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Speke Care Home (Residential)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced inspection of Speke Care Home on 9 March 2018. Speke Care Home is a purpose built two storey building situated in the Speke area of Liverpool. The home is registered to provide personal care for up to 49 older people and at the time of our visit the service was providing support for 10 people. At the time of inspection everyone was accommodated on the ground floor of the home.

Speke Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who had been registered with CQC since March 2017. 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 our previous inspection the service had been in the process of changing providers, during this inspection we saw that this had not taken place.

During our last inspection we had identified that there were issues with medicines, recruitment processes and care plans. At this inspection we saw that improvements had been made.

During our last inspection we had identified an issue with medication administration regarding recording of returned medications. On this inspection we saw an improvement and all records were in good order. Medicines were managed safely.

Care plans and risk assessments were person centred and they detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required.

At our last inspection we met a representative of a company that was proposing to take over the management of the service but the manager told us that this company was no longer involved. Two other consultants were providing management support. The manager told us that the provider had not visited the home "for years". We were unable to see how the provider had effective input or oversight of the service.

The registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions and their choices were respected.

There was a safeguarding policy in place and staff were aware of the safeguarding procedure in relation to safeguarding adults and all were aware of the need to inform the manager immediately.

There were a range of audits in place to assess and monitor the quality and safety of the service provided. Examples included, medication audits, infection control audit and premises checks. People's views and opinions on the service provided were regularly sought. For example, there was evidence of satisfaction surveys being carried out.

There continued to be sufficient staff employed at the home to meet people's care needs. The staffing levels were maintained when the number of people living in the home decreased. This contributed to the quality of the care being delivered.

The staff were friendly, welcoming and we observed good relationships were maintained with people living in the home and a kind and respectful approach to people's care. The manager continued to be a visible presence in and about the home and it was obvious that she knew the people who lived in the home well.

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

Improvements had been made to medication management.

Risk assessments were clear and detailed how people needed to be cared for.

Safeguarding policies and procedures were in place. Staff had received training about safeguarding vulnerable people.

Is the service effective?

Good

The service was Effective

Staff had undertaken relevant and appropriate training.

The service was working within the principles of the MCA and DoLS.

People's nutritional needs were monitored and met.

Is the service caring?

Good

The service was Caring

We observed that people's privacy, confidentiality and dignity was maintained.

We observed staff to be caring, respectful and approachable.

Is the service responsive?

Good

The service was Responsive

People's care records were detailed and provided individualised information about people's support needs.

Care plan review documentation was updated regularly.

Suitable processes were in place to deal with complaints.

Is the service well-led?

Requires Improvement

The service was well-led

There was no evidence that the provider had any effective input or oversight of the service.

The registered manager was a visible presence and staff said communication was open and encouraged.

The service had a manager who was registered with the Care Quality Commission.

Speke Care Home (Residential)

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 09 March 2018 and was unannounced. The inspection was carried out by two adult social care inspectors.

Prior to the inspection we asked for information from the local authority quality assurance team and we reviewed the information we already held about the service and any feedback we had received.

During the inspection we spoke with two staff, the registered manager and as people who lived at the home were not able to express their views of the home to us but we saw that they appeared happy and comfortable. 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 looked around the premises and spent time observing the care and support provided to people throughout the day.

We looked at the communal areas that people shared in the home and a sample of bedrooms. We reviewed a range of documentation including four care records, medication records, four staff files, policies and procedures, health and safety audits and records relating to the quality checks undertaken by the registered manager.

Good

Is the service safe?

Our findings

We observed people living in the home and saw that they seemed comfortable in the company of the staff. We looked at the records relating to any safeguarding incidents and we saw that the registered manager maintained a clear audit trail of any safeguarding incidents, what action had been taken to support any people who lived in the home and had made the required notifications to CQC. All staff we spoke to was able to show an understanding of the different types of abuse and processes. We looked at the records for accidents and incidents and saw that these also continued to be dealt with in a timely and appropriate manner.

During our last inspection we identified an issue with medication management regarding recording of returned medications. On this inspection we saw an improvement and all records were in good order. Medicines were stored safely in a locked room. Medicines administration sheets indicated that people had received their medication as prescribed over the last month. The room was clean, tidy and well-organised with minimal stock in the trolley and cupboards. The senior member of staff who showed us the medicines said that there was no covert (hidden) administration of medicines.

During our last inspection we identified an issue with the recruitment process as a reference did not match what had been put on the person's application form. This had been rectified. At this inspection we found that no staff had left and no new staff had started since our last inspection.

We saw the premises were safe. We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas, electric and small portable appliances had been tested and maintained. We saw that the fire alarm system had been checked regularly and there was a fire evacuation plan that had been reviewed and updated. A personal emergency evacuation plan had been written for each of the people living at the home. These were reviewed, and updated if required, monthly. They were readily available at the entrance to each corridor. We saw that all the risk assessments relating to the home and the equipment were in date.

There were ten people were living at the home. Four care staff were on duty during the day and three at night. There were six seniors, three on days and three on nights. Also a cook, kitchen assistant, cleaner and laundry assistant each day. The staffing levels had been maintained when the number of people living in the home decreased, this meant the home was well staffed.

A maintenance person was shared with another home and the manager was developing one of the domestic staff to carry out some maintenance checks. Management audits we looked at indicated that the manager reported issues in the environment that needed attention, for example an old tumble drier that needed to be removed and disposed of and areas in the laundry and kitchen that needed some tiles replacing. We were informed following the inspection that this was being addressed by the provider.

The home scored 99% on an NHS infection control audit carried out in November 2017. All except one of the criteria had been scored 100%. The kitchen had a five star food hygiene rating. All parts of the building were

clean and fresh. The registered manager told us that staff had received training about infection control from NHS staff.

Risks to people's safety and well-being continued to be identified, such as the risks associated with moving and handling, falls, pressure areas and nutrition and plans had been put in place to minimise risk. When people were identified as being at risk of falls, appropriate equipment was provided for them.

Good

Is the service effective?

Our findings

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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's care files contained mental capacity assessments which detailed their ability to make decisions about various aspects of their day to day lives. These were very well completed and protected people's right to make their own decisions in areas where they retained capacity to do so. We saw evidence in care documents that people who were able to had been involved in discussions regarding their care. This showed that people's legal right to consent to their care had been respected.

The manager had applied for DoLS for all of the people living at the home because they received constant supervision and were not free to leave the home unaccompanied. Only two applications had been processed by the local authority and authorised. We noticed that the 'do not resuscitate' form in one person's care file was dated 2015 and had not been reviewed. This was brought to the manager's attention.

As there were only 10 people living in the home a large portion of the building was unoccupied and so not in use. However the areas that were lived in were clean and tidy throughout. People were provided with equipment to keep them safe and comfortable, for example pressure relieving mattresses and mobility aids. We saw that there was a smoking area for people living in the home and we observed staff ensuring people were able to access this area safely.

The home continued to monitor people's weights frequently if required and sought medical advice if needed. People at risk of malnutrition had their dietary intake monitored by staff to ensure that they received enough nutrition to maintain their physical well-being. The day's menu was written on a whiteboard in the dining area and showed choices available. We observed staff supporting people with their eating and drinking and this was done in a calm and respectful manner.

We saw that the staff had received training that included person centred care, safeguarding, moving and handling and they had also had training from emergency services about hospital admissions. The manager told us she had access to a new dentist who was going to visit people in the home and was going to deliver training about mouth care to the staff.

There was also continued evidence of a robust supervision and appraisal system in place for the staff group. Supervisions had been carried out at regular intervals throughout the past year. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs.

Good

Is the service caring?

Our findings

We observed the interactions between staff and people living in the home and it was clear from our observations that the staff knew people well and were able to communicate with them and meet their needs in a way the person preferred. We observed the staff ensured the privacy and dignity of the people who used the service. We saw the staff interact with the people and they appeared to know the person well and they had an understanding of the personal needs and the background of the person.

We observed the lunchtime period. As some people had communication difficulties due to declining mental health, we completed a Short Observation Framework for Inspection Tool (SOFI) in two of the communal lunch rooms. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

Using the SOFI, we saw that the staff interactions with people were positive. We observed staff asking people if they had enjoyed their meals, offering to assist them with their food and having a laugh and a joke with people.

A hairdresser visited weekly. The manager told us that a male member of staff did wet shaves for the men living at the home in the hairdressing room which recreated the experience of going to the barber's. One of the care files we looked at recorded that the person did not wish to discuss their life history and this had been respected.

We observed that staff continued to chat with people and spent time making sure that people's needs were met. There was always at least one member of staff in the lounge and they sat with people. The home had music playing on the TV which was age-appropriate for example music from the 1950s. This showed that the manager continued to put thought and planning into making the environment pleasant for people living in the home.

We observed that confidential information continued to be kept secure either in the offices or medication room. This protected people's right to confidentiality.

During the last inspection we were told that the registered manager and the proposed new provider were planning to write a new service user guide. As the proposed provider did not take over the service, the registered manager provided a new service user guide that she had devised. This document provided information about the services provided for people coming into the home.

We looked in the entrance area for any information about the home and saw that it continued to have information available about how to make a complaint, safeguarding and information about staff who continued to be dignity champions. A dignity champion is someone who believes that being treated with dignity is a basic human right, not an optional extra.

Good

Is the service responsive?

Our findings

All of the people living at the home had done so for several years. The manager told us that two people were frail and being looked after in bed but were not receiving end of life care. However we were told that if necessary staff were trained to support people at end of life and care plans would be in place. Two care files we looked at contained advanced plans for the person's funeral.

The staff completed 'room records' that contained monitoring information including personal care given, bowel record, nutrition record, fluids record, seizure monitoring and falls logs. These were well completed and there were also records of night staff two hourly checks.

During our last inspection individual care files were in place for people living at the home. However these had a poor assessment form that was inappropriate and impossible for staff to complete in any meaningful way. Some information was long-winded and repetitive. At this inspection we saw that this had improved. We looked at three care files which all contained an assessment of the person's needs. These were written in a person-centred style, in the first person and contained a detailed life history of the individual. Care plans contained information about how the person should be supported. This included care plans for communication, mobility, support to make decisions, sleeping, and medication. They had been reviewed regularly.

The home did not have an activities organiser but the manager told us that the deputy manager organised social activities and we saw that there was equipment for games and pastimes. The manager told us about a number of social events that had taken place over the Christmas period. A church group visited monthly.

During our last inspection we found that the complaints procedure did not have telephone or email contact details for the manager or provider. At this inspection we saw that the complaints procedure had been updated and was displayed in the entrance area. One complaint had been recorded since our last inspection and the records showed that this had been responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

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. Speke Care Home had a registered manager who was supported by a deputy manager and senior support staff. The registered manager understood their responsibilities in relation to the service and to registration with CQC.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. Speke Care Home were displaying their ratings appropriately in a clear and accessible format.

At our last inspection we met a representative of a company that was proposing to take over the management of the service but the manager told us that this company was no longer involved. Two other consultants were providing management support. The manager told us that the provider had not visited the home "for years". We were unable to see how the provider had effective input or oversight of the service.

Staff we spoke with were concerned about the future of the home and told us they hoped the situation could be resolved soon. One member of staff told us "We've all been here a long time. The manager is great and we hope the home will be saved."

During our last inspection we were told that the registered manager and the prospective new provider planned to review and update each policy so that staff would have up to date guidance. As the prospective change of ownership did not go ahead, the manager had reviewed policies within the home. These included recruitment, training, supervision, professional boundaries, staff handover procedure and the staff code of conduct.

Staff and the registered manager continued to share information in a variety of ways, such as face to face, during handovers between shifts and in team meetings.

The registered manager monitored the quality of care at the home through regular audits including health and safety, medication, safeguarding, complaints, infection control, staff files and care plans. All of these audits were detailed and comprehensive. We also saw how the registered manager had displayed the results from the last satisfaction survey, these were shown in the main corridor. However, we saw no evidence that the provider carried out any monitoring of the service.

We saw how the registered manager and staff continued to work in partnership with other professionals. People continued to have prompt access to medical and other healthcare support as and when needed. There were documented visits from district nurses, dieticians and GPs.