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Ismeer

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 responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

Ismeer is a care home for up to 27 people who require accommodation and personal care. At the time of the inspection there were 17 people living at Ismeer. All of the people who lived at the home were older people. The majority of people had some form of dementia. Some people had physical or sensory disabilities. The home was an older style property and was spread over four floors. The original building had been extended; the extension was known as The Coach House.

We carried out this unannounced inspection of Ismeer on 5 January 2016. At this visit we checked what action the provider had taken in relation to concerns raised during our last inspection in September 2015. At that time we found breaches of legal requirements related to the management of medicines, risks associated with the environment and premises, a lack of training and supervision for staff, failure to adhere to the requirements laid down in the Mental Capacity Act (20015), poor infection control practices, out of date care plans, poor monitoring records, ineffective auditing systems, and inadequate oversight of the service.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ismeer on our website at www.cqc.org.uk.

There had been no registered manager in post since January 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of this inspection there was an acting manager in place, who had the day to day responsibility for running the service, but they had not applied to be registered manager. They told us there had been delays in obtaining an updated photo driving licence but they were intending to apply for the position. Due to ill-health the provider was not able to oversee the service. Family members had Lasting Power of Attorney (LPA), and had taken over responsibility for the business. The manager told us they had telephone and email contact with one of the LPA's. However, the LPA did not live in the UK and visited infrequently. Following the last inspection this LPA had written to us outlining future arrangements for supporting the manager in their role. However these had not been adhered to.

At this focused inspection we found improvements had been made in respect of the management of medicines. A senior care worker had been given responsibility for the ordering and checking of medicines. This meant there was a more consistent approach to the process. Arrangements for the disposal of unused medicines were robust.

Care plans were being updated and were well laid out and comprehensive. However information was not always up to date and did not accurately reflect people's current needs. There was no evidence people,

and/or their representatives, were involved in planning their care or consented to the plans.

Monitoring records were not always put in place as necessary to ensure people's identified needs were met. Where monitoring records were in place these were not consistently completed to allow staff to have a comprehensive understanding of any changes in people's health needs.

Parts of the building were in need of updating and redecorating. Although a maintenance worker had been contracted to work 16 hours a week at the service this was not sufficient to address the defects in the building and furnishings. There were areas in the building where water had penetrated the walls leading to areas of damp, mould and peeling wallpaper. Furniture in people's bedrooms was mismatched and some items were damaged or broken. Soft furnishings were of a poor standard.

Staff were well supported by a system of regular supervision, training and staff meetings. The manager told us they spoke with staff informally on a daily basis and had an understanding of the day to day issues affecting the service because they often supported care workers to provide care.

The registered manager was aware of the legal requirements laid down by the Mental Capacity Act (2005). They had arranged for healthcare professionals to review people living at the service with regard to this legislation. Applications had been made for potentially restrictive care plans to be authorised, as appropriate.

There were robust systems in place to protect people who were at risk of falls. All falls were documented and the manager regularly reviewed the information in order to highlight any trends or patterns. The Care Quality Commission (CQC) had been informed of significant events such as accidents, as is required by law.

We identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The actions we have asked the provider to take are detailed at the back of the full version of the report.

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 entirely safe. Systems for monitoring people's changing health needs were not robust.

Arrangements for the administration, recording and storage of medicines had improved.

Staff were aware of the action to take if they suspected abuse.

Is the service effective?

Requires Improvement

The service was not entirely effective. Staff received regular training updates and formal supervision.

Mental capacity assessments or best interest meetings were held where appropriate.

Is the service responsive?

Requires Improvement

The service was not always responsive. Information in care plans was not always correct or up to date.

Records to monitor people's health were not always in place or consistently completed.

Is the service well-led?

Inadequate

The service was not well-led. There was no effective oversight of the service.

Audits to monitor the environment were not acted on in a timely fashion.

There were clearly defined staff roles within the service.

Ismeer

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 5 January 2016 and was unannounced. The inspection was carried out by one inspector.

The inspection was planned to check if the service had met specific needs identified following the last inspection in September 2015. Before the inspection we reviewed the action plan provided by the service following the last inspection, previous inspection reports and other information we held about the home. We also looked at notifications we had received from the service. A notification is information about important events, which the provider is required to tell us about by law.

Due to people's health care needs we were not able to verbally communicate with everyone who lived at the service in order to find out their experience of the care and support they received. Instead we observed staff interactions with people as they provided care. We spoke with the manager and five care workers.

We looked at detailed care records for two individuals, three staff files and other records relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we had concerns that systems for the administration and recording of medicines were not robust. Handwritten records on Medicine Administration Records (MARs) were not always signed by two members of staff as required to help ensure the risk of errors was reduced. Creams had not been dated on opening and systems for the safe disposal of medicines were not robust. We identified errors in the recording of medicines which require stricter controls by law. MAR sheets contained gaps which meant we could not be sure people received their medicine as prescribed. A medicines audit had not identified any of the problems found at the inspection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection changes had been made to attempt to resolve these issues. For example, a senior care worker had been given responsibility for the ordering and checking of medicines. As a named person had oversight of the process there was more likely to be a consistent approach to the process. We looked at MARs for four people and found there were no gaps in the recording of administered medicines which needed to be taken regularly. We did see gaps in one person's MAR for an ointment which was to be used as required (PRN). The care worker told us this was most likely to be because a carer had not recorded when the medicine had been offered but refused.

Two people were having prescribed creams applied. One of these had been dated when opened and the other had not. All liquid medicines had been dated on opening. It is important that sealed medicines are dated on opening so staff are able to recognise when they may have become ineffective or contaminated.

At the last inspection we found one person was self-administering their medicine. Ismeers' medicines policy stated that when this happened a risk assessment should be in place to establish the person was able to self-medicate and a lockable space should be allocated to them for safe storage of the medicine. At the time of this inspection no-one was self-administering medicines and so we were unable to check the policy was being followed. We checked arrangements for the safe disposal of medicines and found these were robust and being adhered to.

We concluded that improvements had been made in respect of the administration and recording of medicines.

At the last inspection we found personal toiletries were left in shared bathrooms. This meant people were not adequately protected from the risks associated with cross contamination. At this inspection we again saw unnamed toiletries had been left in a shared bathroom. The manager assured us these were not shared products. However the fact they were available for anyone to use meant there was a risk of cross contamination. Shared towels and flannels were stored on an open shelf in a shared bathroom. The manager and staff assured us they were always washed immediately after using. Staff were able to describe actions they took to protect people from the risk of cross infection.

We saw written on a white board "[Person's name]. Turn 4 hourly." The manager told us this person had recently become ill and was confined to bed. A sore had been identified on the person and staff were required to turn them regularly to try and prevent the condition worsening. Charts in the person's room included a body map showing the position of the sore and a grid to record care staff had checked sites vulnerable to sores and any change in skin condition. However there was no recording sheet to show the person had been turned as required. The manager told us; "It will have been done." We looked at night logs for the previous night and saw recorded; "2:00 Asleep, 4:00 Asleep; 6:00 Asleep." This indicated that, although the person had been identified as being at risk, appropriate action had not been taken to manage and minimise the risk.

We found there was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were confident about the action they should take if they believed anyone was at risk from abuse. They told us they would report any concerns to the manager and were confident appropriate action would be taken but if not they would report concerns to the Care Quality Commission (CQC) or local authority. Up to date information regarding the process for reporting abuse was available in the managers' office.

Care plans contained risk assessments for a range of circumstances such as moving and handling, falls and eating and drinking. Where a risk had been identified there was guidance for staff on action they could take to minimise this. This helped ensure staff took a consistent approach to supporting people. There were also risk assessments in place for people whose behaviour could be challenging for staff and others.

Requires Improvement

Is the service effective?

Our findings

We looked around the premises to check action had been taken to address defects identified at the last inspection. Window restrictors had been fitted and fire doors in bedrooms had been fitted with key pads to minimise the associated risks. At the previous inspection we had seen several windows where the double glazing had 'blown' resulting in them becoming cloudy and difficult to see out of. This had not been rectified and the manager told us it would be done later in the year when the weather improved.

Some bedrooms in the older part of the building were showing signs of damp and mould. Some pieces of furniture were broken and the décor was dated and in need of updating. For example, in one room we saw furniture was mismatched and a book case was broken. Wallpaper was peeling off walls in some areas. The manager told us it had been like that for some time. On a small settee there were two old lampshades and two old vases on the floor under the sink. Picture frames and glass were mottled with age. Curtains were thin and stained. The environment did not contribute to people's emotional well-being and had an air of neglect.

Since the last inspection the service had contracted a maintenance worker to work a minimum of 16 hours a week. A file had been started to record any faults. A room audit had been carried out in September 2015 and any problems or faults recorded. These were signed off by the maintenance contractor when completed. We saw there were many outstanding actions. For example the manager had identified the need for radiator covers to be installed to protect people. This had not been completed. While some action had been taken to address the problems associated with the environment the scale of the problems meant these were inadequate.

At the previous inspection we found an unused laundry room in the Coach House was unlocked. On entering the room there was a steep concrete step almost immediately inside the door. This meant people entering the room who were unaware of the step were at risk of falling. The manager agreed this room would be kept locked in future. However this had not been actioned. The manager told us, as a door was continually propped open in front of the laundry door this acted as a barrier and people did not attempt to enter the room.

We found there was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found staff did not receive regular training or support to provide them with the knowledge and skills to carry out their roles safely. New employees were not routinely receiving training before starting to give personal care. There was no system in place to check the competency of new staff. Although some staff had received formal supervision this was not consistent. This meant staff did not receive effective support and any on-going training needs or personal development requests may not have been acted upon. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection staff told us they felt well supported and said; "things have improved." Staff received a

regular programme of supervision where they had an opportunity to discuss any issues of concern. They were also able to talk to the manager at other times if they needed to. Staff meetings were held regularly where staff had an opportunity to discuss working practices and development of the service.

There was a programme of refresher training in place. All staff had recently completed First Aid training. The majority had also had recent moving and handling training and a further course had been booked to take place before the end of the month. There was also a course in Infection Control arranged. The manager told us this would mean all staff were up to date in these areas. Staff told us they had enough training and felt equipped to carry out their roles to a good standard. In our discussions with staff they demonstrated an understanding of the principles of infection control, safeguarding and the need for consent. In addition to formal training the manager told us they often talked about issues with staff either in meetings or informally.

This meant the service was now meeting the legal requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act (2005) 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. The associated Deprivation of Liberty Safeguards (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. At our previous inspection we found applications for DoLS had been made to the local authority for some people. However capacity assessments had not been carried out or best interest meetings held before these applications were made as required by the legislation. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection we discussed the legislation in respect of the MCA and DoLS with the manager and found they had an understanding of the processes required when considering DoLS applications. Where appropriate, mental capacity assessments had been carried out and recorded. A meeting with an external professional was booked for the week following the inspection to carry out a formal mental capacity assessment for one person. Arrangements were in place for a best interest discussion between the manager, relatives and external professionals to consider future arrangements for another person.

This meant the service was now meeting the legal requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection we saw care plans were out of date. There was no evidence that people, or their families where appropriate, had been involved in care planning or that they consented to the plan of care that was in place. Monitoring charts for people were not always completed so we were unable to be sure they were receiving the care and support they required to maintain their health and well-being. This contributed to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw care plans were being updated and the manager told us they were, "about two thirds of the way through." They expected to complete all the documentation by the end of the month. The new care plan format was well laid out and contained a comprehensive amount of information covering all aspects of people's care needs. However, we found some information was still not up to date. For example in one person's care plan under 'Mobility', we saw recorded; "[Person's name] most recent fall was documented a year ago." Fall logs and incident reports showed the person had fallen in May, September and October 2015. Sections of care plans were not consistently dated meaning it was difficult to establish what information was current.

Care plans had not been signed by people or their representatives to show they had been involved in the care planning process. This meant we could not be sure whether people or their representatives where appropriate, had agreed to the care plan.

Records in one person's file were contradictory. In one section we saw recorded that the person had last seen the GP in June 2015. In a further section we saw visit notes recorded that stated the GP had seen the person in December 2015 and January 2016.

We looked at the person's care records and saw there were monitoring sheets in place to record their weight. Between January and May 2015 these had been completed monthly. There had then been a gap and there was no indication the person had been weighed again until October. The person had lost 13 kg since the beginning of the year. We discussed this with the manager who told us they had identified this and were working with the GP to address it.

We found there was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inadequate

Is the service well-led?

Our findings

At our previous inspection we found systems were not being operated effectively to assess and monitor the quality of the service provided. Audits were not completed for all aspects of the service, for example there was no system to audit falls. There was no system in place to allow the manager to have an overview of incidents and audit them effectively. Risks associated with the environment and equipment had not been assessed or action taken to mitigate risk. People living at the service and staff were not supported by a robust leadership culture or an effective management structure. The provider was unable to run the service due to ill-health and two of their family members had been appointed Lasting Power of Attorney (LPA) with responsibility to oversee the operation of Ismeer.

Following the inspection one of the provider's representatives contacted us to tell us what action they would take to address the issues leading to this breach. In order to establish better oversight of the service they told us monthly audits would be carried out which would also involve; "a spot check and manager's supervision." These would be done in person by the representative and another of the provider's relatives. However, at this focused inspection we saw no evidence that this had occurred. The manager told us the named relative was unable to fulfil the obligation and, due to their geographical location, the representative could only visit occasionally. They told us the last time they had any contact with a Lasting Power of Attorney (LPA) was on the 10 December 2015 when they had received a phone call. The manager had not received any supervision and was responsible for identifying their own training needs.

The service is required to have a registered manager. There had been no registered manager in post since January 2015. There was an acting manager in place, who had the day to day responsibility for running the service, but they had not applied to be registered manager. They told us there had been delays in obtaining an updated photo driving licence but they were intending to apply for the position.

At our previous inspection we found people were not always easily able to access call bells and the call bell system in place was in need of updating. Action taken to help ensure people could always reach the call bell had resulted in potential hazards. Following the inspection the provider's representative contacted us to inform us they were planning to update the call bell system in; "the near future." The manager confirmed they had received a quote for the work but no further action had been taken. Risk assessments had been completed to protect people from harm associated with the use of the system.

This contributed to the continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection we found action had been taken to help ensure people at risk of falls were protected from foreseeable harm. Care plans contained assessment tools designed to identify what level of risk from falls individuals were at. Where a risk was indicated there was guidance for staff on how to minimise this. There was documentation containing further guidance on the action to take following a fall. Incident sheets were completed and shared with the manager who regularly monitored them in order to identify any patterns.

Since the last inspection a deputy manager had been appointed to support the manager. Senior care workers had been identified and given extra responsibilities such as administering and ordering medicines. The manager was in the process of introducing a 'key worker' role. Key workers are employees with responsibility for overseeing the care planning for named individuals.

At the previous inspection we found there was no system in place to monitor staff training needs. We were unable to establish how many staff members had completed all the training identified as required by the service without inspecting every staff file. The manager was not able to give us this information in a timely manner. At this focused inspection we were shown a training matrix which had been developed by the deputy manager. From this we were able to see what training staff had received and what was due to be updated. This meant staff training needs could be identified quickly.

The provider is required by law to submit notifications to CQC of significant events such as injury or any safeguarding concerns. At our comprehensive inspection in September 2015 we found the service had not submitted statutory notifications as required. At this focused inspection the service had submitted such notifications appropriately as required.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way. Where risks to the health and safety of service users had been identified the service were not doing all that was reasonably practicable to mitigate the risk. Regulation 12 (1)(2)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Premises were not properly maintained. Regulation 15 (1)(e)