

Red Firs Carehome Limited

Strawberry Fields Care Home

Inspection report

Strawberry Hall Lane
Newark
Nottinghamshire
NG24 2EP

Tel: 01636700770

Date of inspection visit:
28 March 2022

Date of publication:
05 May 2022

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

About the service

Strawberry Fields Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. This service supports older people living with dementia, memory loss and similar disorders. At the time of the inspection there were 37 people using the service

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

Staff had not always followed good infection control practices and the home was not clean and well maintained. Medicines were managed safely but medicines records were not always accurately maintained. Staffing levels were maintained, however the service experienced recruitment issues and relied on agency staff.

The provider's systems for monitoring the service were not always effective. Audits had not always identified shortfalls, or actions had not been taken to make improvements.

People and relatives were positive about the kind and caring nature of staff and had good relationships with them. Relatives and visitors were welcomed into the service. People and their relatives took part in their care planning. Staff worked well with other professionals to help identify and meet people's needs.

Staff said they were happy in their roles and told us they felt the management of the service was supportive.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 9 May 2019).

Why we inspected

We received concerns in relation to infection control, staffing and quality of care people received. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. 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 provide assurance 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Strawberry Fields Care Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to infection prevention and control and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Strawberry Fields Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Strawberry Fields Care Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used 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 used all this information to plan our inspection.

During the inspection

We reviewed documentation, inspected the safety of the premises, and carried out observations in communal areas. We spoke with two people who used the service, four relatives, and six members of staff including the manager, deputy home manager, supporting manager, housekeeper, senior care assistants and a care assistant. We reviewed the care records for four people, multiple medicine records and the recruitment records for three members of staff.

After the inspection

We continued to review documentation relating to the quality and assurance systems in place.



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.

Preventing and controlling infection;

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Moving and handling equipment such as hoists and stand aids were visibly dirty and there was no evidence to demonstrate they were cleaned or decontaminated after each use.
- The domestic cleaning trolley was visibly dirty. We saw domestic staff using inappropriate colour coded mops and buckets to clean people's bedrooms and bathrooms. This increased the risk of infection spread. We raised this issue with the registered manager who told us they would review and update their cleaning processes.
- During the walk round the service we saw a bag with clinical waste left unattended on the floor outside people's rooms. There was a risk that people walking past could easily access it and this put them at risk of infections.
- Many items of the furniture within the service were visibly stained or damaged. We saw pressure cushions with visible stains and damage to the fabric. Tables and chairs in the dining areas were visibly damaged, worn and stained. Damage furnishing are difficult to clean and can harbour bacteria which increases the risk of infection spread. The registered manager removed damaged pressure cushion immediately and told us they would start using wipeable table cloths for the tables and request items of the furniture to be refurbished by the maintenance person.

We found no evidence of harm. However, the provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. We saw an ample supply of PPE located in key areas of the service. We saw staff wore appropriate PPE throughout the day.
- We were assured that the provider was using PPE effectively and safely. The provider followed government COVID-19 guidance on home visiting. Staff checked visitors lateral flow test result and their body temperature. Visitors were asked to complete screening questionnaires and were given appropriate PPE.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- A regular fire safety checks and fire drills had not always been carried out in line with the recommended guidance. For example, weekly fire system checks had not been carried out for the last three weeks prior to our inspection. The last fire evacuation drill took place in May 2021. Fire drills are important part of fire safety because staff should know what they need to do if there is a fire and to test how effective evacuation plan is.

We discussed this with the registered manager who told us they would complete the fire checks and drills as a matter of urgency.

- Other environmental safety checks such as to ensure people were not at risk of scalding from hot water, moving and handling equipment or bed rails were regularly completed.
- The registered manager used nationally recognised assessment tools to identify areas of risk for people. People had appropriate risk assessments relating to their health, safety and welfare to mitigate any known risks. Risk assessments were regularly reviewed and updated by the registered manager or when any changes occurred.
- People's physical and health needs were regularly monitored and when concerns were identified actions were taken to address them. For example, when people had an increased number of falls, appropriate referrals to health services were made to seek additional guidance and support for staff.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- The service was experiencing recruitment and retention challenges.
- The provider was working to try and address the staffing crisis within the service. They had made block bookings with agencies to secure regular agency cover.
- Records relating to staff were disorganised. It took some time to review the records to check whether all information was present. We were therefore concerned that the provider could also not be assured that all of the relevant checks had been completed. For example, we found that one staff member was previously dismissed from their previous role in a care setting. This was not explored further by the provider. We raised this with the registered manager who told us they would review and improve their recruitment processes and filing system.
- Rotas showed that in the three weeks prior to our inspection, planned staffing levels had been met. The permanent staff clearly knew people well and how they liked their care to be managed. Permanent staff told us the regular agency workers were competent and understood people's needs.

Using medicines safely

- Medicine recording required improvement. We looked at people's medicine administration record charts (MAR) and found many missing signatures to confirm people had been given their medicines. However, the service used a medication management system that organised people's medicines according to the day of the week and the time of day it should be taken, and we were given assurance that people received their medicine as prescribed. We raised this issue with the registered manager who immediately implemented additional checks to reduce the risk of further missed signatures.
- Each person had an individual medicines information page which documented and described their prescribed medicines and the way they preferred to take their medicines as well as any allergies.

- Staff administering medicines had the relevant training and had their competencies checked.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People told us they felt safe at the service. One relative told us, "I feel my [person] is safe there. The carer's do genuinely care for people, you can see they have built up really good relationship with people."
- People were supported by staff who were trained and had good knowledge about safeguarding adults. Staff knew how to recognise signs and indicators of people being at risk of abuse and knew how to report their concerns.
- The service had a policy in place to support staff to confidently raise any concerns regarding practice and people's safety.

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; Continuous learning and improving care

- The provider completed a range of audits to monitor quality at the home. These had not always identified the shortfalls we found during inspection
- The provider's own systems and processes to ensure the environment was clean and in good state of repair were not always effective. We found many areas of the service and the equipment within were not clean and hygienic.
- A clinical commissioning group had completed infection prevention and control audit in May 2021. Several shortfalls about cleanliness of the service were found and the provider was asked to complete action plan to show what improvements they would make to improve the standards. At this inspection we found that many actions from the audit were still outstanding.
- Medicine audits were also not effective because they did not identify and address the issues we found during the inspection. For example, missing signatures on people's MAR charts. The provider's own policies were not followed regarding reporting and responding to medicine administration error and omissions.
- Accidents and incidents records were completed by staff to a good standard. The registered manager monitored and reviewed incidents and accidents, however trends and patterns of incidents were not always identified or analysed to ensure measures were in place to reduce the risk of incident reoccurring. For example, trend analysis when a person had fallen number of times.

We found no evidence of harm. However, the provider had failed to ensure adequate systems and processes were effective to assess, monitor and improve the quality and safety of the care provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood their responsibilities to regulatory requirements. The registered manager submitted notifications to CQC when this was required.
- Staff had received regular supervisions during which the registered manager had discussed with them any changes affecting the service or updates to government guidance regarding COVID-19.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives told us the care given to the people was generally good, however every relative we spoke to

expressed concerns about management of people's laundry. Relatives told us they often found items of clothing belonging to other people in their family member's wardrobes and drawers. Relatives told us that despite providing new and additional items of clothing these often went missing and their relatives were not always appropriately dressed.

- We saw positive interactions between staff and people. Staff clearly knew people's likes, dislikes and preferences well. Relatives told us that staff were genuinely caring, kind and they supported people with a lot of compassion and respect.
- A visiting district nurse told us staff and the management team were very responsive to people's changing needs. The district nurse told us "People's physical health needs are being met, anything I need to know they [staff] will tell me straight away. The deputy home manager is extremely helpful, [person] knows people like back of their hand. You can see that staff had built a good relationship with people who have dementia and people trust staff."
- We saw the evidence showing people were referred to external healthcare professionals, such as physiotherapy, speech and language therapist or nutritionist when this was required. The service held weekly 'ward round' meetings with their local GP practice to discuss people's health needs or any concerns affecting people's health.
- People's care plans were developed including people's relatives and family members and they captured people's religious and cultural preferences as well as considered people's protected characteristics. Relatives told us they knew they could request an access to their family member's care and support plans.
- People, and those important to them had the opportunity to give their views on how to improve the service. The registered manager sought feedback from people through resident meetings.

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 understood their responsibilities under 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member had an accident or became unwell.
- The provider had responded to previous complaints appropriately.

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 Risk associated with infection prevention and control were not always fully assessed and actions were not always taken to reduce the risk of infection spread.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were ineffective in assessing, monitoring and improving the quality of the service provided.