

Handsale Limited

# Handsale Limited - Silver Trees

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Handsale Limited – Silver Trees is a residential care home providing regulated activities of nursing care to up to 62 people. At the time of our inspection there were 58 people using the service.

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

People's records were not always accurate and up to date to provide assurance that people were having their needs assessed and met. Governance arrangements were not always identifying these shortfalls.

People had personal evacuation plans in place; however, improvements were required to some fire doors and the loft area. The registered manager confirmed action was being taken to address this following our inspection and they were awaiting confirmation of the work required. People were at risk of not receiving adequate care and support due to no assessment or support plan being in place in relation to their individual specific health needs.

Medicines were not being managed safely, and body maps were not in place for people supported with topical creams. Following our inspection action had been taken to implement body maps for people and staff had received training in applying topical creams.

Improvements were required to recruitment procedures. Not all staff had a reference in place and risk assessment before starting work. People on the nursing floor had no dining room set up on the first day, so they could eat their meals in a communal dining experience.

People were supported with optometrist and podiatrist appointments, and GP rounds were conducted weekly. Referrals to speech and language therapy were not always made when the need arose. Following the inspection the registered manager confirmed the speech and language therapy team have visited those who have been identified as needing a review. This team were working with the service to embed these improvements.

Improvements were required to ensure staff received training in the Care Certificate along with refresher training and identified training. People were supported by staff who felt well supported.

The registered manager was accessible to people, relatives and staff. They were open to CQC's feedback. People were supported to keep in touch and receive visits from family and friends.

During the inspection, the registered manager took action to address some of the issues raised as part of the inspection. This included updating some of the paperwork and liaising with the GP and so that improvements could be made.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 12 March 2019)

### Why we inspected

This inspection was prompted by a review of the information we held about this service. We received concerns relating to safe care and treatment. 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 assure CQC that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

### Enforcement

We have identified breaches in relation to safe care and treatment, training, best interest decisions, records, and good governance at this inspection.

We recommend the provider seeks training to ensure staff have the skills and competency to undertake their role.

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 meet with the provider and request an action plan. 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 effective?

The service was not always effective.

Details are in our effective 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** ●

# Handsale Limited - Silver Trees

## **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.

This was a targeted inspection to check on concerns we had about people's care and support relating to their care and treatment.

#### Inspection team

This inspection was undertaken by 1 inspector and a specialist advisor on the first day. On the second day of the inspection 1 inspector attended and 2 inspectors attended on the third day.

#### Service and service type

Handsale Limited – Silver Trees 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. Handsale Limited – Silver Trees 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 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 announced on the first and second day of the inspection. We visited the location on the 30 March and the 14 and we gave notice on the 28 April 2023 so we could ensure someone was available to support with the official records.

### What we did before the inspection

Prior to the inspection, we reviewed 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 also reviewed the information we had received about the service since the last inspection. We used all this information to plan our inspection.

### During the inspection

During our inspection, we spoke with 10 people living at the service, 3 relatives and 1 health and social care professional. We spoke with the registered manager, the deputy, the clinical lead, the handyman, 2 senior care staff, and 4 carers.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed 6 people's care plans and other supporting information along with, 4 staff files, training records, medicines records and quality assurance records.

# 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

- People's specialist mattresses were not always set accurately and could place people at risk of their skin breaking down. We raised this with the clinical lead and registered manager. On the second day of our inspection, we found 1 mattress was still not set correctly out of 6 we checked.
- People at risk of choking had inconsistent information within their care plan and other supporting documentation. This placed people at risk of receiving food that was not prepared according to their needs.
- People were not always referred to a specialist when risks had been identified with how they were eating.
- The provider's fire risk assessment had identified aspects of the building that needed improvements. This included the replacement of some fire doors and improvements to the loft area.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and provider responded immediately during and after our inspection.
- Daily checks were put in place as well as monthly audits for mattress settings. Care plans also contained important information relating to mattress settings.
- Referrals were made for those who needed it to speech and language teams and the GP to ensure people were assessed and supported with the correct modified diet.
- A survey was undertaken following our inspection and confirmation was given that remedial work would commence shortly.
- Care plans contained important information about people's medical history if they used a walking aid.
- People had personal evacuation plans in place. There was a contingency plan, important contact details, and a grab bag with items staff might need should the building be evacuated.
- Checks were in place for monitoring the safety of equipment such as wheelchairs and bed rails. Certificates were in place for water quality checks, gas, and TV licence.

### Using medicines safely

- Medicines were not being managed safely.
- Where people were being administered more than one topical cream, records only confirmed one cream had been administered. The registered manager following our inspection sent confirmation of topical

administration records (TMARs) in place. These confirmed all important information was now being recorded.

- No body maps or guidance was in place to confirm where staff should administer topical creams on people's bodies. The registered manager took action to address this by our second day of inspection.
- Medicines which needed to be administered at set times, such as antibiotics, were not always being administered in line with the required time scales.
- Records for 1 person who had been prescribed eye drops had no confirmation of which eye to administer the drops into. Their medicines chart confirmed to 'affected eye'. We raised this with the clinical lead so they could address this.
- Where 1 person had their medicines crushed. We found no confirmation of pharmacy involvement regarding assurance that these medicines were safe to be crushed. We raised this so confirmation could be sought to ensure these medicines were safe to be administered in this way. Following our inspection the registered manager confirmed instructions were in place to confirm medicines were to be crushed.
- People who took their own medicines had a risk assessment in place. However, their medicines were not stored safely in the person's room. We raised this with the deputy so they could address this.
- Medicines were not always securely locked. For example, during the inspection, we observed that the medicines room door was left unlocked at times. We also found medicines stored in cupboards that were not always locked and the key was left in the cupboard lock.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff responsible for administering medicines had not received training in administering and recording topical creams. Confirmation was sent following the inspection that action had been taken to ensure staff had received this training and audits were now in place to monitor these improvements.

#### Staffing and recruitment

- Systems were robust enough to ensure people were supported by staff who had satisfactory checks in place before their employment. For example, 2 staff required a second reference. The registered manager confirmed that normally they completed a risk assessment whilst awaiting references. These were completed following our inspection.
- Within 2 other staff files we reviewed had all completed satisfactory pre-employment checks in place, including references, identification, right to work and DBS. A Disclosure and Barring Service (DBS) check provides information, including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager confirmed they were overstaffing the home. We observed staff and the deputy manager taking their time to support people. A staff member told us, "Enough staff yes. Don't need any more".
- At the time of the inspection, the service was using agency nurses at night. The registered manager confirmed agency nurses covered 2 shifts at night. This was whilst new staff were awaiting the completion of satisfactory checks.
- We received mixed feedback from people and relatives around staff being able to respond in a timely manner to call bells. For example, 1 person told us, "I always have my call bell but it can sometimes take a long time to get help". Another person told us, "You have to wait ages to get anyone to answer your bell".
- Call bells were monitored, and audits were undertaken so that any delays in answering calls bells could be actioned.



### Preventing and controlling infection

- The home was clean and well presented.
- Staff had access to personal protective equipment however, we observed staff not always wearing their surgical masks as required. For example, we observed some staff wearing their surgical masks below their nose and chin at times.
- People's toiletries were not always returned to their rooms after use in communal bathrooms. We raised this and immediate action was taken to address this.
- People were supported, and advice was sought when identified as at risk of infections.
- People were being supported to receive visits from family and professionals.

### Learning lessons when things go wrong

- Incidents and accidents were recorded. Although we found 1 incident where a member of staff had been physically injured, and no incident form was completed at the time. The registered manager took action to address this.
- We reviewed the action taken following an incident we had been notified about when someone had become unwell and had experienced poor hydration. Staff still needed to attend clinical training following this incident however, the registered manager confirmed they had undertaken a competency check on the use of some equipment as an interim arrangement. Other actions included senior staff reviewing records and care provided to people throughout the day. We found these checks were not identifying areas found during our inspection.
- Senior managers had oversight of incidents. Monthly reports confirmed the number of incidents within the home.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to report abuse. Incidents of this nature were logged and recorded.
- Staff received training in safeguarding adults.
- Staff felt people were safe.

# 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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not always receiving training when a need was identified. Nursing staff had been identified as needing clinical training. This training covered pressure ulcer prevention, syringe driver training and vital signs. Training had been booked but cancelled on 2 previous occasions. The registered manager confirmed they had undertaken competency assessments for all nurses in relation to syringe driver training as an interim arrangement prior to staff receiving all the other modules. Training had been re-booked at the time of the inspection.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Not all staff had completed the Care Certificate. The registered manager said 10 staff had completed the Care Certificate. Some staff confirmed they had completed a national qualification in care. The training matrix identified 6 staff had started the training, and 26 staff were yet to start. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It comprises the 15 minimum standards that should form part of a robust induction programme. The registered manager confirmed that all staff who required this training had been allocated it; however, this was not reflected in the training matrix provided.

We recommend the provider follows recommended training to ensure staff have the skills and competencies to undertake their role.

- Training had been provided to all care and nursing staff in relation to oral care, which included training in International Dysphagia Diet Standardisation Initiative (IDDSI).
- Staff completed an induction to orientate them to the home. Staff confirmed they had received an induction and shadowed more experienced staff during this time.
- Staff confirmed they had received training as part of their induction, which was a combination of face to face and online training. Training was updated periodically and monitored by the registered manager.
- At the time of the inspection, training compliance was at 72%. The registered manager said staff were being supported to complete their training and were allocated time during their working day. The provider's training matrix identified training that some staff required.

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.

- Where people lacked the capacity to make particular decisions, We found the principles of the act were not always being followed. More information is within the led-led section of the report.
- The registered manager had made DoLS applications when required. Paperwork confirmed applications made. At the time of the inspection, only 4 DoLS were in place.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dining experience and support were inconsistent. No tables and chairs were set up on the nursing floor on our first day. People were having their meals in their rooms. We raised this with the registered manager as it was unclear why people were not having their meals in the dining area at lunchtime. Improvements were made on the second and third days of the inspection.
- People shared with us that they were happy with the meals. One person told us, the "Food is always good". One relative told us, "Food is brilliant. Eats everything putting on weight".
- People had access to a variety of meal options. For example, we observed people choosing between a curry, omelette, or lasagne.
- Staff supported people within the dining area, talking to them, and asking them if they would like a refill or a cold drink. However, we were not always assured people who needed assistance with their fluids were receiving the same level of support to stay hydrated. Some fluid charts had a target set, although we found the target was not always being reached. We fed this back to the registered manager so they could review it and take any action needed.
- Snacks were not always offered on the tea trolley to people who needed a softer diet, as we found only biscuits were being offered at this time.
- People's dining experience on the residential floor included nicely decorated tables, with salt and pepper and jugs of squash which people could help themselves to.
- The registered manager had undertaken a respect and dignity dining audit completed in February 2023. This covered areas such as if staff spent time talking to people and if staff assisted people in line with their wishes whilst providing them with dignity and respect. Following our inspection the registered manager confirmed they had undertaken another dignity audit and improvements to people's experience was noted.
- During our inspection we observed one interaction where a member of staff did not provide support and assist in a respectful and dignified manner. We fed this back to the registered manager so they could take the necessary action required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received support from the GP, chiropodist and optometrist when required. We could not ascertain if people were receiving support with their oral care routine due to records not confirming that people had their teeth brushed twice per day. We raised this with the registered manager so they could take any necessary action required.
- A GP provided weekly support. However, during our inspection we found people could benefit from improved communication with referrals and updates being provided to professionals, including speech and language therapy and other specialist services involved with the service. Following the inspection the registered manager confirmed they were liaising with speech and language therapist for those who needed an assessment.
- During our inspection, we gained positive feedback from one visiting health professional. They told us they had the information they needed, and in their opinion, the home was lovely.
- A communications book was in place for health appointments and planned visits. However, some important information relating to the outcomes of these appointments was unclear.
- Positive feedback was provided by two relatives who were visiting during the inspection. They told us the home sorted everything out straight away. Another relative told us how the person had received an eye test and had their toenails maintained.

Adapting service, design, decoration to meet people's needs

- People's rooms were individualised with pictures and photos.
- Rooms had an en-suite bathroom.
- People had access to a communal bathroom with an accessible bath in.
- A summary of information was available within the person's room. This covered important information such as how to support the person and key information about their needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The building was purpose-built although to support people who might need visual orientation to their room or other communal area such as a toilet or bathroom signage could be improved.
- People's rooms were personalised with furniture and pictures. Some rooms were having new flooring which would support them with their mobility and equipment needs.

# 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, person-centred care.

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

- Improvements were required to record keeping in relation to skincare. On viewing 2 people's records their skin was healing from sores however, their daily records failed to demonstrate they were receiving care as required every 2 hours.
- People's care plans did not always contain important information relating to the support they required with their individual medical needs. For example, where people were being supported with catheter care, percutaneous endoscopic gastrostomy (PEG), and a central venous line. Care plans contained limited information about what and how to support people with their individual needs. We raised this with the clinical lead during our inspection and afterwards with the registered manager so they could address these shortfalls.
- Where 1 person's care plan had limited information in relation to the risk that they could become physically upset. No risk assessment was in place, and no incident form had been completed following an altercation with a member of staff of a physical nature.
- People who required assistance with their moving and handling had a risk assessment confirming their required equipment. However, information was not always available to staff about what loop staff should use to move the person safely.
- Quality assurance systems and processes did not always identify shortfalls during the inspection.
- Daily and weekly checks were being completed, although these checks had failed to identify shortfalls and areas for improvement. Following our inspection, the registered manager confirmed that daily checks would be recorded as completed, including any actions taken.
- Staff were not always receiving training to support people safely with their clinical needs and the Care Certificate.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was responsible for notifying CQC of significant events. Services registered with the Care Quality Commission (CQC) are required to notify us of significant events and other incidents without delay. The registered manager made notifications to us when required.

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

- People's and staff's views were sought through satisfaction surveys. Surveys were undertaken in January 2023.
- Actions were identified, including how to respectfully address people and improvements to reviewing the menu choices.
- Staff feedback identified some areas for improvement. Actions were identified, including recruitment, morale, and improvement to communication at staff meetings. Staff spoken with during the inspection felt happy and supported by the management. One member of staff felt well supported by the management of the service. They told us, "Very helpful". Another staff member told us, "I'm happy working here".

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

- The registered manager was open and transparent during the inspection and was accessible to people, relatives and staff.
- The registered manager confirmed that the service planned a multi-cultural staff day. They also planned to place a voting box in the reception area to gain feedback from visitors and relatives around ad hoc subjects.
- The registered manager confirmed that people had a choice and that it was their home. They felt people's wishes should be respected.

Working in partnership with others; Continuous learning and improving care

- The registered manager was supported by a senior manager who visited the service monthly.
- The deputy and registered manager were accessible to staff and people and were seen holding meetings with family when the need arose.
- The registered manager liaised with the local authority raising safeguarding's when needed.
- Positive feedback was gained by a visiting professional during our inspection. However, we also had one professional raise concerns with us and the local authority when they visited the home. Some of these concerns have been looked at as part of this 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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People were not always being supported with care and support in relation to their individual needs. Regulation 12, (1), (2), a), b), d), g),
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Governance arrangements were not always identifying shortfalls.  Records were not always accurate and up to date in line with people's care and support needs.  Regulation 17, (1), (2), a), b), c),
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staff were not always receiving training to ensure they had the skills and competency to support people safely.  Regulation 18, (1), (2), a), b),