

Dr Sunita Nagpal and Partners

Salisbury Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 6 June 2016. Four breaches of legal requirements were found and a warning notice was issued in relation to one of them which involved the governance of the service. We gave the provider until 13 September 2016 to meet the legal requirements of this regulation.

We undertook this focused inspection to check that the service had undertaken changes to meet the legal requirements of this regulation. This report only covers the findings in relation to the warning notice. You can read the report from our last comprehensive inspection in June 2016, by selecting the 'all reports' link for Salisbury Residential Home on our website at www.cqc.org.uk.

At this inspection carried out on 29 November 2016 we found that although further improvements were required, the service had met the requirements of the warning notice. We have not changed the overall rating for this service as a result of this inspection as it was only undertaken to follow up our enforcement action. The service and the domain of well-led, remains as requires improvement.

Salisbury Residential Home provides residential care for up to 31 people, some of whom may be living with dementia, a mental health condition or a physical disability. At the time of our inspection 27 people were living in the home. Accommodation is over two floors with a number of communal areas.

At the time of this inspection, the home had a registered manager in post. 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.

At the inspection in June 2016, concerns were identified that demonstrated that the provider did not have effective systems in place to monitor the quality and safety of the service delivered. This had resulted in some people receiving a poor service.

At this inspection we saw that although some improvements were still required the service was no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which relates to governance. However, we have made a recommendation about the auditing of the quality of the service delivered.

The audits in place for monitoring the completion and accuracy of care plans and associated records were not fully effective and had not identified some issues in relation to this.

Whilst the service had assessed its adherence to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) further monitoring was required to ensure it was fully meeting its responsibilities.

Improvements had been made in meeting people's social and leisure needs and an action plan was in place to further address these issues.

The service was auditing staffing levels and its ability to meet people's needs in a timely and person centred manner. These were effective at identifying any issues and rectifying them.

Additional audits had been completed on the service and we saw that these were effective. They covered areas such as health and safety, accidents and incidents and medicines management.

The views of those that used the service, their relatives, staff and health professionals had been sought and information acted upon in order to develop the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

The service was not consistently well-led.

Although improvements had been made, the auditing system in place to monitor the quality and safety of the service was not wholly effective and further development was required.

Requires Improvement ●

Salisbury Residential 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.

We undertook an unannounced focused inspection of Salisbury Residential Home on 29 November 2016. This was carried out to check that requirements of a warning notice, issued after our comprehensive inspection in June 2016, had been met. The warning notice had been issued as the service was not meeting all legal requirements in relation to the governance of the service. The team inspected the service against the well-led question. The inspection was carried out by two inspectors.

Before our inspection, we contacted the local authority safeguarding team and the local authority quality assurance team for their views on the service.

During our visit we spoke with five people who used the service. We also spoke with the registered manager, care coordinator and four care assistants. We looked at a number of records and audits in relation to the monitoring of the quality and safety of the service. In addition, we reviewed the care and support records for seven people and the medicines administration and associated records for five people.

Is the service well-led?

Our findings

At our previous inspection carried out on 6 June 2016, we found that the systems to monitor the quality and safety of the service were not effective. This resulted in some people experiencing poor care and support. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We subsequently served the registered persons with a warning notice informing them that they had to comply with this regulation by 13 September 2016. At this inspection carried out on 29 November 2016, we found that although some improvements were still required, the service was no longer in breach of this regulation.

The concerns found during the inspection in June 2016 included the management and administration of people's medicines and the staff response times for people requesting assistance. In addition, concerns were identified in relation to the accuracy, completion and security of care and support records, management of feedback, activities provision, adherence to the MCA and management of risk. Although the provider had an auditing system in place, this had not been fully effective and had failed to identify and rectify concerns.

At this inspection carried out on 29 November 2016 we found that improvements had been made although further development of the quality monitoring system was still required.

Following our last inspection in June 2016, the service had developed an action plan to address the issues identified in the warning notice. This was detailed and we saw that the actions planned by the service addressed the concerns found. These actions had been completed by the time of this inspection and the action plan updated accordingly.

Audits on people's care plans had been completed in September and November 2016 to ensure they were complete. These audits covered the care plans for every person who used the service. We saw that the audits covered each aspect of the care plan and identified where gaps were in relation to documentation. However, further development was required as the audits had not been wholly effective at identifying discrepancies within some care plans and associated records. For example, for one person, their care plan contained conflicting information in regards to a medical condition. When we discussed this with the registered manager and care coordinator it was clear they understood the needs of this person in relation to this. The care coordinator ensured the care plan was updated immediately and we saw that this had been actioned. For a second person, guidance for staff on how to assist a person to manage a particular medical condition was missing.

We also observed some gaps in associated records. For example, for three people whom the service had identified as being at risk of malnutrition or dehydration, all their fluid and food intake was to be monitored and recorded. We noted gaps in these records. For two people who required regular repositioning in order to mitigate the risk of developing pressure areas, gaps were also found in these records. However, we saw that these people had not experienced harm in respect of this and concluded that it was a recording issue.

We saw that the service had audited its adherence to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Records showed that people's capacity to make decisions had been assessed and followed the MCA principles. Where appropriate, DoLS applications had been submitted. However, for one care plan we viewed, we saw that it was not clear whether the person had capacity in relation to the management of their medical condition. In this instance, the service had failed to assess this person's capacity in relation to this area of their life. This put the person at risk of receiving care and support that didn't meet their wishes or preferences.

We recommend that the service further develops its quality monitoring system in order to fully identify and effectively rectify any issues identified.

The activities provision had been assessed and, whilst further development was required, an action plan was in place to address this. A staff member had been appointed to manage and arrange activities and they had identified areas for development. An activities plan was in place and this was on display.

All of the people we spoke with who used the service told us that the activities provision had improved since our last inspection. One person said they had more opportunity to get out in the local community. A second person said they enjoyed the regular entertainers that visited the home. The registered manager told us that they were forging links with the local community. They told us that events had been arranged with the local schools and that the home had been involved in plans to make the local community more accessible.

In order to monitor whether people's needs were being met in a timely manner, the service had assessed the deployment of staff and made improvements in relation to this. Staff were allocated tasks at the beginning of their shift and were clear on their responsibilities. Throughout our inspection we saw that staff were consistently available in the communal areas and that people's needs were met promptly. Four out of the five people we spoke with who used the service told us that there were enough staff to assist them when they required it. One person told us they had not needed to wait for assistance. Another said, "Staff are as prompt as they possibly can be."

To further enhance the monitoring of staffing levels, the service was trialling dependency tools. They had also introduced a 'staffing check' audit which had been completed on a regular basis. This ensured that staff rotas were in place with no gaps on shifts, that the skill mix of staff was appropriate and that people's needs were being met.

The service also completed additional audits to monitor the quality of the service. These included monitoring the health and safety of the service and premises, medication management and a 'benchmark standard' audit. This audit assessed the service against the five key questions CQC ask during inspection and covered all areas. These audits had been completed fully and actions recorded.

Accidents and incidents had been recorded and actions had been taken to mitigate future risk. Each person who used the service had an individual record documenting any accidents or incidents they had been involved in. This gave the service an overview of any adverse events and assisted staff in recognising any patterns or contributing factors. We saw that appropriate actions had been taken in response to accidents and incidents and that the registered manager completed an audit on each event. This ensured appropriate actions had been taken in regards to the health and wellbeing of the people who used the service and to reduce the likelihood of future occurrences.

We viewed the medicine administration record (MAR) charts and associated records for five people who used the service. This was to check whether the quality monitoring system the service had in place for

medicines management and administration was effective.

All staff responsible for the management and administration of medicines had received training in this topic. Their competency to perform this task had been robustly assessed with outcomes recorded. During our inspection, we saw that medicines were stored securely including topical creams. Medicines were stored at the correct temperature and this was monitored by the service. For those people's medicines we checked, sufficient stock was available.

The MAR charts we viewed were legible, accurate and complete. Where people had been prescribed medicines that were administered on an as required basis, up to date guidance was available to staff to help ensure they were administered appropriately and safely. For people with limited mental capacity to make decisions about their own care or treatment in relation to medicines, there were records of decisions to administer their medicines crushed in food (covertly). Appropriate healthcare professionals had been included in these decisions including the person's GP and the pharmacist. People's relatives had also been consulted as necessary. Where people were prescribed pain relief, records were in place to guide staff on how to identify whether the person was in pain when they were unable to verbally express this.

The service completed monthly and weekly audits on medicines management. A root cause analysis was also undertaken whenever any issues were identified to further mitigate future risk. We concluded that these had been effective in ensuring medicines management and administration followed good practice guidelines. People received their medicines as the prescriber intended.

The service sought people's views on the service in a variety of ways. This included regular meetings, suggestion boxes, staff supervisions and quality assurance questionnaires. At the time of this inspection, quality assurance questionnaires were still being submitted so full analysis had not been completed by the service. However, we saw records that showed suggestions and feedback had been listened to, discussed and acted upon in order to drive improvement. The registered manager had also sought an independent advocate body to carry out quality checks with the people who used the service. This had not been successful but the discussions we had with the registered manager demonstrated that thought had gone into how feedback should be sought.

All of the people we spoke with told us that improvements had been made since our inspection carried out in June 2016. One staff member we spoke with said, "[The service is] definitely better. I guess we have a way to go but I feel more satisfied in my job. We're working together more as a team and [registered manager's name] is a good manager who leads well." Another staff member told us, "It's got better." Whilst a third staff member said, "Team work and communication amongst the team is really good." One health and social care professional told us that they thought the registered manager was competent in their role.