

Sanctuary Care (UK) Limited

Guys Court Residential and Nursing Home

Inspection report

409 Poulton Road
Fleetwood
Lancashire
FY7 7JY

Tel: 01253776073
Website: www.sanctuary-care.co.uk

Date of inspection visit:
20 August 2018

Date of publication:
11 October 2018

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out a comprehensive inspection in April 2017. We also carried out a focussed inspection on the 5 September 2017 following concerns relating to appropriate care of people who required nursing care input. Following that inspection, we received concerns and information received from the local safeguarding teams in July and August 2018 and the clinical commissioning group (CCG). In addition, we received concerns from the public and Lancashire County Council contracts monitoring team. We inspected the service against the key questions. 'Is the service well led' and 'Is the service safe.'

This report only covers our findings in relation to the leadership of Guys Court and the safety of those who lived there. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Guys Court on our website at www.cqc.org.uk.

The inspection visit at Guys Court was undertaken on 20 August 2018 and was unannounced.

Guys Court 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, both of which we looked at during this inspection.

Guys Court Residential and Nursing Home provides nursing and personal care for 37 older people and people with dementia. It is a three-storey purpose built home, with a passenger lift to all floors. There is a separate dementia unit. Guy's Court is located in a residential area of Fleetwood, close to transport and local amenities. At the time of the inspection visit there were 25 people living at the home.

A registered manager was not in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. They were in the process of registering a new manager with CQC.

At the last inspection we rated the service as good.

During this inspection, we found the provider did not ensure they met legal requirements and improvements were required. Furthermore, we made recommendations to ensure the safety of people was maintained.

We found the provider did not have sufficient information within their risk assessments to be able to keep people safe. In addition, risk was not managed well for people who required nursing care wound care management. This put people at risk of unsafe care and treatment.

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

At this inspection we found the provider did not have safe medication procedures in place to ensure people received their medication safely. This was because documentation was not accurate and up to date which put people at risk. This was contrary to current guidance 'National Institute for Clinical Excellence' (NICE) guidelines.

We have made a recommendation about safe medicine procedures.

Furthermore, we found audits had not identified issues that had we had highlighted during this inspection visit. For example, care plan audits did not always identify any mistakes and ensure people who lived at the home were kept safe and received the correct up to date support required.

We have made a recommendation about efficient monitoring and quality assurance systems.

We found the service did not have clear lines of responsibility and accountability. Changes in management had affected the running of the home and staff were not supported consistently.

We have made a recommendation about structured management systems to support staff in their roles.

Staff spoken with had received safeguarding training and understood their responsibility to report unsafe care or abusive practices.

We looked at staffing levels and skill mixes to check these were sufficient to meet people's needs with a timely approach. On the day of the inspection visit there were sufficient staff deployed to care for people who lived at the home. However, comments we received from staff were mixed in terms of staffing levels generally. The management team had responded recently to staff shortages and assured us they were now sufficient to meet the needs of people who lived at the home. They told us they were currently recruiting personnel.

Recruitment procedures were in place and had checks in place to ensure suitable staff were employed.

We looked around the building and found it was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required. Recent improvements in infection control and the addition of domestic staff had improved at Guys Court. One member of staff said, "There has been improvement in staffing levels for domestic staff. We have more now so we are able to maintain the building better."

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.

Information in people's care plans required improvement to ensure the correct information was in place.

The service needs to review medicines procedures.

Recruitment procedures were in place and correct information was obtained prior to staff starting their employment.

Staffing levels were sufficient to meet the needs of people who lived at the home.

The building was clean and infection control processes were in place.

Assessments were undertaken of risks to people who lived at the home. Written plans were not always in place to manage these risks.

There were processes for recording accidents and incidents.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. However, systems did not always identify concerns we found during the inspection visit.

The service did not have clear lines of responsibility and accountability to ensure staff understood their role and were committed to providing a good standard of support for people in their care.

The provider had arrangements to obtain feedback from people and their relatives about the quality of their care provided by Guys Court.

Requires Improvement ●

Guys Court Residential and Nursing 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 visit took place on 20 August 2018 and was unannounced. The inspection team consisted of two adult social care inspectors and an inspection manager.

Before our unannounced inspection, we checked the information we held about Guys Court. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority, local safeguarding teams and the Clinical Commissioning Group (CCG). This helped us to gain a balanced overview of what people experienced living at Guys Court.

We spoke with a range of individuals about this home. They included five people who lived at Guys Court, one relative, seven care staff and two nurses. In addition, we spoke with the regional manager. We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment.

We spent time looking at documentation relating to the care of people who lived at Guys Court. We examined care records of four people who lived at the home. This process is called pathway tracking and enables us to judge how well the home understands and plans to meet people's care and nursing needs. We also checked medication records of six people. We reviewed recruitment records related to three staff members who had been employed since our last inspection. We also looked at documentation relevant to the management and safety of Guys Court.

Is the service safe?

Our findings

This inspection was undertaken because we received information of concern about the care of people who lived at Guys Court. As a result, we undertook a focused inspection to assess people's safety at the home.

We looked at risk assessments in place for people who lived at Guys Court, we found the provider did not have sufficient information within them to be able to keep people safe. In addition, risk was not managed well for people who required nursing care wound care management. This put people at risk of unsafe care and treatment. There were gaps in records and the management team had not updated these to meet changing risk. For example, one person required specialist wound care management and this was not always recorded accurately. We found not all nursing staff were trained to perform tasks required daily to prevent infection to the identified areas. This put the person at risk of infection to open wounds. The regional manager told us they were looking to source training to ensure nurses and staff were competent to perform nursing and care tasks in order to keep people safe. In addition to ensure they received the correct treatment and support.

This is a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. We found the provider did not have sufficient information within their risk assessments to be able to keep people safe. In addition, risk was not managed well for people who required nursing care wound care management. This put people at risk of unsafe care and treatment.

During this inspection, we found the provider had shortfalls in their medication procedures and recording systems. For example, not all medication (creams) were correctly labelled to the person receiving it. This meant people were at risk of not receiving the correct treatment. In addition, temperature of medication stored in refrigeration was not accurately recorded therefore people were at risk. One person who required Insulin for diabetes did not have a risk assessment to include diet and what intervention was required should the person suffer a reaction to their diabetes. However, protocols were in place to guide staff, for instance, about homely remedies, when required medicines and application of medicated creams. Further development of accurate recording and consistent auditing of medication documentation was still required.

Concerns had been found by the local commissioning contracts team and the service was working to address these issues. For example, missed temperature recording was identified in a recent medication audit conducted by the management team. This showed improvements were ongoing and they were addressing issues identified.

We have made a recommendation about safe medicine procedures to ensure people are kept safe.

We assessed staffing levels and skill mixes to check these were sufficient to meet people's needs with a timely approach. One of the management team informed us they had increased staffing levels recently and were currently recruiting more care and nursing staff to support people. Rotas we looked at confirmed there was a nurse and senior staff member on each shift to oversee safe care delivery. Additionally, there were adequate care staff and ancillary personnel, such as a cook and domestic staff. We received mixed

responses from staff members we spoke with. For example, comments included, "Recently yes, we have increased staffing levels, it has been a nightmare." Also, "No we have not had enough staff and this has put people at risk." Another staff member said, "It has definitely got better and we have more domestic and care staff on duty now."

People who lived at Guys Court told us they felt safe and comfortable in the care of staff. For example, one person said, "Yes I do feel safe they are always around when you need them." Also, another person who lived at the home said, "The staff do a good job and I feel okay in their care."

When we discussed the principles of safeguarding people against potential harm or abuse with staff, they were able to explain the processes and procedures to go through should they witness any abuse. They understood how and who to notify if they had any concerns about the care of people they supported. Also, staff told us regular training was available and updated when required.

We looked at how accidents and incidents were managed by the service. There had been accidents. Where they occurred any accident or 'near miss' was reviewed to see if lessons could be learnt and to reduce the risk of similar incidents. However, we found documentation of accidents were not always accurately recorded. For example, dates were missing of events that occurred and action taken was not always recorded in detail. The regional manager assured us this was being addressed and more thorough systems had been introduced to ensure incidents were managed and reviewed consistently.

We found staff had been recruited safely and had checks in place to ensure suitable staff were employed. Staff we spoke with confirmed they did not start work until all employment checks had been completed. We found staff commenced their induction programme and completed training appropriate to their position.

We had received concerns in relation to the cleanliness and condition of the building from Lancashire commissioning team. We had a walk around the premises and found they had introduced a refurbishment programme to address the issues. The home was clean and free from offensive odours. A staff member said, "There has been improvement in staffing levels for domestic staff. We have more now so we are able to maintain the building better." However further refurbishment was required in all areas of the home to ensure people lived in pleasant surroundings and reduce the risk of any health and safety issues occurring. For example, chairs in communal lounges needed replacing as they were worn and a potential infection control hazard. Also, communal areas and hallways required repainting so that people lived in pleasant surroundings. The regional manager informed us they had put together an action plan to upgrade the building and refurbish parts of the home to ensure it was a pleasant place for people to live. The work was commencing in September and they would keep CQC informed of their improvements to the environment.

Concerns had been raised about infection control procedures and processes. The management team told us they were working through the concerns identified by Lancashire County Council 'infection prevention nurses team'. We found infection control stations were available at various points in the home, which contained hand-wash, gloves and aprons. We confirmed these were in use and staff were seen using appropriate infection control equipment. This assisted staff to maintain a clean and safe environment. One staff member told us, "The PPE (Personal Protective Equipment) is really good now. If you require anything it is provided."

Window restrictors were in place to reduce the risk of potential harm or injury to people who lived at the home. The service's electrical, gas and legionella safety certification was up-to-date to protect everyone from unsafe premises.

Is the service well-led?

Our findings

This inspection was undertaken because we received information of concern about the management and care of people who lived at Guys Court. As a result, we undertook a focused inspection to assess people's safety and management at the home.

Following concerns received about the management of the home and systems in place to monitor and improve the service, we found the management team were working with the local authority to improve quality assurance processes.

New auditing systems had recently been introduced. However, audits had not identified issues that we had highlighted during this inspection visit. For example, care plan audits did not always identify any mistakes and ensure people who lived at the home were kept safe and received the correct up to date support required.

We have made a recommendation to ensure efficient monitoring and quality assurance systems are completed efficiently and more often to ensure the service is monitored consistently.

There was a manager was in place at the time of the inspection. Also, support was in place from the regional manager. However, we found the service did not have clear lines of responsibility and accountability. Changes in management had affected the running of the home and staff were not supported consistently. For example, comments received from people who lived at the home and staff included, "We are not sure who to turn to as the management team has been so disruptive." Another said, "Too many agency staff around and you need to spend time with them before doing your own duties." Also, "It has been bad but things seem to be getting better."

We have made a recommendation to ensure structured management systems to support staff in their roles and ensure a more consistent well-run service is operated by the management team.

Staff and 'residents' meetings had been held to discuss the service provided. We looked at minutes of the most recent 'resident/family' meeting on the 02 August 2018. We found they had addressed suggestions from previous meetings. For example, in a meeting in June 2018 it was suggested a larger television and some new garden furniture would benefit the service. This had been discussed and although a new television was yet to be in place new garden furniture had been acquired. A member of the management team added the television would be in place once sufficient funds had been raised. These included discussing menu planning and people's satisfaction with the social activities programme.

Surveys were done annually and would be available later in the year for 'residents' and relatives to complete and give their views on the service. A staff member said, "We do have surveys annually."

The service worked in partnership with other organisations to make sure they followed current practice. These included healthcare professionals such as G. P's, CCG and speech and language therapists. This

ensured a multi-disciplinary approach had been taken to support care provision for people in their care.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.

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
Diagnostic and screening procedures	We found the provider did not have sufficient information within their risk assessments to be able to keep people safe. In addition, risk was not managed well for people who required nursing care wound care management. This put people at risk of unsafe care and treatment.
Treatment of disease, disorder or injury	