

## **Tales of the Un-Inspected**

### **Home Number 71**

**By Eileen Chubb**

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**I looked at the inspection history of this home and made a visit, these are my findings.**

**Please note this home is owned by the same company as homes, 33,36,41,48,49,50,54,59,60,62,63,64,65,66,67,68,70,**

**The first inspection report I looked at is dated July 2006, the information I found most concerning is listed below.**

***1. Accurate records of controlled drugs need to be kept.***

**These drugs are monitored more strictly because of legal requirements; if controlled drugs are not in order then I think there may be more widespread problems with medication generally.**

***2. Complaints are not recorded on the correct forms.***

**This tells me that complaints or concerns are not dealt with, in another part of the report it mentions the home has received one complaint but the regulator goes on to say that they received an anonymous letter expressing concerns. This tells me that someone was desperate enough to approach the regulator directly whilst being too afraid to give their name. This rings alarm bells but the regulator judges the home handles complaints well.**

***3. When someone is identified at risk of pressure sores developing then a preventative plan needs to be put in place. When someone is at risk of pressure sores and nothing is done to prevent them, should they occur it is the result of abuse. The regulator considers that healthcare is good which is of concern as this company has a dire history of failing to prevent pressure sores which has resulted in terrible suffering and fatalities.***

***4. Activities were advertised on the notice board and on the day of the inspection there were activities taking place, someone was feeding pigeons from the window of their room and another person was sitting in their room.***

The inspector states the home has a lovely sensory garden, the inspection is taking place in July yet no one is observed in this garden, the nearest contact with it is a resident feeding birds from a window. I place little faith in activities put on for the day of an inspection and given the inspector thinks someone sitting in their bedroom to be an activity I would question their judgment overall. There is also great emphasis placed on the fact the home has decorated a room and called it the Hollywood room. This home is presenting an image but there is little evidence to back it up.

*5. The home was clean and there were no odor problems.*

I note this conclusion given what I found when I visited.

The home is considered good. The next inspection takes place one year later in July 2007.

*1. Procedures on medication handling have been tightened up, records checked were completed fully.*

It is not stated how many records were checked, there is an over reliance on what the home says it does and on bits of paper. Actually counting the drugs is what I would consider evidence.

*2. The home is recording complaints on the correct form but needs to give more information, there have been three complaints, one was responded to, once was withdrawn and one was investigated by the home and social services. There have been no adult protection issues since the last inspection. There needs to be improvement in complaint recording. This area is good.*

This area is graded as fully meeting the requirements, yet it is stated that improvements are needed.

*3. There are currently no residents in the home with pressure sores and healthcare specialists continue to visit the home. We looked at three care plans.*

Three care plans is not enough to presume all are in order. My main concern is that there appears to have been residents with pressure sores and that healthcare professionals continue to monitor the situation.

*4. It was a very hot day and two male residents were sat in the garden. Other residents were in their rooms. One resident became very upset*

*during one activity and staff comforted them, other residents were dozing. Residents are said to enjoy using the Hollywood room.*

**It is good the garden was being used this time. There is no activities organizer as staff are expected to carry out this role. What activities are taking place during the inspection is not sufficient evidence to presume this is the norm. There is once again great emphasis placed on the, Hollywood Room.**

*5. There was a mild odor on the middle floor compared to the ground floor.*

**The home is considered good. The next inspection takes place one year and six months later and only because an anonymous complaint is made to the regulator about the quality of care provided in the home. The inspection is focused on investigating the complaint and whilst the issues are not stated, what is looked at is an indication of what the concerns were.**

*1. Challenging behavior, the manager said she is trained to train staff in this.*

*2. Lack of activities, the home employs an activities organizer for twenty hours a week and advertised events included a Halloween and Christmas buffet, one resident said she enjoyed an outing to a local attraction. We were shown ceramics made by residents to give as presents for their relatives for Christmas. Six residents were seen doing glass painting.*

*3. Residents looked well groomed.*

*4. The chef said he made a mistake with the meat order so the food was not as advertised on the menu that day.*

*5. All but seven staff have been trained in adult protection.*

*6. Residents on the upper floor said they could have a drink if they wanted one, we suggested to the manager about placing jugs of juice within easy reach.*

*7. The company has a robust complaints procedure to deal with complaints.*

*8 Healthcare professionals are consulted when needed.*

*9. The Hollywood lounge is enjoyed.*

*10 There are sufficient domestic staff to keep the home clean.*

*11. All accident forms were completed corrected.*

*12 There were no missing persons reports made.*

***We found no evidence to support the concerns raised, we did make an***

*immediate requirement as medication was found on a table.*

**There was no effort made to find evidence in support of the extensive concerns raised. This is yet another indication that things are not right in this home but yet again it is ignored by the Regulator. The home is graded Two Star Good.**

**The next inspection takes place 6 months later in July 2009.**

*Some requirements from previous inspections may have been deleted or carried forward as a good practice recommendation. But only if considered it will not put people at risk.*

**My Comments, I call this the above, The Killer Clause, for good reason, These words above all others sum up the Regulator CQC attitude to bad homes, which is translated as, In future we will have to take enforcement action if a statutory requirement is outstanding but rather than do that we would rather delete or downgrade them to a recommendation. I see the killer clause used only in the most dire care homes, how else could CQC allow them to exist? The company that owns this home has been given the protection of the CQCs Killer Clause more than most.**

- 1. Medication procedures need to be followed, we checked records and found gaps, several residents had pain relief signed as administered but stocks showed they were not given, one residents controlled drug, morphine, stock levels did not tally with what was given and what came into the home. Healthcare is good.*
- 2. Complaints handling is good, the home has received no complaints. One issue was raised through safeguarding but resolved*
- 3. (Pressure sores or the treatment and prevention of are not mentioned at all.)**
- 4. Activities are good; the home has recently received a grant of eleven thousand pounds from the local council to improve facilities for residents. There is a Hollywood room that residents enjoy. 12 residents were seen taking part in an art session. There is a ceramic made by residents on display.*

*5. All areas of the home were clean and odor free.*

**The home remains Two Star Good. The most recent inspection was 9 months later in June 2010. 16 WEEKS before I visited.**

**By now it's quite obvious that something is wrong, well to me anyway as there are only 21 residents left in the home, 18 empty rooms. Either a large number of residents have died or relatives have removed people as raising concerns in this home is pointless, and going to the regulator CQC is pointless also.**

*1 The home has robust policies and procedures and carries out regular quality assurance audits on all aspect of care, care plans, medication and management housekeeping etc.*

*Five resident's medication records showed they had not received any prescribed pain relief in the past few months.*

**So much for Quality Assurance and bits of paper.**

*2 Complaints, There have been no complaints or safeguarding alerts made.*

**Well relatives have obviously voted with their feet and perspective customers have looked around the home and gone elsewhere.**

*3. Pressure care, not checked.*

*4 Activities are good.*

*5. The home is clean and odor free.*

**The home remains Two Star Good.  
What I found on my visit.**

**On entering the home there was a strong smell of urine which became worse on the upper floors where the smell was so bad it was hard to endure. This smell was not the result of an accident or two with incontinence. The odor of urine pervaded the whole home to a degree of severity it would have taken a considerable period of time to get so bad.**

**I was shown around by the manager, I said my relative had Dementia**

and wandered and was firstly offered a room on the ground floor, which is not designed for residents with dementia. I said I was worried they would get out the front door as it was not secure so I was taken to the upper floors. The smell of urine was so strong in the lift it being a confined space it was intolerable.

In the lift were the manager, I and a young carer going to the first floor, whilst the manager gave me all the spin about how wonderful the home was I noticed this young carer had an expression of disgust on her face. It could have been the urine odor that caused this but given she would be accustomed to that, I got the impression the managers sales pitch was the source of her disgust.

We all left the lift and I was shown around, the only member of staff on the upper floors was the young carer who came up with us in the lift.

Seven residents were sat in a lounge, most were slumped sideways in armchairs asleep, except for one lady who as soon as she saw me appealed for help so I went over and spoke to her, she was very distressed and had been looking for someone to tell her that her animals were alright. This lady could hold a good conversation and was very clear about what she was worried about. She repeatedly said that I was the first kind face she had seen in a long time and she begged me to take her out of the home as they were so nasty to her. The manager looked very uncomfortable and said she has dementia you cannot listen to her. The lady was clinging to me by this time and saying please" get me out of here. I believed this lady as I have cared for people with dementia and know that the memories of fear and pain are not so easily lost. The manager went to the single member of staff and the young carer tried to comfort the women but did not have the experience or skills to so. I said I would go and find out about her animals and managed to calm her; I left the room and asked the manager who looked blank.

The manager continued to show me around and another resident met us in the corridor, she approached the manager and obviously wanted reassurance about something, the manager gave none, she just walked off and continued to show me around, she glanced back and commented whilst rolling her eyes upwards, oh no she will follow us everywhere now in a derogatory tone. This women had no compassion or ability to work with elderly residents with dementia, I found her attitude

**shocking. The residents in this home were not given the smallest gesture or word or comfort and the pain and distress this caused was hard to witness, I have walked out of homes and cried this was one of them.**

**The manager continued to say how wonderful the home was and went back to get the key for the Hollywood room, which it took the young carer some time to locate as she was doing her best to care for residents on her own. After a while the key was located and the manager showed me the Hollywood room I had heard so much about in inspection reports for years... On opening the door the manager said, oh it's stuffy in here and went and opened the window. This room was the only area in the whole home that did not have any smell of urine, in fact it was clearly not used, the T.V remote control was covered in dust, as were the random video cassettes I pulled out to look at under the pretense of being impressed how suitable they would be for my relative. The room contained a bar which I was told made the residents feel they were down the pub; this of course had fixtures that were false but gave the impression of a pub. The whole room was a sham opened up for the benefit of inspectors and perspective customers. The latter not so easily impressed in a home with so many empty beds.**

**The call alarm was sounding for room 23 for about fifteen minutes. In all the only staff seen was the one young carer, who was the only member of staff on the upper floors. I saw one cleaner and one member of kitchen staff. On the lower floor I saw one carer pushing a medication trolley.**

**The home was decorated for Halloween, which is not something that would have been celebrated by the generation of residents in the home by using large amounts of decorations which are the result of modern marketing. This showed little thought especially as large dolls were pinned up near the lift which may have been intended to look ghoulish but which had a strong resemblance to the grim reaper.**