consent before acting to support them. Care staff asked people who remained in their rooms if they wished their bedroom door to be open or closed.

A person told us "yes I like the food here." Care staff told us they gave people menu choices from a set menu designed by the chef. During breakfast we observed care staff offering people choices from the menu. Care staff provided people with assistance with eating when required and we saw that staff took time to explain what they were doing. Care staff supported people on special diets to have the correct foods for example one person who was diabetic was given a sweetener in their tea. People requiring pureed foods had porridge to eat and they did not have a choice offered. We brought this to the attention of the deputy manager who said they would explore alternative options with the chef.

Staff offered people a variety of drinks to support them to remain hydrated. Fluid intake was recorded when a person was at risk of poor nutritional and fluid intake.

People's support plans detailed how staff should support them to eat. We observed one person being supported to eat their breakfast in bed. The staff member was polite and supported the person sensitively to sit upright as the person's speech and language therapist (SaLT) guidelines dictated. Displayed guidelines for reference in the bedroom prompted staff to act according to SaLT instructions. The staff member supported the person carefully to eat a pureed diet and giving a drink with a straw. The staff member was able to tell us why the person required the pureed diet, they confirmed they checked the food was a suitable consistency and described what the risks to the person were should they not be supported as in the guidelines instructed. We asked care staff how they knew who received a special diet and they told us that this is recorded on the menu daily. We spoke with the kitchen staff and found they received the menus with people's



## Is the service effective?

choice. They had records of who required a pureed meal and who needed other special diets due to conditions like diabetes or allergies. The kitchen staff told us accurately which people required pureed meals and how food was prepared to be a smooth consistency.

We noted that one person was in an awkward position to eat their breakfast in bed and we observed this made it difficult for them to eat. The tray was at the side of the bed making it difficult for them to reach the plate so they were eating facing to one side and downward. We told staff about this and they immediately went to the person's room to re-position the tray. We checked again at lunch time and

found once again they were eating in this awkward position. We brought this to the attention of the staff, as although the person remained unconcerned it was important for staff to support the person to eat in a position where food was within easy reach and the person was eating safely. Staff assured us that they would address this concern.

**We recommended that the service must ensure staff receive supervision on a regular basis and have their annual appraisals to support them to undertake their work effectively.**

# Is the service well-led?

## Our findings

The deputy manager told us the service carried out regular audits. This included weekly and monthly medicines audits, monthly infection control and environmental audits. We saw that there were a number of gaps in medicines audits and found no audits for July 2015, August 2015 and September 2015 in one part of the unit inspected. We also saw evidence of care records audits however; these audits had not been effective in ensuring that care recordings were up to date and changes clearly documented. The concerns such as people's weight not being recorded at the assessed times and turning charts not being completed had not been captured by the audits. Therefore the provider did not have robust auditing in place to monitor the quality of the service provided.

### **This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

People told us management were responsive when they raised a concern and addressed the issue. Staff told us that they felt able to approach their manager at any time with their concerns. One staff member told us how their manager had been flexible following a change in their circumstances and told us they felt listened to and had their "needs met."

Staff told us that they attended monthly staff meetings. One staff member told us that these meetings were helpful in explaining what staff were required to do in respect of

people's care and how they could improve. Another staff member told us the staff meetings were regular and found them useful saying staff could speak up and they were not just about negative things. The service was facilitating meetings in the evenings, so night staff could attend their own staff meetings this ensured dissemination of information to all care staff in the unit.

The deputy manager told us that there had been a lot of changes in the last seven months, explaining that several senior staff left their role; some left and did not work their notice leaving the service no time to find replacement people, also some staff were on long term sick leave. The staffing situation had an impact on continuity in the service. However they had employed several new staff and had recruited a manager to start in March 2016. The deputy manager said that the changes had affected staff morale, but described staffing as settled in the last few months. A care staff member we spoke with said they were trying to work together as a team now.

The service undertook a yearly quality assurance review. The last survey with a published report was for 2014 and we looked at this during our last inspection. The deputy manager explained the service sent out questionnaires for 2015 to people using the service, their family members, and health and social care professionals on 5 January 2016. They had not yet received the replies. However the deputy manager explained that once the replies came in they would compare them with the previous year and publish the findings.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**Regulation 17 (2)(a)(b)(c)**

The registered provider must maintain accurate and complete records of people's care and treatment provided and improve the quality of the service through quality assurance auditing.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**Regulation 9(3)(b)**

The registered provider must design care and treatment to achieving service users' preferences and ensure their needs are met by appropriate care and support planning.