

Cavendish Healthcare (UK) Ltd

St Marys

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This unannounced inspection took place on 4 October 2016. It was a responsive inspection to follow up on the comprehensive inspection that was completed on 12 and 19 May 2016. At that previous inspection we had issued two warning notices that related to care and welfare of people using the service Regulation 12 and the management systems in well led Regulation 17. We found at the most recent inspection things had improved and the service was now meeting regulations.

St Marys can support up to 60 older people in a residential type care home. Some people live with dementia and reside on Constable. This is a part of the home designed to keep people safe and supported by suitable staff. At the time of our inspection 34 people were residing at the service. This was because following our last inspection the provider decided to not admit anyone new to the home until they had made improvements. Since this inspection we have been notified by the provider that they are admitting people again on a phased introduction because they are confident that they have improved and can meet people needs.

There was a registered manager in post at the time of the inspection and they facilitated our visit. 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.

We found a service that had responded to our concerns and had focused its resources to improve the quality of service for people. People were involved and consulted about their quality of life. They were involved in decision making where possible and had developing opportunities in relation to day time activities and further opportunities being developed. Care plans were informative, regularly reviewed and enabled staff to provide consistent appropriate care based upon individual needs. Daily recordings were based upon plans, policies and procedures in place.

Risk assessments highlighted how people could be kept as safe as possible. People had access to healthcare support to remain healthy and were able to access medical support in the event of becoming unwell, an accident or a fall.

Staff were well supported. There were sufficient staff that worked flexibly to meet people's needs. There was access to a team leader at all times. Staff were given the appropriate training to meet people's needs and were able to gain professional recognised qualifications. There was an ongoing training program in place to support staff. Staff understood the aims and objectives of the service and worked towards and in line with these.

The management of the service was well regarded by staff, who told us they were visible and approachable and responsive to ideas. A full management team was now in place. Additional resources had been drawn to the service to support managers and staff to make the changes necessary in relation to care planning, training and management systems to ensure the quality of care delivery.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected as far as possible as staff had been provided with training on identifying and raising safeguarding concerns and were clear about the process to follow.

People's likelihood of harm was reduced because risks to people's health, and safety had been assessed and risk assessments produced to guide staff in how to reduce these risks and keep people safe from harm.

There were sufficient numbers of suitable staff employed and working at the service

There were systems in place to ensure that people received their medication as prescribed.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post. Management was visible and open and available to staff and people at the service.

Staff were clear about their roles and responsibilities and were well supported.

There were systems in place to review the service and the quality of care.

St Marys

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 4 October 2016 and was unannounced. The membership of the inspection team consisted of two inspectors.

Before the inspection, we reviewed information we held about the service, in particular notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law.

We observed the lunchtime within Constable. We spoke with the two people who used the service and two relatives. We interviewed six staff members of all designations within the service and spoke with the registered manager.

We reviewed seven care support plans, daily records and records relating to staffing and to the quality and safety monitoring of the service.

Is the service safe?

Our findings

At our last inspection on 12 and 19 May 2016 we found that the service was failing to meet the fundamental standards that people should be able to expect. The service was failing to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. We received an action plan from the manager and provider after the report was sent to them. At this inspection we found that improvements had been made and people were safer than before.

Risks to people were now being consistently assessed and effective action taken to mitigate the known risks identified. Previously we had concerns about people falling and the lack of appropriate response to their medical needs. At this inspection we examined incidents, accident and care records relating to recent activity within the service. We found that records along with staff knowledge and following known procedures ensured that people received an appropriate response, monitoring and medical intervention. A staff member told us of a recent incident whereby they had obtained a local community defibrillator after dialling 999 and summoning emergency services. They said, "I felt calm the whole way through because of the training I had and I knew I was doing the right thing." A person had an unwitnessed fall and complained of a head ache. We saw that the GP was called for advice and staff were told what to look for with a potential head injury. This was communicated to new staff as they came on to shift. Records such as post falls monitoring and flow charts showed that staff were supported by paper work and given appropriate guidance. We saw that people were referred on to falls prevention specialist where needed. Staff however would benefit from a deeper understanding of falls prevention and an overall falls prevention strategy for this service.

Where people with diabetes were a risk of developing other health related conditions care plans provided clear guidance in the case of fluctuating blood glucose levels and evidence of regular access to podiatrists and opticians.

Key information that had been provided by speech and language therapists were now part of the care plans and staff spoken with understood the relevance of these in relation to the food types offered to people to prevent people from choking.

At the last inspection on 12 and 19 May 2016 we found that medicines could be more robustly managed to keep people safer. We saw medicines on the floor and audits did not effectively find errors. Not all medication administration charts tallied with medicines held. At this inspection we found that medicines were more safely managed. Audits had been robust and had led to improvements in staff practices.

A relative told us, "I believe he does get all his medicines he should have. On a Saturday I have seen if he is asleep they will adjust them throughout the day. That's good." We observed staff administering medicines and they did this for one person at the right time and ensured it had been consumed before then going back to sign their administration records.

As part of this inspection we inspected the clinical room. We found it was clean and tidy with all medicine

trolleys secured to the wall when not in use. The room was locked and the keys were only held by senior staff with the manager having access to a spare set of keys for an emergency only. All medicines were securely locked away and the room and fridge temperatures were recorded daily to check that they were within acceptable limits. The fridge only contained prescribed medicines for people using the service. The pharmacy contact details were easily available for staff to use to clarify or resolve issues.

All the controlled drug medicines were locked into a separate cabinet secured to the wall with its own key. The registered entries in the controlled drug book were complete and for each time a medicine was administered two staff had signed the book. We checked all of the medicines in the controlled drug cabinet with the medicine administration record (MAR) and also the controlled drug book. We saw that the name of the person and the medicine on the box agreed with the record in the MAR and controlled drug book, as did the stock balance of medicines.

All of the medicines we saw had an expiry date and the senior team leader explained to us how they now worked with the pharmacy to order medicines and return any unrequired medicines. They also spoke to us about how as required medicines were recorded, once they had been offered and administered. We saw that each entry of a medicine agreed with the key grid reference on the MAR sheet. This meant that staff had offered medicines and recorded when this had been given or the person did not want the medicine on that occasion and this had been recorded correctly using the MAR key grid system.

The service had a policy and procedure for the administration of medicines. This included the returning of unrequired medicines to the pharmacy. We saw there was returns book which had been signed by both service staff and receiving agent from the pharmacy to confirm the medicines to be returned were present and this was an accurate record.

Staff were aware and confident in how to escalate any concerns they might have in relation to protecting the safety of people and aware of how to identify those at risk of abuse. One member of staff told us, "We have had the support and training to know what to do." We know that the manager of the service consistently communicates and takes advice from the multi-agency safeguarding hub within the county council. They make appropriate referrals to the right people and ensure that we at CQC are notified. They respond appropriately and inform and work well with external agencies to protect people at the service. Effective action has been taken to protect people and to support and train staff when matters have arisen.

There were sufficient staff to support people at the service. A relative told us, "There have been some new staff. All staff are kind and good. Staff listen to me which is helpful." Three staff told us that there were sufficient staff to meet the needs of people. One said, "It feels right with regards staff numbers." Another said, "Things have been changing for the better. There is more training and improved knowledge. We are more professional and caring not only with the people who live here but between staff."

A roster had been developed with in the service that was based upon the needs of people using the service but was set so staff could predict their time off. Staff told us that they welcomed this change. The team leaders available on each shift was welcomed and staff said that the team of team leaders were working well together as a team with good communication.

We were aware and explored some matters that related to disciplinary processes where unsafe practice had been found by the manager. The processes were appropriate and had led to improved safety with in the service

Is the service well-led?

Our findings

At our last inspection on 12 and 19 May 2016 we had concerns about the management systems in place and how effectively they were being implemented. At this inspection we found that both the manager and provider had a shared oversight of the service and the quality of care being delivered.

The manager had used our last report to facilitate a coaching day with the team leaders at the service. They were involved in developing solutions and an agreed way forward. This showed us an openness and shared responsibility and ownership within the team at the service.

As a result of the concerns raised from our last inspection the manager had invited another manager from a neighbouring service to undertake a medicines audit. This was carried out on 16 and 18 August 2016 and the findings were shared with the manager and in turn with the senior team. The audit found some improved practice since the last CQC inspection but there were still, identified areas for improvement. This resulted in a detailed action plan being put in place to identify how to resolve the issues.

The manager had accepted the audit and plan and once shared with the senior team had implemented actions identified. This included an audit of daily checking by staff that the staff member responsible for administering medicines for each shift had administered and recorded correctly in the MAR.

There were more in depth weekly audit of medicines procedures. A senior member of staff on the 29 September 2016 had carried out a repeat audit to that of the visiting manager from another service the previous month as referenced above. They had discovered minor issues such as not returning items to the pharmacy that were not being used. They also considered that some of the photographs of people using the service and displayed on the front of their MAR could be updated. We saw at this inspection some new photographs had been taken.

The manager informed us their plan was to continue with the daily audits to identify and resolve issues quickly and weekly medicine audits were also to continue.

Since our last inspection, all care plans had been reviewed by the senior team and updated. The service had planned further in depth reviews where a person would be identified as the 'resident of the day' once per month. This means their care plan would be reviewed with them by their keyworker and senior member of staff and families would be involved and informed with the person's consent. Risk assessments were checked to ensure they were accurate.

Part of the process was to identify what people preferred with regard to a bath or shower, time of day or frequency during the week. The care plan was then written to take account of people's needs and preferences. The deputy manager informed us they wanted to achieve the balance of person centred care so that bathing and showering was recorded in the persons care plan and was at a frequency of their choice. This meant avoiding using a bath book which would record when each person had a bath or shower. In order for the person centred approach to be successful this required the staff to be aware of peoples care

plans. Therefore senior staff audited the recorded daily information to ensure the care was being provided and recorded as per the agreed care plan. The manager was working with the staff to develop the care plans to be inclusive of people's views as well as their needs. The deputy manager was working with all staff with regard to the care plans being person centred. For example identifying if the person had any religious views or needs and how the service would support them to meet those needs.

We saw that the manager had introduced a number of systems for auditing the quality of the service in line with good governance.

We also saw that the service had audits for infection control. The new deputy manager explained to us that audits would only be effective with regard to improving the service if the staff had received appropriate training. We saw a large amount of training had taken place since our last inspection including health and safety and infection control. This included e-learning and also face to face training. E.g. One staff member told us they had to complete pre learning on the computer before attending face to face training relating to understanding dementia. The manager told us they had arranged for staff to undertake training while also working with the deputy manager to ensure that the shifts were covered, so that there were enough staff to provide care to people as required.

Staff were positive about the changes being brought about by the new provider and were motivated to work here. Staff were developing their understanding and practice of the ethos and values that the service strived for around respect, privacy and promotion of individualised care.

The manager was registered for this service. Staff told us, that the manager was easily accessible and listened to their views, as did the provider. We found that both the manager and the provider were open and approachable. They were experienced, qualified and knowledgeable about care and support for people.

The manager told us and we saw that people's experiences and thoughts about the quality of the service were being sought. The return date 'for your care rating survey' was October 31 2016. Once people had responded anonymously their views would be considered and an action plan drawn up. The manager explained to us that they communicated and implemented the feedback by displaying information in the form of 'you said' and 'we did.' This meant information was transparent for people to be aware and challenge the service to maintain the change.

The deputy manager told us that staff meeting and also relatives meetings were being arranged for every 8 weeks. A relative we spoke to knew of these meetings and another knew of the care reviews that were arranged.

The manager encouraged staff from the coaching sessions to report and record accidents as they occurred and after any immediate action was taken. In turn they would analyse the information and ensure that safeguard reports were forwarded if so required. They also provided information onto a service document where this would be analysed and lessons learnt for the service. This was discussed with the senior team at meetings and shared with the whole staff to drive the improvements of the service forward. This was key document for discussion in the quality meeting with the district manager.

The District Manager would visit every month and the manager prepared in advance of those meetings a quality report of information from across the service to discuss and agree action plans for on-going improvement. This meant they were proactive in monitoring and continuously improving the service.