

Kindred Care Limited

Admirals Rest

Inspection report

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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

About the service

Admirals Rest is a residential service providing personal care for up to 6 people with mental health support needs. The service consists of one adapted building, which includes individual bedrooms and communal spaces and an accessible garden. At the time of our inspection there were 5 people using the service.

People's experience of using this service and what we found

People and their relatives told us people felt safe with the care and support they or their relative received. However, despite some positive feedback, we found concerns with environmental risks, staff recruitment and management oversight which placed people at increased risk of harm.

The provider had systems in place to monitor the quality and safety of the service, however they did not identify and address the issues we found during the inspection.

Safe staff recruitment procedures were not being followed.

Environmental risks were not always safely managed. Risk assessments in place identified and assessed risks associated with people's care and support with guidance for staff to follow.

People received their medicines safely and as prescribed. Staff had received safeguarding training and were able to demonstrate an understanding of their responsibility to report any concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager sought the views of people using the service. Staff told us they were well supported. People and their relatives told us they were satisfied with the service.

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

Rating at last inspection

The last rating for this service was good (published 17 January 2019).

Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted due to concerns received about safeguarding. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with environmental risks and premises, so we widened the

scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

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.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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

Enforcement and Recommendations

We have identified breaches in regulations relating to environmental risks, staff recruitment and management oversight at this inspection. We made a recommendation about the maintenance of the premises.

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

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.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Admirals Rest

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

The inspection was carried out by 3 inspectors and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience contacted people's relatives by telephone to request their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Admirals Rest 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. Admirals Rest is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 5 people who used the service and 3 relatives. We spoke with 4 members of staff including the registered manager and support workers. We undertook observations of people receiving care to help us understand their experiences. We reviewed a range of records. This included 3 people's care records and 5 people's medicines records. We looked at 5 staff files in relation to recruitment. A variety of records relating to the management of the service and quality assurance were reviewed including accident and incident records and audits. We sought feedback from professionals who work with the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Environmental risks were not always safely managed.
- We found high water temperatures in people's bedrooms and a bathroom placed people at risk of scalding. Temperatures were found to be in excess of the maximum temperature of 44 degrees Celsius identified in Health and Safety Executive guidance and the providers risk assessment. The registered manager confirmed the service was not completing any regular checks to monitor water temperatures.
- Radiators were found to be uncovered throughout the premises which placed people at risk of burns. The service had a risk assessment in place, the control measures stated, 'residents presumed capacity about radiators being hot'. The risk assessment had not sufficiently assessed people's individual needs and risks.
- Timely action had not been taken to replace a person's stained mattress. We found some shower rooms within the service contained mould and an extractor fan clogged with dust.
- The service had a legionella risk assessment in place. However, there were no records of regular checks taking place in order to manage the risk, this meant we could not be assured they were being completed.

We found no evidence that people had been harmed, however the provider had failed to robustly assess and manage environmental risks to people. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Areas of the service were found to be in need of repair or refurbishment. For example, an area of exposed plaster, and areas of worn carpet, chipped paintwork and water damage were found.
- The service had a maintenance log in place; however not all maintenance issues we identified were listed and we were not assured they were being attended to in a timely way. We report further on this in the 'is the service well led section?' of the report.
- We raised our concerns with the registered manager who told us the provider was investing in improving the premises and showed us an improvement plan to refurbish all areas of the service within the next year. At the time of the inspection a large extension to increase the capacity of the service was close to completion and renovation of the front garden area had begun.
- Following the inspection, the registered manager told us they had addressed some of the maintenance issues and had moved their timescale for redecorating the service forward to address the issues identified.

We recommend the provider reviews their procedures to ensure maintenance issues are resolved in a timely way.

- During the inspection the registered manager took action to reduce water temperatures within the service and to remove mould and dust from shower rooms. We were told legionella checks would now be recorded and the person's mattress would be replaced.
- The provider had systems in place to assess risks to people before undertaking their care and support. Positive behaviour support plans and risk assessments were personalised with clear guidance for staff to follow.
- Despite our concerns about environmental risks, the service carried out other building safety and equipment checks to ensure the safety of people living within the service.
- Health professionals who worked with the service told us risks to people were well managed. One health professional said, "Yes, the patients who I have supported at Admirals Rest, the risk has been managed well by the service with collaboration with other services such as mental health teams and the police."

Staffing and recruitment

- Safe recruitment procedures were not being followed.
- Staff recruitment records did not include a full employment history. Application forms had not been completed in line with the providers procedure.
- 4 out of 5 staff files we reviewed did not contain proof of identity or interview records.
- Recruitment references had been obtained. However, we were unable to establish whether the references were appropriate due to staff employment history not being in place.
- This meant staff had not been appropriately assessed as safe to work with vulnerable adults.

Systems had not been established to ensure safe recruitment. This placed people at risk of harm. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the registered manager, we were told staff application forms and interview records were not in place as staff had started their employment following successful college placements within the service.
- Following the inspection, the registered manager told us staff application forms had now been completed.
- Records showed staff Disclosure and Barring Service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We observed there were enough staff to keep people safe and meet their needs, people and their relatives confirmed this. One relative said, "There seems to be enough staff, at the weekend there's skeleton staff. But it's not a big place, I think there's 5 people there, so they don't need many."

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Most areas of the service were found to be clean, however we identified environmental risks relating to mould and a person's mattress.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- The provider was following guidance in relation to visiting. At the time of the inspection the service was open to visitors with no restrictions. This was in line with current guidance.

Using medicines safely

- People received their medicines safely and as prescribed.
- Medicines administration records (MARs) were completed with no gaps in recording identified. The service had an up to date medication policy in place and medicines were stored securely.
- Staff had received medicines training and the service was completing a medicines audit to ensure people received their medicines as prescribed.
- However, we identified some minor issues with the management of medicines. Guidance in place for medicines prescribed 'as needed' (PRN) was not always sufficiently detailed for staff to know how and when to administer each medicine.
- A handwritten entry on a MAR had not been signed by a second member of staff to check the information was correct. We brought these issues to the attention of the registered manager who agreed to address them immediately.
- People and their relatives told us they were satisfied with the support they received with medicines. One relative said, "They look after [persons] medication and sort it all out for [person], I have no concerns about that."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and their relatives told us people felt safe being supported by the service. A relative said, "I think [person's] safe, yes."
- People told us they could raise any concerns with staff.
- Staff had received safeguarding training and were able to demonstrate an understanding of their responsibility to report any concerns.
- Accidents and incidents were documented and included records of actions taken by the service and lessons learnt.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People's consent to care was recorded. Staff had completed training and demonstrated an understanding of the MCA.

- We observed, and people told us they were asked for verbal consent before being supported by staff.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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 care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had systems in place to monitor the quality and safety of the service, including care plan, medicines and health and safety audits. However, we found these systems and processes were not effective at identifying and addressing the issues we found during the inspection.
- For example, the service was completing a recruitment checklist for each staff member, however this process did not identify and address the issues we found with staff recruitment.
- The service was completing annual health and safety and Infection control audits. However, these audits did not identify and address the environmental risks we found during the inspection.
- The service was not completing any regular checks of water temperatures which may have identified the issue we found.
- The providers maintenance log did not include all of the maintenance issues we identified during the inspection with clear timescales for completion. Despite the improvements being made to the premises, we were not assured minor repairs were being addressed in a timely way.

Whilst we found there was no evidence people had been harmed by the issues identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We raised our concerns with the registered manager, they told us they would make improvements to their auditing procedures to ensure they were more effective in identifying issues. Following the inspection, we were informed the service had introduced a monthly maintenance audit.
- The service had submitted notifications to CQC as required. However, we identified one incident where CQC had not been notified. We raised this with the registered manager who explained this was an oversight and following the inspection the notification was submitted.
- The service had policies and procedures in place which referred to legislation and good practice guidelines. However, we identified the safeguarding policy was not up to date with current legislation. We raised this with the registered manager and during the inspection the policy was updated.
- Despite our concerns, feedback regarding the management of the service was positive. A relative said, "I've got no reason to say [registered manager] doesn't manage it well, seems ok to me." A person told us the registered manager was "Helpful and relatable." A health and social care professional told us, "I do communicate with the [registered manager] regularly and they are available if I have any concerns or

queries. I find [registered manager] very approachable."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager sought the views of people using the service and their relatives. This included regular house meetings and satisfaction surveys.
- Staff told us they were well supported by the registered manager and could raise any concerns. A staff member said, "Yes, feel supported, very much so."
- There was effective communication between the staff team. Staff told us and records confirmed regular staff meetings were taking place.
- The service worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing. A health and social care professional who works with the service told us, "When I have worked with Admirals Rest, I feel communication has been clear and appropriate. When concerns have been raised, they have been timely, and we have been able to communicate openly."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were able to make day to day choices regarding their care and support. One relative said, "Yes, I think they know [person] well, they know what [person] likes."
- There was a relaxed and friendly atmosphere within the service. Staff knew people well.
- Staff spoke positively of the registered manager. One staff member said, "100%, first job in social care, the manager has been so great. Always help each other out. [Registered manager] always makes sure our mental health is ok."
- People and their relatives told us they were satisfied with the service. One relative said, "Yes, pretty much, it's good enough."

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; Continuous learning and improving care

- The registered manager understood their responsibilities under the duty of candour legislation, to be open and honest when things had gone wrong.
- Where issues were identified during the inspection the registered manager acted promptly to make improvements.

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 Risks to people were not always assessed and managed to keep them safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always operate effective systems and processes to assess and monitor the quality and safety of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Processes and checks were either not in place or comprehensively completed to ensure safe staff recruitment