Pondsmead (Shepton Mallet) Limited

Pondsmead Care Home

Inspection report

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Date of inspection visit:
10 March 2016
11 March 2016

Date of publication:
23 June 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 10 and 15 March 2016. The last inspection of this service was in May 2015. Since the last inspection the service has been purchased by a new provider Pondsmead (Shepton Mallett) Limited and is now being managed by Avon Care Homes Limited on behalf of the owners.The care home is registered to provide accommodation, nursing and personal care for up to 76 people. The home is a large property with accommodation over three floors situated in the village of Oakhill on the outskirts of Shepton Mallett. At the time of our inspection there were 36 people living in the home.

At the time of our inspection there was no 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 regional manager of Avon Care Homes was acting as manager of the home and was present throughout our inspection.

Improvements were needed in the management and administration of topical (eye ointments and skin creams) medicines. There were no arrangements to monitor they were being used correctly and as prescribed. Safe systems were in place for the administering and management of other prescribed medicines including those which required additional security.

We looked at arrangements for the use of equipment such as bed rails and pressure mats. These are used for the monitoring of people's movements and can be viewed as restrictive. There was no evidence that the decision for use of this equipment had been made with the consent of the person or where a person lacked capacity a best interest decision had been made.

There was a failure to ensure records were consistent in identifying people's care needs and completing assessments and care planning. There was differing information about people's ability to make decisions. In one instance an assessment had been completed which indicated a high risk of skin breakdown but no care plan had been put in place to address this risk.

Staff demonstrated a knowledge and understanding of adult abuse and their responsibility to protect people from harm. They told us how they would report any concerns about possible abuse and were aware of their right to report any concerns to an outside organisations such as social services or the police.People told us they felt safe living in the home because they trusted staff. One person told us "I feel safe here because staff are here to care for us and they do."

People told us how staff responded promptly when they used the call bell to request help. One person told us "The staff are there when you need them." However people and relatives told us staff were not always available to "Just sit and have a chat." This was something people told us they would have liked to happen more frequently.

Staff demonstrated an understanding of the importance of involving people in making decisions about their daily lives and those which affected their health and welfare. This was confirmed by people who told us "Staff always ask me what I want to do and where I want to be. It is my choice." Another person said "What I do is up to me and staff always make sure it is my choice what I do."

At our previous inspection there was a lack of training for staff. Staff told us training had improved and this was confirmed by training records. There was an ongoing training programme in place as well as a "learning topic of the month."

People had access to healthcare services such as podiatrist and nutritionist. This also included more specialist support such as speech and language therapist. One person told us "If I want to see the doctor I just tell staff and they arrange it no questions."

People told us they enjoyed the meals though some said they would have liked to have seen more "Traditional" meals. The menu did show some meals which could be seen as "Traditional" had been provided. The chef told us they had made changes to the menu in response to suggestions from people.

People told us they found staff "Caring and kind". They told us how they were treated with respect and their dignity and privacy respected. Staff responded to people in a caring and sensitive manner. Staff were able to respond to people who were upset in a calming manner preventing further upset or distress.

Relatives and other visitors told us they could visit at any time and found the home friendly and welcoming. One person told us "Whenever my friend visits the staff are always welcoming. It is never a problem having family and friends coming to see me." Staff had an understanding of people differing needs and diversity. Staff understood how they needed to approach people in differing ways because of physical disability. They told us about one person whose hearing was impaired and they had used writing boards to help the person tell staff what they needed.

Staff demonstrated knowledge of specific needs of people and their routines. They understood the importance of recognising people as individuals and providing care which reflected the individual.
A range of activities were provided on a daily basis. However they were focused on activities in a group setting. There was limited number of people who felt able to take part in these group activities. There was some opportunity for people to have one to one time as part of the activities arranged.

People spoke of not being informed about the management arrangements in the home and the changes that had taken place over the past year. Staff also felt they had not always been kept informed about what was happening regarding the management of the home.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff demonstrated an understanding of their responsibility in relation to identifying and reporting any concerns about possible abuse.

Improvements were needed in the arrangements for the management and administration of topical medicines.

Staffing arrangements ensured people's needs could be responded to in a timely manner.

Is the service effective?

Requires Improvement

The service was not always effective.

People's rights were not always protected when equipment which could be viewed as restrictive was being used.

Staff received comprehensive training specific to the needs of their role and responsibilities so they could meet people's needs.

The provider had responded effectively to concerns about people health and welfare.

Is the service caring?

Requires Improvement

The service was not consistently caring. People's right to confidentiality was not always upheld.

People were treated with respect and support was provided in a caring and sensitive manner.

People's diverse needs were recognised and met in a caring way.

People were able to maintain important relationships through the home having a welcoming and friendly environment.

Is the service responsive?

Requires Improvement

The service was not responsive. There was a lack of consistent and concise instructions and care planning to ensure a responsive service.

People felt confident about making a complaint however complainants were not formally told the outcome of their complaint.

People had an opportunity to discuss their care needs and make sure they received the care and support which was personal to them.

There were a range of activities available to people however they did not always meet people's needs.

Is the service well-led?

Requires Improvement

The service was not consistently well led. There had been a failure to maintain a continuity of management.

People, relatives and staff had not always been informed about the changes which were taking place in the service.

Quality assurance audits were in place and areas for improvement had been identified and been actioned.

Pondsmead 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 10 and 15 March 2016 and was unannounced. It was carried out by two adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the home before the inspection visit.

During the inspection we spoke with 10 people using the service and three relatives about their views on the quality of the care and support being provided. We spoke with one visiting healthcare professional. We also spoke with the activity co-ordinators and 10 members of staff. We spent time observing the way staff interacted with people and looked at the records related to the care provided for eight people. We looked at records about the management of the service including five staff files and records related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

The service was not always safe. The administration and management of some medicines required improvement. When skin creams were applied a record of this was not kept by staff and containers for creams did not have dates of when they were opened recorded on them. One person was having eye drops administered by staff. There was no date when the medicine had been opened or entries on medicines administration records as to when they had been administered. This meant the use of creams and eye drops could not be monitored to ensure they were being given as prescribed and within recommended date of usage.

Nursing staff administered medicines for people receiving nursing care and only senior care workers administered medicines to those people who were receiving residential care. The senior on duty at the time of our inspection had completed specific medicines training and records confirmed they had undertaken this training.

Records for administering medicines had been completed as required with no gaps in these records. For medicines requiring additional security checks were undertaken on stock levels and storage met requirements for secure storage. We checked stock of some medicines and found the stock was as recorded in stock records.

Medicines were stored in a locked room with internal locked cupboards. There were fridges available for medicines which required refrigeration and temperatures of these areas and fridges were checked and recorded. They were within the temperature ranged required to store medicines. This meant these arrangements ensured medicines were stored safely and remained effective when given to people.

Where people had been prescribed "as required" medicines there were protocols in place. These provided guidance and information to staff about the administering of these medicines.

Risk assessments had been put in place in response to people's care needs and risks related to falls, nutrition, moving and transferring people. However there were no risk assessments for the use of some equipment such as bed rails and pressure mats. This meant that there was no system in place to monitor the safe use of such equipment.

Assessments had been reviewed and updated where necessary for example where a person had had a number of falls or there were concerns about a person's nutrition. Care staff were able to tell us about people who were at specific risk such as falling or needed prompting with meals because of concerns about their diet. There were personal evacuation plans (PEP) in place. These identified people's specific needs in the event of an emergency and evacuation of the home.

Staff demonstrated an understanding of their role and responsibilities in protecting people from abuse. They were able to tell us differing types of abuse from financial to physical and emotional. Staff were clear about reporting any concerns about possible abuse to their manager and their right to go outside the

organisation if they wished. One staff member said "If I ever saw anything I would go straight to the manager and report it. If they did nothing I would go to social services."

One person told us they felt safe in the home. They told us "I trust the staff here to look after me and they do." Another person said "I feel safe here because the staff are here to care for us and they do." A relative told us "They (her relative) are safer living here than when they were at home." They explained this was because staff were around and their relatives' risk of falling had reduced.

We were also made aware of a safeguarding referral having been made to the local authority. The regional manager responded to the allegation and had suspended a member of staff and was investigating the alleged incident. This showed the manager had acted to protect people and ensured any concerns or allegations about possible abuse were acted upon.

We spoke with one person who told us about an incident with a member of staff. The allegation had been reported to the regional manager. The person told us they wanted an apology from the staff member. We discussed this allegation with the regional manager. They told us they had taken action but would ensure the apology was given. We were told after the inspection the staff member had apologised and this had been accepted by the person.

People told us they felt there were enough staff available but would have liked staff to be able to spend more time with them. One person told us "The staff are there when I want them; they come in a reasonable time when I ring the bell." However they also told us they felt staff were not there "When you just wanted to have a chat". A relative told us "There are always staff around when I visit. I don't have to worry about (relative's name)." Another relative said "There are staff around but they are very busy and don't have time to just sit with people." This was also said to us by a staff member. During our inspection we observed staff responded promptly to call bells. There were staff available at all times particularly at mealtimes to help people who needed assistance with their meals. Staff rota showed consistent numbers of care staff on duty.

A recruitment procedure was in place to ensure people were supported by staff with the character required to meet the needs of people. We looked at five staff files which confirmed checks had been carried out before staff started working with people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicants past performance and behaviour. A DBS check allows employers to check whether the applicant had any convictions that may prevent them working with vulnerable people. Staff told us these checks were completed before they started work.

Requires Improvement

Is the service effective?

Our findings

We looked at the arrangements for protecting people's rights specifically in relation to the Mental Capacity Act 2005. 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 decisions made on their behalf must be in their best interests and be as least restrictive as possible.

There were not arrangements in place, which met the MCA legal framework, for the use of equipment such as pressure mats (mats which raise alarm when people step on them) and bed rails. The use of such equipment could be viewed as restrictive. For four people whose records we looked at and who had this equipment there was no consent for its use or best interest decisions. One person potentially lacked capacity to make a decision about its use however there was no capacity assessment. We spoke with this person and whilst they were aware of the mat they could not tell us about why the mat was in place or what it was for. For the other three people there was no evidence they lacked capacity i.e. there was no capacity assessment or had consented to the use of this equipment. This meant where restrictive equipment was used people's rights were not always protected.

This was a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us a number of applications had been made under the MCA for DoLS. These applications related to people who were living in the home and needed protection and safeguards because of potential risks to their health and welfare if they left the home independently.

Staff had received training about the MCA and had an understanding of its use in relation to making best interests decisions and DoLS. Staff we spoke with demonstrated an understanding of the importance of involving people in making decisions about their daily lives and those which affected their health and welfare. One staff member told us "I always ask people what they want to do it's their home and their choice." This was confirmed by one person we spoke with who told us "Staff are very good they always ask me what I want to do. They understand it is up to me."

One person had been supported by an independent advocate to help in ensuring they had capacity to make a specific decision. This meant the person's welfare and wellbeing had been protected.

Staff had received specific training to ensure they had the necessary skills and knowledge to undertake their role. Training arrangements had improved since our previous inspection. Staff told how they were now all regularly attending training. Staff told us training had "Really improved" and "Training is a lot better." Since

our previous inspection an ongoing training programme had now been put in place including training about safeguarding people from abuse, infection control, health and safety, dementia awareness and challenging behaviour. Records confirmed staff had undertaken this training as well as clinical training for nurses. There was a "learning topic of the month". In February 2016 it had been nutrition and dysphagia and March 2016 managing fluids. Some staff were undertaking the Qualification and Credit framework (QCF) vocational training.

Staff told us they received regular one to one formal supervision. These provided opportunities for staff to discuss any concerns about their role and responsibilities and for the provider to discuss work performance. Records confirmed staff were receiving supervision every two months. We asked the regional manager about clinical supervision of nurses. They told us they provided this despite them not being a registered nurse. We questioned these arrangements and were told after the inspection a registered nurse from another service was now available to provide clinical supervision and support.

Newly employed staff told us they had completed a three day induction and shadowed the senior care staff as part of their induction. They told us they felt confident about having the knowledge they needed to provide the care people required. One member of staff said "The induction gave us a good knowledge of policies and procedures and the shadowing helped get to know people and the help they needed."

There were arrangements for people to see their G.P. when needed or requested by the person or where more specialist health care support was needed to be referred to a specialist. Some people had been referred to a nutritionist so staff would have access to support and guidance for people where there had been concerns about their nutritional needs. One person told us "I can see my doctor when I want." Another person told us they were seen by a podiatrist every six weeks.

Nutritional care plans had been completed with actions where there were concerns about people's nutrition such as regular weighing and referrals to a nutritionist. For some people there were daily records recording what people had eaten and drunk. These had been put in place where the service had identified a potential risk to a person's health because of poor fluid or food intake.

People told us they could choose their daily meal and there were always a number of choices available. However one person told us they would have liked to see more traditional meals. Another said "There is not enough variety." We spoke with the chef who was able to show us the four weekly menus. There were some meals which could be described as "Traditional" such as faggots and liver and bacon. They told us they had spoken with people about the quality of meals and had responded to suggestions for menu changes. We told them about the comments people had made to us and they said they would look at the menu again in light of these comments.

Requires Improvement

Is the service caring?

Our findings

The service was not always caring. We saw a notice on a person's door which stated the person required a soft diet. We observed care staff talking in a public area (with people present at the time) with a relative about a different person who had a specific health problem. This meant people's right to confidentiality had not been protected.

People told us they found staff "Caring and kind." One person told us "I like it here because the staff really care about you." A relative told us "Staff are very caring."

Staff assisted people with care tasks in a caring, quiet and professional manner. On one occasion a staff member was observed interacting with a person who required guidance and support with a care task. The member of staff did so in a supportive and caring fashion. The person responded positively to the approach of the staff member. On another occasion a member of staff responded to a person's continual questioning and did so in a calm and non threatening manner which alleviated and relieved the person's upset and potential distress.

People told us staff respected their choices about where they spent their time. One staff member told us "It is their home and we should respect their decisions and choices." One person spoke about how they spent a lot of time in their room: "I like my privacy and staff understand that is my choice."

People told us how staff always knocked on their door before entering. One person said "They knock on my door and wait for me to say come in." Another person told us how staff were very thoughtful particularly when supporting them with personal care. They told us "I don't feel embarrassed and they also ask me if it is alright to help me do certain things. They definitely respect my dignity."

Relatives and other visitors told us they could visit at any time and found the home friendly and welcoming. One person told us "Whenever my friend visits the staff are always welcoming. It is never a problem having family and friends coming to see me." Another person said "I see my family whenever they are able to visit it is important to me. I still get to know what is happening in the family."

People told us they felt able to talk with staff about their care needs. One person told us "If I need more help I only have to ask." Another person said "Staff know what help I need because I have told them. They always ask me if I need anymore help."

Staff had an understanding of people differing needs and diversity. They told us about people who had specific needs about their religion and how the provider tried to meet those needs through contact with the local church. One person told us how they attended a religious service in the home. Staff understood how they needed to approach people in differing ways because of physical disability. They told us about one person whose hearing was impaired and they had used writing boards to help the person tell staff what they needed.

Requires Improvement

Is the service responsive?

Our findings

The service was not always responsive. There was a lack of care planning and assessment to identify the care needs of people. At the time of our inspection a new computerised care planning system was being introduced. We looked at care plans which had been transferred from a paper version to the computerised system. We found they failed to provide concise information and were often contradictory. For example one person had a physical disability but the care plan failed to identify their disability and spoke of them requiring services which they did not require.

Another person had contradictory information about their mental capacity and having an advocate to help in making some decisions. Other instances of this failure to accurately record care planning and care needs in the new system included: lack of completed bed rails assessments, lack of consent for use of equipment and incomplete risk assessments. This meant there was a risk people would not receive the care they needed because staff did not have clear and consistent guidance to follow.

One person's care records showed contradictory information about whether this person had an identified pressure sore or whether their skin condition related to a specific health skin condition. A skin integrity assessment had been completed but there was no tissue viability care plan in place. A daily note indicated a grade one pressure sore was present however the care plan did not show what treatment was being provided. Following discussion with the duty nurse we established their skin condition was being treated as a pressure sore and the necessary care was now being provided. This showed a lack of clear and concise information and instructions to tell staff what support was needed..

Another person had an assessment which indicated "High risk of skin breakdown". A tissue viability assessment had been completed but no specific care plan identifying the care needed to be provided to alleviate the risk. Staff told us the person did not currently have any skin breakdown and that they were on a pressure relieving mattress and they monitored their skin condition daily. This was confirmed to us by the person when we spoke to them about the care they were receiving. They confirmed staff prompted or assisted them to regularly reposition. Records showed they had received care to relieve pressure on their skin to reduce the risk of pressure sores.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us they knew they could make a complaint if they were unhappy about anything or concerns they had such as the quality of care. One person told us "I know I can make a complaint but I am happy to speak with the manager. I know she will do something." We looked at three complaints that had been made. These complaints had been addressed and actions had been taken. In one instance a person's care plan was updated to reflect a specific care need. In another staff had been sent an e mail reminding them of expectations regarding how they responded to requests for assistance from people and the taking of their breaks. However we noted there was no formal letter to the complainant telling them the outcome of the investigation and any actions which had been taken. This meant complainants may not always know the outcome of their complaint and advised of their rights if unhappy with the response to their complaint.

Care plans and pre-admission assessments reflected people's interests and preferences. These included whether people were accepting of male and female staff supporting them with personal care. They provided information about people lives and important relationships in their lives. Staff were able to tell us about these aspects of people's lives. Staff were also able to tell us about people's routines and how they preferred to have their care such as one person wanting a particular way to have a bath and another wanting to be dressed a certain way. One staff member when asked about how they provided person centred care told us "It is living how people want to live" This demonstrated how staff recognised the need to support people in a way which was personalised to the person.

People told us they had been asked about their care needs when they came in to the home. One person told us "One of the staff sat with me talking about the help I needed". Another person said they had been visited at home by a member of staff and they discussed the help and support they needed. There were pre-admission assessments which set out people's health and care needs. Relatives had been asked about the care needs of the individual and this was recorded as part of the assessment.

People and relatives told us they had met with staff to talk about their care arrangements. One person told us "I was able to tell them how it was going and ask about more help with some things. Afterwards I got the help from staff that I thought I needed." Another person told us "I can always talk with staff about the help I need. If I need more help for any reason they will give it, it is not a problem." There were records of regular reviews of people's care needs however it was not always recorded if people had been involved in these reviews.

People told us there were activities arranged every afternoon. These included crafts, pottery and cookery. One person told us they did not take part in group activities but were visited by the activities organiser once a week. We spoke with the activities organiser and they told us they tried to provide one to one time with people. The focus was trying to get people to take part in group activities however they told us they had limited number of people (five to ten) who attended the group activities. Staff told us they had limited time to spend with people and did not usually take part or help with the activities. We were told there were regular questionnaires given to people about the activities provided in the home. However we were not shown any of these questionnaires when we asked for copies of questionnaires and audits undertaken. We discussed with the activities organiser reviewing the activities arrangements in light of the low number of people who attended group activities. They agreed it was an area that could be looked at to try and improve the activity arrangements in the home.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well led. There had been a number of changes since the registered manager had left in December 2014 with two managers being employed but subsequently leaving. At the time of this inspection the service was being managed by the regional manager of the provider acting on behalf of the owner of the home. We were told after the inspection a manager and deputy manager had been recruited and were to be employed subject to pre-employment checks.

People and relatives told us they felt they had not been informed about the current arrangements for the management of the service since the departure of the registered manager. One person told us "I know the manager has gone but don't know what is happening now." A relative told us "We don't know what is happening." A staff member told us "It is very unsettling we don't know anything or told anything." Staff told us this had impacted on staff morale and felt they could be better informed about what was happening.

There were systems in place to monitor the quality of the service. There had been audits looking at accidents and incidents in the home. These had been undertaken monthly to identify people at risk. They showed actions had been taken to alleviate and recognise when people were at particular risk such as having falls. Risks identified included people who were at risk of infections. An equipment audit had identified a lack of individual slings for personal use. These were in process of being ordered.

Audits had also been completed in relation to medicines, nutrition and premises. Actions had been put in as a result of these audits. For example, the nutritional audit had identified improvement were needed in ensuring menus reflected the likes and dislikes of people in the home. A staff member told us some changes had been made following this audit. One person told us they had seen changes in the menu following a residents meeting where this had also been discussed. A pharmacist visit had led to some areas for improvement being identified. These included records being kept about the use of homely remedies and improved stock checks. We saw these had been actioned which meant the provider had learnt from comments and concerns raised.

Following our inspection we were provided with a quality audit which had been undertaken in April by an independent company. They had looked at a number of areas related to the quality of care. Area of good practice had been identified as well as areas for improvement which had included staff development. There had been positive comments about arrangements for infection control and medicines. The regional manager told us actions were being put in place to address areas for improvement.

A "feedback" form had been issued to people living in the home and relatives. There had been positive comments about the quality of care for example people saying they felt staff treated people as individuals, people treated with dignity and respect and care staff helping people be independent.

People told us they had attended "Residents" meeting at which relatives were also invited. They told us they found these useful and an opportunity to talk about and make suggestions about the quality of the care they received. Minutes of these meetings recorded discussion about the staffing in the home and how

people could make a complaint.

We had been notified of all significant events which have occurred in line with legal responsibilities.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent There was a failure to ensure people gave consent and were provided with care and treatment in accordance with the Mental Capacity Act 2005. Regulation 11 11(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a failure to ensure risk assessments and care planning was completed to safely meet people's health and welfare needs. Regulation 12 (2) (a)