Valorum Care Limited

Freshfields - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

About the service
Freshfields provides accommodation and nursing and/or personal care to up to 35 people. At the time of our inspection there were 27 people living in the home.

People's experience of using the service and what we found
Medicines were not managed safely. People did not always receive their prescribed medicines due to lack of stock and medicines were not always administered at the right times. Medicines were not always stored securely and staff did not always ensure medicines were stored within safe temperature ranges.

Risks to people's health, safety and wellbeing had not always been assessed and staff did not always have access to information about how to manage people's identified risks and support them safely. Staff did not always complete records required to monitor people's identified risks; this meant we could not always be certain staff were following guidance regarding people's care and support needs.

There were not always enough staff on duty to support people safely, in addition there was a high usage of agency staff; including nurses. This meant people were not always receiving care that was person-centred. Safe recruitment processes were followed, however we could be certain that agency staff were being provided with an induction or necessary information prior to working at the service.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

Capacity assessments were not always completed or did not always provide a rationale for the outcome of the assessment; this meant we could not be certain consent for care was being obtained in line with the principles of the Mental Capacity Act (MCA) 2005. Authorisations to lawfully deprive people of their liberty had not always been applied for where required.

People's needs had not always been assessed or planned for in line with best practice and staff did not always have access to information about how to support people based on their most current needs.

People did not always receive care that was based on their individual needs or preferences. This was because of the staffing issues identified and the lack of accurate or detailed information available to staff to support people.

We have made a recommendation about the design of the environment. The service design and decoration did not always support people with dementia or cognitive impairments to find their way around or staff unfamiliar with the service, find people's rooms.
Family members spoke positively about the regular staff who worked at the service but told us the standard

of care had reduced following the manager's resignation and the high usage of agency staff.

Governance systems in place had not always been effective at identifying issues and driving necessary improvements to the quality and safety of the service.

Following our visit to the service, the manager returned to their role. They, and the provider were responsive to our feedback and took immediate action to address some of the issues we found. The manager provided evidence of some improvements made to people's care plans and risk assessments. People and family members provided positive feedback about the manager.

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

Rating at last inspection
This service was registered with us under the new provider on 31 July 2019 and this is the first inspection.

Why we inspected
This comprehensive inspection was prompted in part due to concerns received about medicines management and staffing levels. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found evidence the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well-led sections of this report.

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

Enforcement and recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines management, risk management, mental capacity act 2005, staffing, person-centred care and governance at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special measures
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This

means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was not safe.

Details are in our safe findings below.

Inadequate

Is the service effective?

This service was not effective.

Details are in our effective findings below.

Inadequate

Is the service caring?

This service was not always caring.

Details are in our caring findings below.

Requires Improvement

Is the service responsive?

This service was not always responsive.

Details are in our responsive findings below.

Requires Improvement

Is the service well-led?

This service was not always well-led.

Details are in our well-led findings below.

Requires Improvement

Freshfields - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.-

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried by an inspector, interim inspection manager and nurse consultant.

Service and service type
Freshfields - Care Home with Nursing Physical Disabilities 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. Freshfields is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not 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 they registered with us. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 4 people who used the service and 5 family members about their experience of using the service. We spoke with 10 staff; this included 2 agency nurses, care staff, domestic and kitchen staff. We also spoke with the quality lead and operations director.

We reviewed 13 people's care plans and associated records and 6 people's medicine administration records. We looked at 4 staff files in relation to recruitment and a range of other records related to the overall management of the service.

After the inspection
Following our site visit, the provider and manager sent evidence of immediate changes and improvements made to people's care records. We considered this information as part of the inspection process.

Inadequate

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- Medicines were not always managed safely.
- People did not always receive their medicines as prescribed. For example, 1 person did not receive their prescribed medicines to manage seizures for 3 consecutive days. This resulted in them experiencing an avoidable seizure.
- People did not always receive their medicines at the right times. We observed that some people only received their morning medication in the afternoon. In addition, we observed 1 person becoming anxious and 'chasing' staff for their early morning medication at 11:30am.
- Medicines were not always stored securely. The clinic room located on the ground floor which contained some people's prescribed medicines was left unlocked during our visit.
- We could not be certain that medicines were being stored within safe temperatures in line with guidance. Fridge and room temperatures were not routinely checked and when temperatures were noted to be out of the safe range, no action was taken to address this.
- The provider had already identified some of the issues we found in relation to medicines management through their own governance systems. However, relevant action had not been taken in a timely manner to prevent some of the issues we found from occurring .

The unsafe management of medicines placed people at risk of avoidable harm. This is a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks to people's health safety and well-being had not always been assessed and information was not always available to staff to help them support people safely.
- One person had risks associated with a specific medical condition. There was no care plan in place to guide staff on how to identify changes to the person's health or what action they should take in the event their health declined.
- People with risks associated with poor skin condition did not always have detailed or accurate information recorded about how to manage this risk or what equipment they needed to help prevent pressure wounds from developing.
- Information about how to manage risks associated with diabetes was limited. For example, care plans for some people living with diabetes did not provide information about what their normal glucose levels were. This meant we could not be certain staff were safely monitoring this condition.
- We could not be certain staff were following correct guidance in relation to the monitoring and management of some people's identified risks. This was because records such as repositioning and food

and drink charts, were either not in place or not routinely completed by staff to reflect the care given.

Failure to assess, monitor and manage identified risks, placed people at risk of avoidable harm. This is a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
● We could not always be certain that enough staff were deployed to meet people's needs in a timely manner and keep them safe.
● We reviewed records that showed actual staff numbers had been less on occasions than what the provider had assessed to be safe. This coincided with feedback we had received from people about not receiving the care they needed or wanted. One person said; "I asked staff to help me get up at 8am but because there weren't enough staff, they didn't do this until 11.30am."
● The service relied heavily on agency staff due to losing some experienced care staff and nurses. This meant people were not always receiving person-centred care. We have reported on this further in the responsive key question.
● Following our inspection, the provider showed us evidence of a recruitment drive they had implemented, with a focus on recruiting new nurses.
● Safe recruitment processes were followed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● Family members did not always feel confident their relatives were safe or well looked after. One family member said, "I constantly feel anxious about [relative]. He doesn't feel safe. It never used to be like this."
● Systems were in place to record, review and analyse accidents, incidents and safeguarding concerns. Records showed appropriate action had been taken following any incidents of concern.
● Staff received safeguarding training and knew who to contact if they had any concerns.

Preventing and controlling infection
● The home appeared clean and hygienic; staff responsible for the cleanliness of the home completed records to evidence tasks completed. We did raise with the provider the lack of records relating to more detailed cleaning of people's rooms and communal areas.
● Staff had access to supplies of PPE and were observed to wear masks in line with guidance.
● Staff had access to Covid-19 testing in the event they, or people, became symptomatic.
● The service was following current Covid-19 visiting procedures in line with current guidance.

Inadequate

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was not always working within the principles of the MCA 2005.
- Assessments to determine a person's capacity to make specific decisions had not always been completed or did not provide a rationale for the outcome of the assessment.
- The lack of completed or accurate capacity assessments meant we could not be certain that consent for care had been obtained from the right people or that the service was acting in people's best interests.
- We identified that some people who lacked capacity to make certain decisions about their care, did not have legal authorisations in place (DoLS) to support the restrictions placed upon them. This meant we could not be certain that restrictions in place were being performed legally.

A failure to work within the principles of the MCA 2005 is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs had not always been assessed or planned for in line with best practice and staff did not always have access to information about how to support people based on their most current needs.
- Some people's care plans lacked assessments to determine their level of need. For example, 1 person's care plan lacked assessments in relation to falls, manual handling, skin condition and nutrition. This meant we could not determine whether they needed support in these areas and if so, what support was required.

● Care plans had not been reviewed since August 2022. Therefore, we could not be certain information regarding people's needs was accurate and up to date.
● Care plans provided information about people's needs associated with food and drink intake. However, where charts were needed to monitor how much food or drink people were consuming, these were not consistently being completed.

We found no evidence people had been harmed. However, a lack of robust and accurate records relating to people's care and support needs is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff were observed seeking consent from people and offering them choice when providing support.

Staff support: induction, training, skills and experience
● We identified some gaps in staff training specific to people's needs and areas the provider deemed essential to their role. Some staff had not received training in relation to the people supported for example, people with a learning disability and people with mental health needs.
● Agency staff told us they had not had effective inductions to the service to enable them to support people. One agency nurse said, "I have never worked here before. I wasn't given an induction this morning. I don't know ? anything about the people or the layout of the home."
● People and family members told us they did not always feel confident agency staff knew how to provide the right support. One family member said, "The regular staff are great. They know [relative] well but a lot have left and it's agency staff who don't really know him or how to support him."
● Staff had not received a formal supervision since January 2022. This meant we could not be certain they were being provided with the support they needed to carry out their role.

The failure to ensure staff were suitably inducted, trained and supported to carry out their roles is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff did not always contact health care professionals in a timely manner when people's needs changed. For example, agency nurses had failed to seek timely medical advice regarding catheter care for 1 person, resulting in the person developing an infection.
● Other people's care plans contained evidence of input from health and social care professionals and advice being followed by staff.

Supporting people to eat and drink enough to maintain a balanced diet
● People could choose their food and drink and they were supported to eat a varied and healthy diet.
● Most people told us they enjoyed the food at the service.
● When people's care plans stated their dietary and fluid intake should be reordered, this did not consistently happen.

Adapting service, design, decoration to meet people's needs
● The service was not always adapted to meet people's needs.
● The home lacked adequate signage to help people with cognitive impairments or dementia find their way around.
● People's rooms were not easily identifiable due to a lack of names on their doors. This meant staff not familiar with home would find it difficult to locate people's rooms.

● Some people's rooms had been decorated to their choice and taste. However, this was not consistent for all people.

We recommend the provider seek advice and guidance from a reputable source, about adapting the environment to meet people's needs.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence
- People were observed to be clean and well-looked after. However, some records and feedback from people suggested personal hygiene preferences were not always being followed.
- People were not always referred to in a dignified manner. One person is known to experience hallucinations. Daily records completed by staff referred to them 'chatting with their imaginary friends.' We also heard a staff member say, 'good girl' to an adult they were supported to eat and drink.
- Care records were not always kept securely to prevent people not authorised from accessing information about people's care and support.

Ensuring people are well treated and supported; respecting equality and diversity
- The high usage of agency staff meant people were not always supported by staff who knew them well. One family member told us, "All the regular staff have left and it's just full of agency staff now. They don't know [relative] or how to support him. They don't know when he's in pain."
- People and family members told us the standard of care had declined in recent months due to the staffing issues within the home. One person said, "It doesn't feel the same here as it did a few months ago." A family member said, "The regular staff are lovely but there's just so many agency staff. The interactions are limited. It never used to be like this."
- We observed positive interactions between staff and people during our visit. Staff spoke to people in a kind and compassionate manner when providing support.
- Volunteers visiting the service had built positive relationships with people and it was clear they knew them well and were fond of the people living in the home. One volunteer told us, "I've been coming here for years and I love it. They [people] are just lovely."

Supporting people to express their views and be involved in making decisions about their care
- Due to limited information in people's care plans, it was difficult to determine whether they were supported to express their views and be involved in decisions about their care.
- Some family members told us they had been part of the care planning process and provided their views about their relative's care. However, they felt this level of communication had declined in recent months.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People did not always receive person-centred care based on their needs or preferences.
- Some people's care plans lacked information about how best to support them and what action staff should take if they had any concerns. For example, 1 person with a diagnosis of severe depression did not have a care plan in place to guide staff around how best to support them if they became unwell. Another person was known to become agitated when receiving personal care, however there was limited information to guide staff on how to support the person to reduce their feelings of anxiety during personal care. .
- People told us they did not always get the support they needed or asked for. One person told us they were confident using their walking aid with staff support. However, low staffing meant they were having to use a wheelchair. This had resulted in them losing their independence.
- People's personal hygiene preferences were not always being met. For example, 1 person's care plan stated they wished to have a shower once a week and required the use of a specialised chair when showering. No request had been made to obtain the chair and this had not been followed-up by staff. The person had not had a shower since 26 October 2022.

The provider had failed to ensure people received care that was person-centred. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people told us they were happy with the activities provided. However, 1 person said, "I like to stay in my room. I don't like the activities, they're not my cup of tea. But they [staff] don't do one-to-one activities. All I want is for someone to come and chat with me."
- The manager provided evidence of recent trips out that had been organised for people living at the home.
- People had access to a range of computers and other devices to enable them to maintain contact with friends and family. Some of these devices took into consideration people's communication needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● People's communication needs were considered as part of the care planning process.
● Information was available to staff to help them communicate with people more effectively where communication needs had been identified.

Improving care quality in response to complaints or concerns
● Systems were in place for people and family members to report any concerns or complaints.
● Records showed that action had been taken to address any complaints made about people's care.
However, some family members felt recent complaints had not been dealt with satisfactorily.

End of life care and support
● The service was not supporting anyone with end-of-life care at the time of our inspection.
● People's wishes and preferences for end-of-life care were considered as part of the care planning process.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Governance systems had not always been effective at driving necessary improvements to the quality and safety of the service.
- The provider had completed checks of the service which had identified some issues in relation to medicines management and care planning. However, they had failed to identify other issues we found during our visit.

Governance systems had failed to drive necessary improvements to the safety and quality of care provided. This is a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was responsive to our feedback and some action has been taken to address issues found.
- Following our visit to the service, the previous manager returned to their role. They were able to provide evidence of necessary action that had been taken following our initial feedback.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had been without a manager since September 2022; since their resignation the provider had taken over managerial oversight.
- Due to a significant number of regular care staff and nurses leaving, the service had relied heavily on agency staff. This had contributed to some of the issues we found.
- People did not always receive person-centred care with good outcomes. The lack of detailed information and risk assessments in people's care plans meant we could not be certain that staff were fully aware of people's individual, risks, needs and preferences.
- People and family members told us the standard of care had declined following the manager's resignation. One family member said, "[Manager] was really good. But since they have left, its [the service] gone downhill. The standard of care is not the same."
- Staff told us they felt the service had changed since the manager had left. One staff member told us, "I am not as happy in my role as I was. Management has changed and it's not as a supportive, and proper standards of care are not in place."

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

● Family members felt communication had deteriorated and did not always feel that issues they raised were listened to or addressed. One family member said, "Communication used to be okay. But since [manager] left, it's not great. I don't feel listened to when I raise issues."

● Meetings had taken place with staff and residents to give them an opportunity to share their views.

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● Overall there was good partnership working with health and social care professionals.

● The provider was aware of their duty of candour responsibilities. They were open and transparent about the issues we found during the inspection.

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 9 HSCA RA Regulations 2014 Person-centred care People did not always receive care that was person-centred and based on their individual needs or preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Assessments to determine people's capacity to make specific decisions had either not been completed or lacked evidence of how the outcome of an assessment had been determined. Authorisations to deprive people of their liberty (DoLS) had not always been applied for when required.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health, safety and well-being had not always been assessed, planned for or monitored. This placed people at risk of avoidable harm.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems had not always been

effective at driving necessary improvements to the quality and safety of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not always inducted, trained and supported to carry out their roles.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely, this placed people at risk of harm.

The enforcement action we took:

Warning notice issued