Care Quality Commission

Swallowcourt Limited

Ponsandane

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

Overall summary

We inspected Ponsandane on the 3 and 5 January 2015, the inspection was unannounced.

Ponsandane is a registered nursing home for up to 58 older people. At the time of the inspection 44 people were living at the home some of whom had dementia related problems. 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.

Arrangements for the recording of the administration of medicines was not robust and we saw gaps in the Medicine Administration Records (MAR).

A dependency tool was used to calculate the numbers of staff required and these staffing levels were adhered to. However the tool was task orientated and did not take

Summary of findings

into account people's social needs. We have made a recommendation about having sufficient numbers of staff to meet all of people's needs. We will follow up recommendations at the next inspection.

Care plans for people living at Ponsandane were in the process of being updated to a more individualised format. However the information contained in plans was inconsistent and unreliable. Information could be duplicated or contradictory and was difficult to locate. Some care plans did not include risk assessments. Where there were risk assessments these only identified risk and did not highlight when the risk was increased or guide staff on how they could minimise risk.

People's consent to the care they received was not consistently documented. Some people had Allow Natural Death Orders (ANDOs) in their care plans. These were not filled in correctly and it was not always possible to establish if people were in agreement with them. We have made a recommendation about gaining and recording people's consent to care.

Staff received an induction before they started work at the home. They were supported by a system of training and supervision. Staff told us they felt supported by the registered manager who they described as "easy to talk to" and "approachable." However staff said they were not supported by the provider and felt disassociated and "segregated" from the higher organisation. They were unaware of the higher management structure and could not explain the various roles or lines of responsibility to us.

People told us staff were kind and caring. We observed staff supporting people when it was requested. There were a range of activities available for people and these had been planned taking people's interests and preferences into account.

Regular audits took place within the home. This included audits in respect of the maintenance of the home such as fire checks and daily checks to identify any trip hazards. Audits in respect of care planning had not identified the problems we found in the care plans.

We identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The actions we have asked the provider to take are detailed at the end 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 safe. The arrangements for the recording of the administration of medicines were not being adhered to.

Risk assessments did not inform staff when any identified risk was increased or guide them so they could minimise the risk.

Staff did not have enough time to meet people's social needs.

Is the service effective?

Requires Improvement

The service was not effective. It was not clearly recorded that people had consented to their care.

Staff received training identified by the provider as necessary for the service.

The registered manager had an understanding of the legal requirements set out in the MCA and associated DoLS.

Is the service caring?

Good

The service was caring. People told us staff were kind to them.

Staff spoke about the people they supported with affection.

Staff were aware of what was important to people and helped them to achieve this.

Is the service responsive?

Requires Improvement

The service was not responsive. Information in care plans was incomplete and difficult to locate.

Activity co-ordinators worked with people to identify activities which were important and meaningful to them.

The service was reviewing the complaints policy in response to negative feedback from a relatives survey.

Is the service well-led?

Requires Improvement

The service was not well led. Staff did not feel supported by the organisation.

The registered manager had a good working knowledge of the day to day running of the service.

People and relatives were asked for their views on the running of the service.

Ponsandane

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 4 and 6 February 2015 and was unannounced. The inspection was carried out by one inspector.

We reviewed previous inspection reports and information we held about the home before the inspection. We looked at notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we looked at four people's care plans, two staff records and other records in relation to the running off the home. We spoke with the registered manager and seven other members of staff. We also spoke with eight people who lived at Ponsandane.

Due to people's health needs we were not able to communicate verbally with everyone to find out their experience of the service. We spent some time observing people in communal areas using the Short Observational Framework Inspection (SOFI) tool. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

We looked at the arrangements for the recording, using, safe keeping, dispensing and safe administration of medicines in the home. We looked at Medicine Administration Records (MARs) and found there were gaps in the records. For example for one person we saw there were gaps in the records in respect of one medicine on the 16, 19 and 20 January 2015. For another medicine there were gaps on the 14 and 20 January and for a third on the 21 January. This meant staff could not be sure whether the person had received their medicine as prescribed. We saw the records for two of the people did not consistently record whether people had been offered medicines to be taken as required known as PRN. Neither did they consistently record when creams had been applied. This meant we were unable to establish whether people were receiving the treatment they needed at the time they needed it. One person's records had been altered to indicate they were to receive their medicines at tea time rather than lunch time. The member of staff was unable to tell us who had made the alteration and why. Further down on the MAR there was a handwritten entry, (known as transcribing), indicating the person was to have a certain medicine four times a day. These entries had not been double signed as is required when they are handwritten. This meant the system for recording the administration of medicines was not robust and therefore potentially unsafe.

We found there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Controlled drugs (CD's) were stored in a secured locked cupboard within a locked room. We checked the amount of controlled drugs on the premises for one person and found this tallied with the amount recorded in the CD book. There was a refrigerator used to store those medicines which needed it and the temperature was checked regularly and recorded to ensure the medicines were stored correctly.

One person was to be referred to the CPN (Community Psychiatric Nurse), because their behaviour was becoming increasingly aggressive. We looked at the person's care plan and found they were described as, "A quiet gentleman who appears withdrawn at times." At the beginning of the document it was recorded there were 'no concerns' in respect of the person's behaviour. Towards the end of the care plan it was recorded, 'Does become agitated and challenging at night." In the daily notes we found incidents recorded of the person acting in a 'very aggressive' manner whilst having personal care in the morning. This information was difficult to locate and could easily be overlooked. It was unclear when the behaviour was more likely to occur. There were no associated risk assessments or guidance for staff on how to deal with the aggression and keep the person and others safe. Staff had not received training in the use of restraint and were not able to tell us how they could restrain someone safely.

We looked at care files and found they contained risk assessments which identified when people were at risk for example, from falls. There was no clear guidance for staff on how they could minimise risks. There was no information to clearly identify when the risk was increased.

Accidents and incidents were recorded and logged on to a spread sheet at least bi-monthly. This was then used to highlight any patterns or trends. We saw one person had been highlighted as being at risk of falls after five falls were recorded during December. We saw an email had been sent on the 14th January asking for a fall prevention technique form to be started. At the time of the inspection this had not been completed.

We found there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff told us they had no concerns regarding colleagues working practices. They told us they would report any concerns to the registered manager and were confident they would be acted on. One commented, "I'd have to report it or I couldn't sleep at night." Staff were unsure who else in the organisation they could report concerns to if they felt they were not being taken seriously. One said, "I don't know them [higher management]."

At the time of the inspection Ponsandane was fully staffed. The human resources (HR) manager for Swallowcourt showed us a dependency tool used to assess how many staff were needed at any one time. This is a tool which takes account of the number of people and their individual dependency needs. The tool did not take into account people's social needs. Staff told us there were enough staff to meet people's health needs but it was more difficult to find time to talk with people. One commented, "If there are any problems it's down to staffing. Sometimes the documentation slips because of other demands." Another

Requires Improvement

Is the service safe?

said, “It’s like a list that you’ve got to get through. You don’t have time for chit-chat.” Staff told us when a carer left the home to escort people to health appointments or support the activity co-ordinator on trips out this left them short staffed in the home. One person told us, “Carer’s chat when they have time but they haven’t had a lot lately.”

There was an appropriate recruitment system in place and relevant recruitment checks were carried out to help ensure new employees were suitable and safe to work in a caring role. New employees were not able to work until two references had been received, one from the last employer, and Disclosure and Barring Service (DBS) checks completed.

We recommend that the service seek advice and guidance from a reputable source, about organising staffing levels so people’s social needs can be met.

Requires Improvement

Is the service effective?

Our findings

Not all care plans were signed by either the person or their representative to indicate they consented to their care or the use of photographs. One person's care plan recorded they had full capacity and they had signed to indicate they agreed to the use of photographs. However the consent to care section had been signed by a relative. There was no indication as to why the person had not signed themselves. Allow Natural Death Orders (ANDOs) were in place in some people's care documentation. Some of these were photo copies and therefore emergency medical professionals would not comply with them. We saw one had been reviewed by the GP but had not been signed by the person. Another had been marked to indicate the person had capacity but there was no signature to show they were in agreement with the ANDO.

People were supported by staff with the appropriate knowledge and skills to support them. Staff spoke about people they supported knowledgeably and demonstrated a good understanding of their needs and preferences. For example we heard staff discussing how one person's moods might be affected after receiving a visit and what support they could offer them.

New employees were required to go through an induction which encompassed training identified as necessary for the service and familiarisation with the home and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. The training was in line with Skills for Care Common Induction Standards (CIS). This is recognised as good working practice within the care industry. We spoke with an employee who had only been with the organisation a short time and they described the induction as, "Really helpful, very thorough."

Staff had received training identified by the provider as necessary for the service. For example moving and handling, infection control and safeguarding. This was in the process of being updated and had been timetabled so all staff would have completed it by the end of April 2015. Some staff had received additional training specific to the needs of people living at Ponsandane. Two nurses and three carers had been trained in end of life care and 50% of staff had received dementia awareness training. Staff told us they would like the opportunity to have more specialised training such as dementia awareness and dealing with aggression.

Staff received regular supervision which was an opportunity to discuss working practices and identify any training or support needs with their line manager. In addition they had annual appraisals where they discussed their personal development.

We discussed the requirements of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS) with the registered manager. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager was aware of changes to the legislation following a recent court ruling. This ruling widened the criteria for where someone may be considered to be deprived of their liberty. The registered manager told us that in light of the changes they were in the process of submitting DoLS applications for a number of people. Following the inspection they contacted us to confirm this had been completed. Staff were not clear about the requirements of the legislation and had not received training. The registered manager told us the planned update of training would include the MCA and DoLS and this would be for all staff including domestic staff.

People had access to a wide range of external health care professionals such as dentists, chiropodists and district nurses. During the inspection we saw a visiting healthcare professional was in the home to talk with staff and some individuals. We heard the registered manager asking staff to contact dieticians and speech and language therapists for advice for one resident.

We observed the lunch time period in the dining room and saw some people required additional support to eat. Staff sat alongside people who needed encouragement or assistance and engaged with them in a respectful manner. There was a choice of food available and people told us the food was good. Comments included, "Excellent, the food is

Requires Improvement

Is the service effective?

excellent." And, "Lovely food and plenty of it. The scrambled egg is beautifully done." Another person told us, "If you don't like it they will take it away and say, 'what else would you like?'" Drinks were available for people throughout the home at all times. There was a board in the kitchen which listed all the residents and any dietary requirement's they might have. One person had been identified as having a poor diet and we heard the registered manager and nursing staff talking about ensuring the kitchen were aware of the person's favourite foods.

We recommend that the service consider current guidance on gaining and recording people's consent and take action to update their practice accordingly.

Good

Is the service caring?

Our findings

People told us they were treated kindly and that staff were caring towards them. Comments included, “They’re extremely kind. They bring me a paper every day.” And “I think they’re magic!”

We heard staff talk about people with affection and demonstrated an awareness of how they preferred to spend their time. We heard one member of staff saying, “She loves sitting on her bed and looking through those double windows.” And, “She likes to be downstairs, she likes the company.” During the nurses handover we heard them discuss the health of a relative of one of the residents and the impact that might have on them leading to the possibility of the need for extra emotional support.

Not everyone was able to verbally communicate with us about their experience of care due to their health needs. Therefore we spent time observing people in a communal area using SOFI. We saw staff were attentive and prompt to respond to people’s needs. For example, we saw one person asking to be helped to the bathroom, the care worker reassured them they would be with them soon and returned to help within a couple of minutes. Interactions between staff and people were positive and friendly. Staff spoke kindly with people and gave them time to consider choices and make decisions such as where they wanted to eat and what they would like to drink. For example, we heard a member of staff ask someone if they wanted to eat in the dining room or their own room. They said, “I’ll give you time to think and come back in a minute.”

We saw one person appeared unhappy. A care worker approached them and asked, “Are you OK? No? What can I do to make it better?” They took time to establish the person’s wishes and then ensured these were met promptly.

The activity co-ordinator informed people what activities were on offer during the day and asked if they wanted to take part. They circulated a daily publication which was aimed at older people.

Rooms were decorated to reflect people’s personal tastes. People were encouraged to bring personal belongings and furnishings for use in their rooms. Everyone had an option to have a telephone installed in their room to allow them to speak with callers in privacy. One person commented, “They always knock. If I’ve got visitors they always ask, ‘Can I come in? Is it alright?’” Staff told us they checked with people before they gave personal care to make sure they consented. We observed staff informing people what they were going to do before it happened, for example we saw one carer saying, “I’m just going to wheel you back now” prior to moving someone’s wheelchair.

Some care plans recorded information about what was important to the person. For example, we saw written, ‘Likes to wear eye shadow. Ensure make-up and earrings are on before going down stairs.’ We saw the person concerned and noted they were wearing make-up and jewellery. There was also room in care plans to record details about people’s life histories. This can help staff gain an understanding of people and their behaviours as well as enable them to have meaningful conversations with them. These were not always completed or had very little detail in them. The registered manager and staff told us they were starting to collate information and were asking relatives to help with background information.

Requires Improvement

Is the service responsive?

Our findings

Care plans were in the process of being updated and consequently some of the information in the plans was duplicated or there was a mix of formats which made the plans difficult to navigate through. One member of staff told us "They could be organised better." Another told us they never referred to them. Information in daily records was sometimes recorded in the wrong place or was missing. Risk assessments were not always included or were lacking in detail. We saw MUST (Malnutrition Universal Screening Tool) sheets in people's care documentation. These are used to identify people who are at risk of malnutrition. We saw these were used to record people's weight but were not fully completed. They did not record people's BMI (Body Mass Index), calculate the percentage of weight loss or record an overall MUST score.

There were 24 hour charts in people's rooms for recording information where appropriate such as food and fluid intake, times when people were repositioned and general care. One person's care plan stated they needed repositioning at regular intervals. However there was no relevant chart in their room to show this had been done. Therefore staff would not be able to tell if the person was due to be turned which could result in an increased risk of pressure sores.

We found there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager told us they had agreed with higher management at Swallowcourt that staff could have protected time to finish updating the care plans.

We observed a handover where nurses and care staff updated each other about people's health needs during the day. This covered subjects such as people's food and fluid intake, blood sugar levels and general health and moods. Care staff told us they had a handover half an hour after starting their shift in the morning. They said this meant they were unable to deliver care until after the handover as there may have been changes in people's needs they were unaware of. One commented, "You could be getting someone up who's only had two hours sleep."

During the handover we heard concerns were raised regarding one person. The registered manager asked that a best interest meeting be arranged involving the GP who knew the person and their family well.

Two activity co-ordinators had been recently employed to plan activities in line with people's interests and preferences. We observed one of the co-ordinators during the inspection and saw they were pro-active in encouraging people to take part in various sessions. For example exercises and craft sessions. People told us they had particularly enjoyed a session of planting bulbs and seeds in pots and we saw people had taken pots to their room. The activity co-ordinator told us they chose activities according to people's, "interests and requests and a bit of trial and error." They had visited a nearby dementia day centre to get new ideas for activities which would meet the needs of people living at the home. Arrangements had been made for a member of the local Rotary Club to visit the home to talk with one resident about their memories of the war.

The people at Ponsandane had access to a mini bus which was shared with to other homes. The registered manager told us fund raising had been organised to buy a vehicle solely for them..

There were no on-going formal complaints. 22% of relatives had rated the home's response to any complaints as 'poor' or 'fair' in a recent survey. In response to this an action plan had been developed to review the complaints procedure. People told us they had not had reason to complain but were confident any concerns they had would be acted upon.

Requires Improvement

Is the service well-led?

Our findings

Staff were unclear about the management structure of the provider and told us they felt there was little input or support from higher management and a lack of understanding of the day to day issues in the home. They told us communication from the provider was poor and they were not informed about management changes. At the time of the inspection a new member of the management team was visiting the home. A member of staff said, "I don't know his name, who he is, where he's from or what he's doing here." Another commented, "There's nothing from higher management. We don't even know who's in management now."

The registered manager told us they had not had any formal supervision with the organisation for two and a half years. They had clinical supervision with a nurse practitioner from outside the organisation. They also had support from managers from the other Swallowcourt homes but they had organised this themselves. Management meetings were organised but these were often cancelled.

Regular audits were carried out in respect of care planning. However these had failed to identify the shortcomings in care documentation and monitoring systems. This meant associated risks were not always identified.

The home was managed on a day to day basis by the registered manager. People and staff told us the manager was approachable and friendly. Comments included, "She's super-duper." And, "She's very approachable, I can talk to her."

Staff meetings were held regularly. These could be for the whole staff team or sections of it, for instance nurses or kitchen staff. Care staff told us they worked well together but felt there was a lack of communication and a "separation" between nursing staff and care staff.

The staff team was organised so nurses had responsibility for a number of people and were supported by four team leaders who oversaw the care staff. Care staff generally worked with everyone living in the home. They told us when staff worked mainly with only a few residents this could cause problems if they needed to cover shifts due to staff absence as they did not have a good understanding of everyone's needs. One member of staff told us it could be confusing knowing who was responsible for filling out the paperwork.

A new post for a head of elder care had recently been created to work across the three residential Swallowcourt homes. We spoke with them about the role and they told us they hoped to work with the homes to develop and improve on the service provided.

Residents and relatives were asked for their views on the service regularly. We saw surveys had been circulated to relatives and the results collated. Where relatives had raised concerns this had been highlighted and action taken. For example 22% of respondents had rated the available activities as 'poor' or 'fair'. In response to this two activity co-ordinators had been appointed.

Caretakers carried out a daily tour of the home in order to identify any maintenance issues. Maintenance request books were kept to record any problems and actions that needed to be taken within an identified timescale. The caretaker was supported by two mobile maintenance workers who covered the provider's six homes. Weekly and monthly checks were carried out on fire alarms, fire doors, fire extinguishers and emergency lighting. Two full time painters worked across the providers six homes to help ensure the décor was kept to a good standard.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **How the regulation was not being met: People who use services and others were not protected against the risks associated with receiving treatment that is inappropriate or unsafe because care was not planned in such a way as to meet the service user's individual needs. Regulation 9(1)(b)(i)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **How the regulation was not being met: People who used the service were not protected against the risks associated with the unsafe management of medicines. Regulation 13**