Karlamain Limited

Halcyon Days

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 caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We undertook an unannounced inspection of Halcyon Days on 25 and 26 June 2015. The home provides accommodation, support and personal care for up to 56 older people. At the time of our inspection there were 45 people living in the home, some of whom were living with dementia.

There was a registered manager in post. 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.

At the last inspection in September 2014 we found the service was not meeting the required standards in relation to infection control and prevention. The provider

Summary of findings

sent us an action plan to show what they were going to do to make the necessary improvements to meet the required standards and told us that they would do this by 14 October 2014.

At this inspection we found that the manager had put processes in place to address and monitor the issues identified at the last inspection, but that the improvements were not yet fully embedded in the culture of the service. This was because some areas of the service were not clean or well- maintained and some staff did not uphold good practice in relation to infection control.

However, we saw that the manager was working hard to resolve the issues and was taking appropriate steps to address this with the staff team.

Medicines were managed safely and accurate medicine stock records were kept.

Risks to people were assessed and minimised.

The necessary recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home. However, the provider's system for determining staffing numbers was not effective in ensuring that there were enough staff to support people safely.

The manager had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS), and assessments had been appropriately completed. However, not all staff had a good understanding of MCA and DoLS.

Each person had a support plan in place detailing their needs and preferences. People were supported to have enough to eat and drink and to access healthcare services as required. However, they did not always get support when they needed it.

People were not always supported to pursue their hobbies and interests.

People's views were sought and used effectively to make improvements to the quality of the service.

There were systems in place to monitor the quality of the service. However, recent audits had not

identified some of the issues that we found during our inspection.

During this inspection we found the service to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

Some areas of the home were not clean and some staff did not follow good practice in relation to infection control

There were not always enough skilled, qualified staff to provide for people's

needs in all areas of the home.

Staff had been trained in safeguarding and were aware of the processes that were to be followed if they had any concerns about people's safety.

Medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had the skills and knowledge to meet people's needs.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLs) were met, although most staff did not have a good understanding of MCA and DoLS.

People were supported to eat and drink to maintain good health.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff were polite and kind, but interaction with people was task focussed.

People's privacy and dignity were protected.

Visitors were welcome at any time.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Some people did not have their individual needs met in a timely manner.

People were not supported to pursue their hobbies and interests.

People knew how to make a complaint and felt comfortable to do so if the need should arise.

Is the service well-led?

Requires Improvement

A registered manager was in post.

The service was not always well led because, although improvements had been made to the service, these were not yet fully embedded within the culture of the home.

Summary of findings

There was a quality monitoring system in place but concerns identified at the inspection had not been identified.

People's views and feedback were used to inform the development of the service.

Staff felt comfortable discussing any concerns with their manager.

Halcyon Days

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 inspection took place on 25 and 26 June 2015 and was unannounced. The inspection team consisted of two inspectors and an 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. They had experience of caring for an elderly person and a care home environment.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included information we had received from the local authority and the provider since the last inspection, including action plans and notifications of incidents. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with 12 people who used the service and six relatives. We also spoke with the manager of the home, the deputy manager, a senior manager, six care staff, a head house keeper and an activities coordinator. We reviewed the care records of six people that used the service, six staff records, training records, and records relating to how the provider assessed and monitored the quality of the service provided.

After the inspection visit we contacted three health and social care professionals who worked with the home in order to gain feedback from them about the quality of the care provided.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in September 2014 we found that the provider had not taken appropriate steps to ensure people were protected from the risk of the spread of infection. At this inspection, we found that, although the registered manager had worked hard to put systems and processes in place to address the issues identified, improvements were not yet fully embedded in the service. Infection prevention and control was still a matter of concern at this service.

There was a malodour in some areas of the home and it was visibly unclean. The communal stairways were particularly bad with much visible dirt and debris on the carpets. Stairwells were cluttered and an area of exposed brickwork on the floor leading to the laundry was sticky and in urgent need of replacement. In one bathroom we found discarded dirty gloves on the floor and a used continence pad in the sink. In a lounge area we also found soiled equipment and used tissues on the floor. We discussed our findings with the head housekeeper and the management team. They provided evidence to demonstrate that they were taking steps to address these issues with the staff team, and to make the necessary improvements to the service. However they acknowledged that the standard of cleanliness found during the inspection was not acceptable.

This was a breach of Regulation 12 of the health and Social Care act 2008 (regulated activities) regulations 2014.

Many people said there were not enough staff on duty in the home. One person said, “They are short staffed day and night” and a relative said, “There’s not much help about. There’s never enough staff.” Another relative told us that on one occasion, they had to support a care worker to give personal care to their family member because, “There were no staff around.” A member of staff said, ““There are not enough staff here. We don’t always have the time people need, even to take them for a walk in the garden.”

We observed there were a number of occasions when people in communal areas were left unattended and that this resulted in their needs not always being met. We saw that people had to wait to receive personal care or assistance to eat, and staff did not have time to sit with people and engage in conversation. For example, at lunch time there was a period of at least twenty minutes when only one member of staff was in the dining area supporting people who required assistance to eat. This meant that some people had to wait to eat their meal which was cold by the time they received assistance to do so.

We saw that staff were not always visible throughout the home and that the layout of the building may have contributed to their inability to respond to people’s needs in a timely manner. Some people told us their call bells were either defective, out of reach, or not responded to quickly. One person said, “I couldn’t ring the bell because I couldn’t reach it so I had to sort myself out.” Another person said, “I’m so uncomfortable. I just want to go to bed”. This person’s call bell was faulty and so they were relying on staff making regular checks to ensure they were comfortable, but this had not happened as frequently as required. A relative told us, “I’m worried about what happens at night. [Family member] can’t use the call bell cord because [Person] doesn’t understand. [Person] used to have a buzzer round their neck and that was all right but not here. Staff say [Person] just screams if [they] need help, but they might not hear.” We sat with one person while they waited for eight minutes for staff to respond to their call bell. When staff arrived, they brought a hoist and explained that the person required this in order to be moved. However, the person was asking for a drink, not to be moved. They said, “I am so thirsty, completely dry.” They were in bed and could not reach the drink provided in their room independently. At 8.50 am, one person told us, “I am still waiting for someone to help me. I have been wet since I got up (cardigan sleeve). They put the buggy in the way and I spilt my tea.” It was not until 10.30 that we observed staff change the person’s cardigan.

We discussed our findings with the management team. They told us that the provider used a dependency tool to establish the number of staff required on duty in each part of the home. They also said that senior staff helped out at busy times of day if staff asked for support. However, from our observations we did not see this during the inspection. The feedback from people and relatives and our observations indicated to us that staff were not deployed effectively to meet people’s needs.

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

We saw that the necessary recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who

Requires Improvement

Is the service safe?

lived at the home. We looked at five staff files and found that appropriate checks had been undertaken before staff began work at the home. These included written references, and satisfactory Disclosure and Barring Service clearance (DBS). Evidence of their identity had been obtained and checked, and there was a clear record of the employees previous work experience and skills.

We saw that staff used appropriate personal protective equipment, such as gloves and aprons when assisting people with personal care, and they washed their hands both before and after providing support. We saw that equipment used by cleaning staff was colour coded to indicate which areas of the home each piece of equipment was used for, and that colour coding charts were on display to remind staff to use the equipment correctly.

Most people told us they felt safe living at the service. We saw that there was a current safeguarding policy, and information about safeguarding was displayed throughout the home. All the staff we spoke with told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of abuse that people might suffer. Records showed that the staff had made relevant safeguarding referrals to the local authority and had appropriately notified CQC of these. This demonstrated that the provider's arrangements to protect people were effective.

Each person had individual assessments in place which identified any areas of risk, such as a risk of falling or developing pressure areas, and how these would be minimised. We saw that people were involved in making decisions about risks and about how they would like to be supported to stay safe and maintain their independence as much as possible. Records of incidents were kept which enabled the management team to identify any trends so that action could be taken to reduce them.

Each person had a personal emergency evacuation plan within their care records which explained how they should be assisted to evacuate the premises safely in the event of an emergency. We saw that there were processes in place to manage risk in connection with the operation of the home. These covered all areas of the home management, such as fire risk assessment, water temperatures and electrical appliance testing.

People's medicines were administered safely. People were assessed to establish if they were able to manage their own medicines and where this was not possible or where they did not wish to, then the staff administered them. The system used was robust and enabled a full audit of how medicines were being managed. Medicines were stored in line with current good practice. Staff training was kept up to date to ensure they understood and were competent to administer medicines to the people who required them. Staff sought consent from people before medicines were administered and ensured that people took their medicines correctly.

Requires Improvement

Is the service effective?

Our findings

People said that staff were good at their jobs. One person said, "I think the staff are well trained." Staff told us they had good opportunities to complete training that was appropriate to their role. New staff had been provided with induction training and had a period of working alongside experienced staff before taking up their duties. Staff we spoke with were able to tell us how they applied the training they had received to people's day to day care. For example, one member of staff said, "The dementia training was brilliant." They went on to explain how, as a result, they had recommended that the home replaced white dinner plates with blue ones to support people with dementia to identify the food they were eating more easily. We observed that staff knew people well and had the skills to meet their needs. For example, we saw that staff supported people to move around the home safely in line with their care plan and were competent in using moving and handling techniques and equipment.

Staff told us that they received good support from the registered manager on a day to day basis. However, some staff said that they did not receive supervision every two months in line with the provider's policy. This was confirmed by the records which showed that some staff had not received supervision for up to six months.

People told us that staff asked for their consent before providing care and we saw many examples of this during our inspection. However, we also saw one occasion when a person was moved in their wheelchair with no communication from staff to explain what they wanted to do. It was clear that the member of staff had not sought the person's consent before doing this. We saw that most care plans we looked at were signed by the person or their representative to indicate their agreement to the contents.

The manager demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). However, most of the staff we spoke with did not understand this legislation and how it impacted on the care they provided to people. People's capacity to make and understand the implications of specific decisions about their care were assessed and documented within their care records. We saw that best interest decisions had been made on behalf of people following meetings with relatives and healthcare professionals and were documented within their care plans. The manager told us that they were in the process of making DoLS applications for people who could not leave the home unaccompanied and those who were under continuous supervision. This was confirmed in the care records that we looked at.

The service had recently started using a company that supplied frozen meals. The meals were nutritionally balanced, of high quality and clearly labelled to indicate ingredients and nutritional values. Feedback from people about the food was widely positive. They told us it was varied, good quality, plentiful and that a good choice was available to them for snacks as well as main mealtimes. One person said, "The food is excellent, as much as you want when you want it." Another person said "I can't eat eggs and I only eat white meat and they do that for me all the time." A third person told us, "You don't get hungry in here, they're throwing food at you all the time". A relative said, "The food is brilliant and [my relative] is eating well now."

Although the food served at lunchtime looked appetising and arrived from the kitchen at the correct temperature, there were not enough staff in the dining area to be able to support people to eat before their meal was cold. Despite the efforts by the staff to meet people's needs, they were unable to do this as too many people needed support at the same time. This could mean that people ate less food than they required because food was no longer appetising by the time they were assisted to eat it.

The provider used a Malnutrition Universal Screening Tool (MUST) to regularly monitor if people were at risk of not eating or drinking enough. Records showed that where people were deemed to be a risk of not eating and drinking enough, the provider monitored how much they ate and drank on a daily basis, and their weight was checked regularly. We also saw that where necessary, appropriate referrals had been made to the dietetics service and treatment plans were in place so that people received the care necessary for them to maintain good health and wellbeing.

People told us that they were supported to access healthcare services. One person told us "I see a doctor if I need to." A relative told us that the staff responded quickly when their family member was unwell to ensure they received the medical attention they required. The care records showed that the provider had involved a number of

Requires Improvement

Is the service effective?

health care professionals to ensure that people's needs were met. Staff told us that they had a good relationship with health care professionals who visited the home so that people's needs were appropriately met.

Is the service caring?

Our findings

Most people spoke highly of the staff that supported them. One person said, “The staff are kindness itself.” Another person said, “You can’t fault the staff here.”

When we observed the care practices in the home, we saw that people were comfortable in the presence of staff and that staff were friendly and caring. However, most conversations concerned tasks, such as personal care or food and drink, and there was little engagement beyond this. For example, we observed lunchtime support in the dining area and found that very little interaction took place between the staff and the people they were supporting. Beyond informing them that their meal was ready, staff did not speak or maintain eye contact with the person they were supporting. In contrast, as we walked around the building we did hear some bright greetings from staff to people as they went about their work although conversation was minimal and still focussed on tasks

The staff we spoke with were knowledgeable about the people they supported and what was important to them.

Staff were positive about their work. One staff member said, “I love the people. That’s why I do it”. One of the staff told us that they assisted people to make decisions about their care and support and acted on people’s views and choices to ensure that they received the care they wanted. However, we found little evidence to demonstrate that people were supported to maintain their independence or to have much involvement in how they were cared for.

People told us that staff respected their privacy and dignity. One person said, “The girls are good at keeping the doors shut if they are doing personal stuff.” Another person said, “Oh they always knock on my door before they come in.” We observed that the staff protected people’s privacy, dignity and confidentiality because they ensured that people were supported with their personal care in private. We saw that when staff assisted people to move from communal areas, this was done in a discreet and respectful manner. People told us their friends and family could visit whenever they wanted and that this enabled them to maintain relationships that were important to them.

Requires Improvement

Is the service responsive?

Our findings

There were planned activities in the home, but we found little evidence to demonstrate that these had been organised to take account of people's individual interests. Several people told us they did not have enough to do and felt the activities on offer were not to their taste. One person said, "I have a TV in my room. I come down in the morning just for a bit of company, nothing much goes on, then I go to my room for the afternoon and evening." Another person said, "I love the garden. They don't do much here. I potted some pansies." A relative told us that they had explicitly stated that it was vital to their family member's wellbeing that they were supported to maintain activities they had previously enjoyed, but that this had not happened. Many people spent much of their day sitting in their room or in a lounge area with nothing stimulating to do and no engagement offered by staff. One person said, "I get very lonely. I stay in my room which is only partly my choice. I really want to get out. "

On the first day of our inspection, a bingo session was organised but we were told that no one had wanted to do it so it had been cancelled. Staff did not appear able to engage people in another activity, so people were left with nothing to do. The television was on in one area of the home, but one person told us that they could not hear it and the subtitles had not been put on. The activity coordinator told us that they were trying to identify activities that people would like and had put a programme together, but that this was often cancelled due to lack of interest or lack of hours allocated to activities. One to one time was enjoyed by some people, and in the afternoon, we saw that some people enjoyed having their nails manicured.

We spoke with the manager about the organisation of activities at the service. They were aware that this was an area for improvement and told us that they were working with the activities staff to introduce more innovative and person centred activities based on people's hobbies and interests.

These shortfalls were a breach of Regulation 9 of the Health and Social Care Act (Regulated activities) Regulations 2014.

We saw that people's needs had been assessed and appropriate care plans were in place to ensure that they were supported effectively. People and their relatives had been involved in the planning and regular reviews of their care. One relative told us, "They do talk to me about any changes." We saw evidence of regular communication with people's relatives. The staff told us that where possible, they regularly discussed and reviewed care plans with people who used the service and we saw evidence of care reviews in the records we looked at. We saw care plans contained guidance for staff about people's needs and also their preferences about how care should be provided. For example we saw that where one person was at risk of developing pressure areas, this was reflected in their care plan, with detailed guidance to staff about how to manage the person's care appropriately. Another person's plan highlighted the support they required from staff in order to reduce their anxiety about receiving personal care at certain times of day. We saw that staff kept daily notes to record the care provided to people and that these were completed appropriately to ensure the next staff on duty could provide a continuity of care.

People told us that they were able to personalise their bedrooms. In order to support people to maintain their individuality and diversity, we saw that they had personal items and photographs of friends and family members on display in their bedrooms. These familiar items made the environment feel homely and comfortable for people.

People told us that they were comfortable with raising complaints and concerns and had been given the information to enable them to do so. One person said, "I know I can speak to them if anything is wrong." A relative we spoke with had raised some concerns which they felt were being taken seriously. Although they had not been fully resolved yet, they believed the manager was addressing the issues appropriately. We saw that the manager had a system to record and monitor responses to complaints and that these had been responded to in an appropriate and timely manner, in line with the provider's complaints policy.

Requires Improvement

Is the service well-led?

Our findings

The manager was present during the second day of our inspection and was able to clearly demonstrate that she understood her responsibilities. We found that she had a 'hands on' approach to her role and that she promoted a person centred culture within the home. She was clear about the standard of service she wanted to provide to people and their families, as well as providing effective support for the staff. We saw, and people and staff confirmed, that she was visible within the service and took time to talk with people and get to know their needs and preferences. Staff confirmed that they were aware of the whistleblowing policy and all of them said they would feel confident to report poor practice and believed that the manager would take appropriate action.

There was a quality assurance system in place. Quality audits completed by the management team covered a range of issues including infection control, care plans and medicines management. The provider completed monthly monitoring visits, as well as a full audit once a year. We saw that action plans had been developed where shortfalls had been identified and the actions were signed off when they had been completed. We saw that, in addition to the quality audits, the manager carried out regular checks around the home. These checks covered areas such as cleanliness, dignity, respect, and involvement. The management team regularly conducted night time checks to monitor that the standard of care at night time was appropriate to meet people's needs. The manager had identified issues that we found during the inspection in relation to cleanliness and infection control. They produced evidence to demonstrate how they and the head house keeper were driving improvements. This included managing the performance of staff who persistently did not maintain good standards of infection prevention and control, and cleanliness. However, we noted that recent audits had not identified some of the issues that we found during our inspection, such as the risk of people being isolated in their rooms and a lack of staff support at mealtimes leading people to be given cold food.

The provider told us that people, their relatives and staff were encouraged to attend meetings with the manager at which they could discuss aspects of the service and care delivery. We saw that the next meeting for people and their family members was scheduled to take place on 13 August 2015. The manager also sought people's views about the service through regular monthly two way feedback forms. Records from a recent staff meeting showed that issues relating to the care and smooth running of the home had been discussed. Staff also discussed any learning that had been identified from analysis of accidents, such as falls, and complaints at these meetings as well as the provider's policies, visions and values. This demonstrated that the manager shared information with staff and provided opportunities for them to discuss issues relating to people's care in order to make improvements to the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People's care was not always planned or delivered in a manner which was appropriate, met their needs, or reflected their preferences Regulation 9 (1) (a) and (b) and (c)

Regulated activity	Regulation
	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Appropriate steps were not taken to prevent and control the risk of infection. Regulation 12 (1) (2) and (h)

Regulated activity	Regulation
	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider did not ensure that staff were deployed in such a way as to ensure sufficient numbers of staff were available at all times in all areas of the home to meet people's needs. Regulation 18 (1)