Chrissian Residential Home Limited

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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

The home is registered to provide residential and person care support for up to 22 people. On the day of our inspection the service was full.

There is a registered manager at the service but they have been on extended leave for about six months and no longer employed by the provider.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection we were informed that the registered manager had put in their notice and the provider had recently appointed a new manager who had been in post for about three weeks. The provider was providing day to day management of the service. There were a number of senior staff, one allocated on each shift. Staffing on the day of our inspection appeared adequate but there were limited activities provided for people.

The provider did not have a dependency tool in use to determine how many staff they needed on each shift to ensure people's needs were accurately met. However, through our observations staff worked well together and people's physical care needs were met.

We did a detailed medication audit and looked at practices within the home. We were satisfied that there were adequate systems in place to ensure people received their medicines safely by staff who were trained to give medicines. However, we did identify a number of concerns which had not been identified by the providers own internal audits. These gave us concern that staff were not always following procedures and missed or changed medicines were not sufficiently recorded/reported which could put people at risk of not receiving their medicines as prescribed.

There were poor records and poor practices around staff recruitment which could and had resulted in staff appointments which were unsuccessful. This put people at risk of staff employed where the provider had not carried appropriate checks to ensure they were of good character.

Risks to people's safety particularly in relation to falls and hydration/nutrition were documented and included actions staff should take to reduce the risks an ensure people's needs were being met.

We identified some poor staff practice in relation to infection control which meant people were not adequately protected from the risk of cross infection.

Recent changes in the management of the service meant there were some gaps in service provision which

had not been identified by the Director including some poor medication practices, poor recruitment practices and poor auditing of risks affecting people who use the service. We acknowledged that the provider had acted quickly to appoint a suitable manager and to address the concerns we had identified but this service has been in and out of compliance several times in the last couple of years which suggest the quality assurance management systems are not sufficiently robust.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were administered their medicines by staff who were trained to do so but we identified a number of concerns which had not been identified by the service.

Staff recruitment processes were not sufficiently robust so we were not confident that only staff with the right credentials were employed.

Staffing levels were adequate but we observed limited time set aside for organised social activities or one to one time spent with people . There was no tool in place to assess people's dependency levels to help determine how many staffing hours were required to meet people's needs.

Risks to people were mitigated as far as possible but there was insufficient management oversight of risk.

People were at a greater risk of infection because staff practices were poor.

Is the service well-led?

Requires Improvement

The service was not always well managed.

We identified gaps in the service so could not be assured the service was always well managed or the homes quality assurance processes were sufficiently robust.

Consultation with people using the service could be improved upon and complaints recorded to show how they are being effectively managed.

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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 responsive inspection took place on the 24 February 2016 and was unannounced. The purpose of this inspection was to follow up on information of concern received. As this was a focused inspection we did not carry out a comprehensive review of the service.

The inspection was carried out by three inspectors, one of whom carried out a detailed medication audit due to concerns raised. The other two inspectors looked at records in relation to the recruitment and employment of staff, spoke with the provider , the new manager and a number of staff. Before the inspection we reviewed the last inspection report which gave the service a good rating but had identified a number of areas for improvement. We saw that the provider was addressing these. We also spoke with the Local Authority and safeguarding team, and looked at notifications which are important events affecting the well-being and, or safety of people using the service which they are required by law to tell us about.

Requires Improvement

Is the service safe?

Our findings

We carried out a comprehensive medication audit in response to concerns raised with us prior to this inspection about miss management of medication. We found some good practices and also some areas which required improvement. We judged people received their medicines safely by staff who were trained to give medicines. We observed staff administering medicines to people at both breakfast and lunch time and this was done appropriately. Staff administering medication completed an online medication course and would then be shadowed by a competent person and checked on three occasions or more, until assessed as competent to administer medication. Medicines were stored appropriately in a locked trolley attached to the wall and there were appropriate procedures in place for the safe administration of medicines. Medicines were kept at the correct temperature with staff recording daily temperatures. Staff told us what they would do in event of the temperature changing. Staff wore disposable gloves to dispense medication.

Each person had a medication profile that was kept with the medication administration record (MAR) sheet. This told staff what medicines they were dispensing, for what purpose and how the person needed to take it, i.e. liquid/ tablet. There was guidance for staff as to when to administer certain medicines. For example: people who needed medication early or outside the usual medication times. One person with Parkinson's disease was given their medication at the appropriate times. We spoke with the person and they were able confirm that they were given medication as prescribed. Staff recorded the appropriate information on MAR charts if people had declined medication, or they had not dispensed. For example, dispensing of digoxin, a medicines prescribed for people with a heart condition when a pulse was below 60. There was clear guidance for staff to follow to ensure individuals pulse was below 60 or above 140. Transdermal patch used for pain relief, we noted that record forms were used to record application of patches so that staff did not administer to the same site on the body as the last administration as prescribed.

We identified a number of concerns which indicated staff were not always following medication administration protocols. This was brought to the Directors attention and it was evidenced that staff did have sufficient knowledge and were nervous at the time of inspection. Minor oversights had been addressed through refreshed medication training since the inspection.

There was a clear medication error reporting policy but staffs understanding of the process was uncertain and not robust . We saw two examples of medication errors which had not been reported. Where people's medication prescription had been changed we saw that staff had used sticky notes on MAR sheets to indicate adjustments to prescribed medication. As all MAR sheets were kept together there was the potential for the sticky note to stick to another's chart. This put people at risk of not receiving their medicines as prescribed and could result in the wrong person receiving medication. We could not see who had authorised the increased dose, or when to start or finish the dose.

Where people had physical health problems that meant physical observations were needed to be taken, these were recorded on record sheets and MAR charts. However, there were gaps on each of these and whilst it was clear those observations had been taken; we had to look in two places to see that this was the case. We addressed this with the manager who stated that they would review how they recorded physical

observations.

There were internal medication audits, the most recent one dated 18 February 2016 but this had not identified medication missed errors or missed signature's that we identified.

Staff administering medicines said each day they would check MAR sheets and any missed signatures they would then record on a sheet and hand over to staff coming on duty. However, we found that this sheet had not been signed for 3 weeks and there were gaps in January 2016. The provider said this form was no longer used but not all staff were aware of this.

Eye drops in use did not all have a date opened signature and staff did not know when they had been opened. This put people at risk of out of date medicines being administered. Topical cream medication charts with a body chart attached (indicating where to apply creams on individuals as prescribed) were found in communal areas and not stored safely and confidentially. The charts were not always filed in so we could not be sure that the prescribed creams had been applied.

Four people requiring warfarin medication, a medicine used to thin the blood had separate Warfarin charts kept with the medication sheets. However, they did not have the person's name recorded on the top of the form. This meant there was potential for warfarin prescriptions to be mixed up as they were paper records. Some of the MAR sheets were already loose in the MAR folder. The form did not clearly indicate whether the person had been supported with a recent INR blood test or indicate any result of these tests. However, the manager was able to show us a separate folder that demonstrated that the appropriate blood tests and checks had been carried out at the appropriate times.

Staff were not trained in recognising pain and how to assess pain. There were a number of people who used pain relief prescribed patches or as and when required (PRN) paracetamol and codeine. The benefit of this was not monitored. The MAR sheet had a space for recording if medication had been effective but this was not filled in. Staff stated that they would notify the GP if someone needed PRN pain relief for more than three days, but they did not record this and we could not find evidence that PRN use was monitored.

There was not an up to date British national formulary, (BNF.) This gave a list of all prescribed medicines, the recommended doses, usage of the drug and any side effects to look for. The BNF available was 2010. Staff stated that they do not question administration of doses, or use BNF for guidance.

Recruitment processes were not sufficiently robust. We looked at the recruitment processes in response to the concerns raised before the inspection. Records relating to the recruitment process did not show a safe and robust process had been followed. The provider had carried out the necessary checks for new staff. We saw on staff files: references, an application form, proof of identity, interview notes and a criminal records check and copies of existing disclosure and barring checks which were used to ascertain if staff had any previous convictions which might make them unsuitable to work with older people. However, the quality of information about new staff was poor. For example, we saw references for the registered manager included two references, one from a friend which might not be the most appropriate person to ask for a reference. We also noted that copies of training certificates where relevant to this employment had not been sought as proof of qualifications obtained. We noted that interview notes were very poor and did not make reference to staff's attributes, skills or understanding of providing safe and effective care. However, in discussion with staff recently appointed we were given a different picture of the thoroughness of the interview process but this was not recorded and might lead to difficulties later on if an employment contract needed to be terminated.

In discussion with the provider it was clear over the last four months three staff appointments to senior positions including acting manager and assistant manager had been unsuccessful and staff had either left of their own accord or asked to leave. Tightening up the recruitment processes would help determine if the person was the right candidate for the job against an agreed job specification and clear recruitment process which took into account equality of opportunity legislation rather than relying on a 'gut' feeling as described by the provider.

Staffing levels were adequate on the day of our inspection but we observed limited time spent with people to provide social stimulation or opportunity to join in activities. On the day of our inspection the staff spoken with did not have concerns about staffing levels and told us they pulled together and worked as a team. This is what we observed and people's needs were met in a timely way. The atmosphere appeared relaxed although the staff were busy right until after lunch and we did not see a lot of interaction with people using the service until lunch and early afternoon. The provider told us in addition to care staff they were present most days both day and night and the manager was also supernumerary to the rota and had worked alongside care staff to get to know them and the routines in the home.

There was no dependency tool in place to assess how many staffing hours were needed to meet people's needs. The Director told us no one currently required two staff to assist them with their personal care and staffing levels were adequate. Without a dependency tool it was difficult for us to fully assess how people's needs were being met. However we were concerned that there was no one employed specifically to provide activities. This role was being undertaken by two staff, who had up to eight hours each with no review if this was sufficient. Staff told us that in the afternoon/evening they were expected to prepare/serve the evening meal which took them away from their caring duties.

A number of staff we met on inspection were new to post, (one) been in post for up to a year or were longstanding staff. However when we asked the Director whether they looked at the skills mix of staff on each shift to ensure they always had sufficient staff on duty with the necessary skills and experience to provide effective care they were not able to clarify this.

Whilst at the service we identified a number of issues with infection control which gave us cause for concern. We observed staff changing a person weeping dressing in the dining room and putting the infected material on the dining room table. Staff explained the reasons why it was necessary to attend to the wound straight away. However staff did not ensure infected materials and the surfaces it touched were adequately cleaned. We also noted that in the sluice room there was only one sink so we could not see how soiled laundry would be effectively managed or how staff would wash their hands immediately before/after in an infected area. The domestic on duty was new to their role and did not have a working knowledge of infection control and training/induction was not sufficiently robust. They were not aware of the arrangements to separate domestic and clinical waste. Such as soiled items/bandages. We asked the Director if they completed cleaning audits but none were produced. We were not assured that there were sufficient controls in place to manage infection and stop it spreading.

Personal protective equipment was available, when staff provided personal care to people we saw them wearing gloves and aprons to serve meals.

We were not assured that all staff knew people well or the risks associated with providing care to them. People had individual risk assessments in their records and these were reviewed monthly. We identified inconsistencies in terms of staffs understanding of what people's needs were. One staff said no one had dementia, other staff named quite a few people they believed to have dementia but staff were not certain and did not use the care plan as a document of reference.

In relation to people's dietary needs the cook told us who was underweight or had unplanned weight loss. They told us they gave people home made milk shakes and fortified foods so that they received additional calories. This information was recorded in the kitchen so staff could work accordingly. However when we looked at food and fluid charts which were only in place where required, none of the staff were taking responsibility for adding up fluid amounts or making a decision about whether people were drinking enough for their needs. There were times when people's recorded fluid intake was well below national recommended guidance over a period of days. We could not see how what if any action had been taken in response. There was no protocol in place for staff to follow and staff were unaware of how much people should be drinking. There was evidence that weights were monitored and people were referred directly to the dietician where there was a concern but people were not routinely referred to the GP when not drinking enough to obtain specialist advice.

In terms of people's health care needs we could not see that any risks to people's health had been assessed. There were no falls audits to monitor the number of falls people were having and no analysis of data to see if it was the same people that were falling or if there were any themes of patterns in planning to prevent falls which might be indicative or something else such as medication/staffing levels. A person had fallen and been taken into hospital just prior to our inspection. We looked at their records and saw that they had experienced four falls in just over a month. Although there was a risk assessment in place which indicated a high risk, this was not robust and where it had identified possible actions staff could take we could not see if they had been carried through. For example it said 'if on more than four medicines this should be reviewed. Their medication profile showed they were on eleven medicines but a number of these were prescribed as necessary. There was no analysis of the possible cause of falls. When we asked the Director about this they gave us reasons but this was not supported by the records we saw and it was not clear if the person was falling or slipping. The accident record being used was not being done so correctly. We therefore could not see how the management team had clear oversight of the risks at the service and if these were being effectively managed by staff.

Requires Improvement

Is the service well-led?

Our findings

We were not assured that people always received quality care that was person-centred, or that staff were sufficiently supported to recognise good practice and develop their skills. We found the culture in the home was as open and transparent as it should be.

At this inspection there was a new manager in post who demonstrated to us their willingness to listen and improve the service in terms of people's experiences. The provider were providing day to day support and going through an induction process with the new manager. The acting manager said they felt well supported and had already worked alongside staff on shifts including a night shift and had held resident and staff meetings.

We looked at the recruitment of the acting manager and did not feel this was sufficiently robust in terms of looking at their skills and matching them with the job specification. There had been no obvious exploration of the acting manager's values or leadership skills or how they would drive forward improvement. We asked the provider how they intended to support the manager. They told us that following their probationary period if successful they would be registered for an QCF level 5 in management and care and would apply to be registered with the Care Quality Commission (CQC). . We asked how they intended to support the manager through their probationary period and were told there was a check list which they went through with the acting manager to show all aspects of the job they were expected to perform. However, the induction record was very basic and referred to daily routines and how to complete tasks relevant to their job role such as interviewing staff. There was no evidence of how the acting manager's skills and competencies would be assessed throughout their probationary period and the provider when asked if a probationary interview would be completed said no. The provider has since said a three month probationary review would be held and meetings in between to assess and discuss their performance.

We looked at other staff records for senior staff and found poor evidence of how staff had been supported to develop their roles or how their performance had been assessed to ensure they had the necessary understanding to perform their role safely and competently. We noted that although there were team leaders on each shift their responsibilities were not explicit other than to lead the team and to update the care plans. Supervision of staff was completed by (acting managers) in the past but this role was no longer recruited to. The acting manager told us they would conduct staff supervisions but had not been appropriately trained to do so. One of the Directors was providing a lot of the training/support but we were not assured they had the necessary competencies/skill set to do this. We were unclear as to each staffs roles and responsibilities as some staff had more than one role which they did not have job descriptions for and there were no identified areas of practice where staff had a particular skill and took responsibility for. It was not clear who did what and although the manager was in day to day control, the Directors also undertook tasks. In the absence of clearly defined job roles it was not clear how responsibilities were divided. There was a delay in receiving information when we asked for it during our inspection because when staff had left the areas they were responsible for had not been effectively passed on.

We asked the provider what quality assurance systems they had in place. They told us people were regularly

asked about the service and their feedback was acted upon immediately. The Directors said they knew people well and their families so could quickly address any concerns they might have. This was not transparent. For example the home did have a complaints procedure and there were suggestion cards at the entrance for people to complete. However, only one complaint had been recorded since October 2015 which is the date we did the last inspection and at this time there were no complaints recorded. Staff told us people did raise concerns but because it was dealt with it was not necessary to record it. We were not assured that the provider had a robust complaints process with a clear audit trail to evidence actions taken in response to people's complaints. The Director said everyone was able to raise concerns but it was not clear to us how people would access the complaints procedure or who initially they should contact. The complaints procedure said people should contact the provider. However there were no names, direct contact details or who else they could contact within the home.

The Director said people's views of the home were collated annually as part of their quality assurance but told us they were not able to locate either the most recent quality assurance survey or the outcome of the previous year's survey, although we had viewed this at a previous inspection. This was dated February 2015 and at the time were told these were completed six monthly. They told us the last residents meeting was about three weeks earlier but no minutes were available to evidence this.

The Directors did not have a formal schedule of audits to measure the effectiveness of the service they were providing so it was difficult for us to assess the quality of care. For example, we saw at lunch meals were provided and people were offered a reasonable choice. We asked the cook how they knew people liked the food and their dietary needs were met. The cook had good knowledge and said they spent time with people and asked them about their dietary requirements/food preferences. This appeared reasonable however the cook only worked two days a week. On the other days there were up to three other cooks all covering different days. In addition care staff also prepared meals in the evening. We were not given any assurance of how staff responsible for catering worked to consistently high standards or if there were any discrepancies in how people's dietary needs were met.

There were poor systems for identifying and managing risk to people health and safety. For example there was no weight tracker showing how people's weights had fluctuated over a period of time and if there had been any changes to their body mass indicator BMI. Staff recorded people's weights and staff knew how to refer to a dietician. In addition funding was now available for a nutrition course to be provided through the dieticians. A number of staff had been registered to attend the next course.

Immediately following our inspection we arranged to meet with the Directors to discuss our inspection findings and to try and support the service in moving forward. As part of this meeting the Director discussed what they had already achieved in less than 48 Hours to improve the service. This included revisiting staff competencies and understanding of procedures in relation to the safe administration on medication and awareness of reporting procedures for missed/incorrect medication administration. They had also identified a tool to help them assess people's needs and levels of dependency to help them better assess how many staffing house they needed in accordance with people's needs. They had displayed an organisational chart showing who was who and changed the complaints procedure to show the hierarchy in terms of who the complaint should be addressed by. We also asked them to change the timescales for dealing with a complaint depending on the seriousness of it. They had displayed the last quality assurance review/survey results showing what people had said and what they had done. In addition they had sent out surveys asking people/their relatives/visitors and professionals what they thought about the service and how it could be improved. They had also reintroduced a falls log which clearly showed the number of falls so this could be analysed to identify possible trends and themes which might be indicative of low staffing for example. It also helped them identify quickly who was at a higher risk of falls because of the number of falls they were

having. We were encouraged by the actions taken by the Directors but felt their own quality assurance processes were not sufficiently robust as they had not identified these concerns themselves prior to our inspection.