

Tales of the Un-Inspected
Home Number 78
By Eileen Chubb
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A local newspaper published a report last month about home 78, in which the regulator CQC are very quick to proclaim their outrage at what they discovered in this home and state the standards fell far short of what people should expect. Any one reading the article could be forgiven for thinking all these failures were discovered for the first time. However this home has been allowed to continue repeating the same abusive pattern for years.

In April 2008 an inspection report noted that, Residents on the Dementia unit were continually calling out but were ignored by staff. This is when staff knows an inspector is watching them; the staff's best behavior tells me much about the culture of this home.

The report notes there were a large number of concerns being raised about care but this had reduced and it is presumed by the regulator this is because people have fewer concerns, however as the regulator asked the home to investigate the concerns, people may well have simply given up.

For example someone is really concerned about the care of a loved one and repeatedly raise the issues with the home who do nothing about it, so they go to the regulator as a last resort, the regulator refers it back to the home to investigate them, who would go to such a regulator a second time?

The report states that new furniture has been ordered and the home is well decorated throughout. A relative commented about a stained mattress and the manager remedied this. It is noted that a number of relatives had raised concerns about the cleanliness of the home in the past but the inspector thinks this has much improved. The manager said new bedding and curtains were on order.

The relatives who raised concerns about the home smelling foul are not believed as the inspector says the home did not smell.

The home is Graded 2 Star Good.

The next inspection is 7 months later and only took place as relatives and Doctors had raised concerns. Due to these concerns the inspectors look at the information given to them and find it to be true. The issues were so serious that documents were seized with a view to enforcement. Manual handling procedures are said to be dangerous.

My heart sank when inspectors note a resident was found restrained in a chair by removing the cushion. This form of restraint I have found to be common, however it is seen as just a deprivation of liberty issue by inspectors but I know the potential damage this can inflict. I reported this daily when I worked in care, J was a resident with dementia she was left in a back lounge in a chair she could not get out of because the cushion was removed, so she was left to sit for 12 hours or more each day on a hard base, with nothing between the springs in the seating and her skin but a thin piece of fabric. I would find her soaked through with urine every day, desperate to get out of the chair. Her skin broke down and she screamed in pain, she developed a grade four pressure sore and died from infection.

The report goes on to note numerous other issues, staff ignoring residents who are calling out for help. Staff had no training to care for residents with dementia.

**The home smelt foul throughout.
It remains 2 Star Good.**

The next inspection takes place 13 DAYS Later,

A pharmacist inspection took place because GPs had raised concerns and as a result serious failures in medication were then found.

People are said to be not have their needs met in inspector speak (neglected)

The care plans need to be more detailed in order to direct staff practice. (The inspector thinks care plans will result in care)

Staff needs to write the actual care given in the care plans (None)

Inspectors look into the treatment of a resident with a pressure sore when a relative raises concerns with them, they find this person has not received any treatment at all.

Another resident was at risk of pressure sores and their skin was

breaking down.

Medication was not administered and was not accounted for. Residents were unkempt, dirty, were wearing soiled clothing. Staff said residents were difficult.

During the inspection a relative is seen to go the homes office sobbing and distressed as her relative had been left to sit in soiled clothing for over two and a half hours and still no has come. We spoke to the relative later and they told us they visited every day and some staff were kind but others just could not be bothered to care for people. Another relative we spoke to said they found their relative sitting in wet clothing and they believed their calls for help were ignored.

The cook was disinterested in what residents wanted to eat and relatives said they came every day as they feared their relative would not receive care. A resident is noted to be in hospital as a result of the homes failures.

It is also noted that staff practices were putting residents at risk.

Now the home is graded Zero Star Poor and apart from making more requirements and the usual talk about improvement plans nothing else is done.

The next inspection takes place 6 months later and notes the following,

It is considered the home has met all previous requirements.

It is stated the home is decorated to a good standard and furnished well. Those residents looked well groomed and the home has Dignity Guardians. However what the home says it is doing is not credible evidence. The complaints section for example is graded good in spite of the fact that people are still raising concerns outside the home.

The Home is judged 2 Star Good.

It is not inspected again for 17 months. This inspection is only being carried out because NHS staff raised the alarm with the local authority, so once again CQC are the last to know how bad things are in a care home they judged good.

The regulator is told what is wrong and only then sees what is wrong,

however the concerns are all entirely consistent with the culture that has existed unchecked in this home for years and which has caused untold avoidable suffering to many vulnerable people throughout this time. The regulator note the following information in this report,

People were heard calling out for help constantly and inspectors had to intervene to get them help.

People were seen with food on their faces and with stained clothing. Staff walked past someone asking for a drink. One resident was still eating their breakfast at 11.30. Other people spilt food and drink on the floor unnoticed by staff.

One person tried several times to drink from a beaker with a lid on it and gave up in the end. Under the new allegedly improved inspection process all of the above is judged to be of moderate concern.

Under the section of the report relating to cleanliness and infection control the inspectors have major concerns as the home which just 17 months ago was considered to be, Clean, Well Decorated and Furnished throughout is found to be as bad as it was in 2007.

The local PCT took photographs of dirty stained mattress, body fluids not cleaned up. Over fifty bedrooms were viewed and all were found to have offensive odors, dirty stained carpets and were all dirty throughout. Chairs were dirty stained and had food debris under the cushions. Many chairs had ripped fabric. Each room had a small table which were all rusty and caked with dirt mainly food. Beds looked disheveled and had sheets and duvets which were thin, worn and stained. Some beds had been made in spite of faeces on the sheets and other stains. Throughout the home bedding, towels and flannels were frayed and torn. Pillows were misshapen and some people were seen with their heads on pillows with no pillow cases on them. Furniture was of very poor quality and a hazard where draws were left open as they were broken. Many draws were stacked on top of each other, had no bottoms or fell apart when handled. Bundles of cloths were stored at the bottom of wardrobes. Walls were stained, paintwork chipped and plaster was found on the floor in some rooms.

The en-suites were dirty, foul smelling and cold, toilets were not flushed and were badly stained. Cloths were found lying in puddles of cold urine. The lounge areas of the home were also dirty, with ingrained dirt and food debris on chairs, sticky surfaces; most chairs had cracked and

torn upholstery. One urinal was stained black with fungi growing in it. Curtains were not hung properly and could not be drawn. Commodes were found badly stained with no lids.

Some people in the home had an odor and looked unkempt and had on dirty clothing.

There are major concerns about medication again as it is now checked.

There are only MINOR concerns over workers, Even though inspectors were told about the discrepancies in the staff files such as staff from overseas working on a student visa, a nurse employed without any checks on her registration and six staff members were working illegally and the authorities have been informed, the home was able to demonstrate it had good controls in place and the home are conducting their own investigation into poor recruitment practices.

The staffing section is considered a moderate concern as is judged people's needs are met by sufficient staff numbers. The evidence from residents and relatives asked is that there is not enough staff to care for people is noted but ignored as is the inspector's observations of people calling out constantly.

So what of the, Tough new enforcement powers that can be used? It is considered that compliance action is needed, this is described as,

COMPLIANCE ACTION, These are actions a provider must take so they achieve compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply and we monitor the implementation of action plans and if necessary take further action to ensure they comply.

What was this home asked to do in 2007 and 2008, the same.

As for the assumption there is no immediate risk from living in filth and squalor, or from lack of fluids and food. It is alright to leave people calling for help for hours as the bit of paper called a Rota says there is enough staff. This is what the CQC think is improved inspection? Not enough people have suffered or died for them to act.

In answer to my recent appeal to Paul Burstow MP, raising concerns about the CQC failures to inspect, their attempts to mislead the public by saying they had closed dozens of homes when nothing could be further from the truth, what is the response? I am told I should take it up with the CQC as it has nothing to do with the Government, the CQC it seems answer to no one and that is why elderly people die avoidable agonizing deaths.

A full report on this will be posted soon. Please see the last ten issues of Private Eye for full information on this charities joint investigation into the conduct and failures of the CQC.

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