

Care Home Inspection Special

Calling Time on Poor Care

By Eileen Chubb

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How many inspections does it take to close a poor care home?

This story begins in **January 2009 ten years ago**, when ADR Bethany House was rated one star “Adequate”.

The next inspection is in **July 2009** and is a random inspection as a result of concerns raised. The following issues were noted, these concerns were raised by four whistle-blowers as well as family members.

"Since the last key inspection to the home on the 26 January 2009, we have received four complaints from staff working at the home, several were ex employers and two complaints from relatives. The complaints from relatives were being addressed through the care managers from Social Services. We spoke with the care manager who was satisfied with actions taken by the home. The home were aware of a number of issues and were in the process of having people reassessed where they felt they were unable to meet their needs. Concerns included: inadequate numbers of staff on shift, staff without sufficient skills or experience, language barriers, poor supervision of residents. Examples of this were food and fluid charts not being completed, residents losing weight and residents not being assisted to the toilet frequently enough. Other concerns included: poor personal hygiene, residents with dirty nails, and hair and clothes not being laundered satisfactorily. We also had reports of the medication trolley being left open and unattended and the cupboard where chemicals are kept left open. We were told that

issues which potentially could be adult protection issues were not being reported to us by the home. This has since been explored with the home and we are satisfied that the home are reporting issues required under regulation 37"

My Comments

The fact that these concerns were raised by so many people should have resulted in a thorough investigation but instead the regulators actions amount to accepting the homes assurances which is staggering in the circumstances.

"Lunch was served from 12.30. The dining room was adequately staffed, but some staff were not aware of the dietary needs of residents. Staff were asked which residents were on food and fluid charts and not all staff knew this. We checked a number of fluid charts and in one instance the chart was completed incorrectly. One residents care plan stated they needed assistance and encouragement with their meal. We did not observe this being offered. One resident spoken to stated they did not get enough to eat and another gentleman felt the food standards had gone down."

My Comments

This is not my idea of adequate of one star.

"We looked at one residents' record. This resident was generally actively mobile but had recently had two falls, which had been discussed with their relative. Their care plan and risk assessment had not been updated. One of the falls had been at the top of the stairs. On the day of inspection there was a discussion about moving them downstairs. The risk must be assessed because they may still be at a similar risk if they were moved downstairs. The resident's son raised concerns about his relative's personal hygiene. The care plan had not been updated to reflect a change in need. The resident's life history and family tree was poorly recorded. Their care records referred to previous issues with their

behaviour but does not state what they were. Their mental health needs were poorly described and the actions to be taken by staff were poorly explained." "We asked to see records relating to staff where there have been performance and management issues. These were not available. The area manager stated that the providers had been dealing with staff performance issues. We were concerned that the home had failed to notify us of a number of alleged events, which if did take place put residents at risk. The manager stated in response to the draft inspection report that any concerns they had were raised at the time with the care manager David Watts, who was the lead POVA practitioner. He looked at concerns and was satisfied that the home were taking the appropriate actions.

During the inspection a relative asked to speak to us regarding his concerns. A meeting took place between the relative, the manager and area manager and ourselves. Minutes were taken. The relative expressed concerns about changes in staffing levels and felt the standards of care had dropped. He gave a number of examples. He was reassured that staffing levels had not dropped since the providers took over and noted that his relative Care Homes for Older People Page 6 of 12 had some unmet or changing needs. The manager agreed to update the care plan and to look into an event which occurred at the weekend. The relative felt that the home did not run as smoothly at the weekend. The manager stated that she would be working some weekends and she told the relative she is always on call and would be expect to be informed of any events affecting resident's welfare."

My Comments

Throughout this report are references to information that completely contradicts the adequate rating for this home.

The next inspection report is dated 28th September 2009

The home remains 1 star adequate.

“The home are required to keep a copy of their staffing rotas for a period of three years.

At the last inspection previous staffing rotas could not be produced and a requirement

was made. At this inspection the rotas were available and produced in triplicate. The

rotas did not make it clear who was working on a particular day and in what capacity. All

staff employed are put on one rota, some are care staff, some are domestic staff, some

have dual roles and we were unable to see from looking at the rota how many staff were

on duty specifically to meet the care needs of the residents. This made it difficult to

establish if staff on an induction period were appropriately supervised and supernumerary

to the rota.”

“We were concerned that staff did not have criminal records checks, particularly in one

instance where the POVA 1st was unsatisfactory. The manager agreed to wait for staffs

CRB's in future The manager was recruited to her position without a CRB in place,

although the POVA 1st was clear. Staff do not have contracts, or job descriptions and it

was not easy to audit if staff have sufficient skills to carry out their job where there are

no job descriptions. Staffs competency is still not sufficiently tested, particularly when

staff complete a lot of training by watching videos. How does this learning then relate to

practice? Staff induction has improved, but the home have not yet introduced staff

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appraisals and it is not clear if staff have a full appreciation of their roles, as some staff

have dual roles. The home do not use agency staff which means that staff are familiar

with residents needs.”

The next inspection is October 2009

This was a random inspection which the previous report referred to as announced in advance.

The rating remains 1 star.

The report consists of nine pages mainly repeated shortfalls.

The next inspection is dated 19th January 2010

The home remains 1 star

“We were notified at the end of December 2009 that the manager had been dismissed following an allegation of gross misconduct. This was fully investigated by the home and the manager was dismissed on the 28 December 2009. We were notified in writing. At the time of the managers dismissal the providers were on holiday.

We received an anonymous complaint on the 23 December 2009 about poor care standards and insufficient numbers of staff employed at the home. The person making the complaint suggested that a number of staff had recently left. We asked the home to respond to the complaint and also passed on our concerns to the local safeguarding team.”

My Comments

We are not told what the managers gross misconduct was.

When poor care is reported and no action is taken then good staff do leave, the previous whistle-blowers reported similar concerns, and nothing was done. Now concerns are raised anonymously.

“Despite assurances from the provider that staffing levels were being maintained, care staff stated that this was often not the case due to staff sickness and staff not turning up for work”

My Comments

So, the providers assurances are worth nothing and yet the regulator continually seek such assurances instead of taking action.

"This was not shown on the staffing rota. As a consequence of 'staffing shortages' staff we spoke to said they were working long shifts. They felt this could lead to mistakes being made. They said morale was low and several staff had felt like leaving. This would exacerbate the problems the home are currently facing. Care staff also told us they were doing additional tasks like laundry and cleaning as part of their care shift. We were satisfied that a number of staff had worked at the home for many years and were familiar with residents needs, compromised only by insufficient numbers of staff.

Recruitment

We looked at the homes recruitment procedure and audited 6 staff files. We were concerned that references are taken up but give very brief information and did not help to determine if the candidate was suitable. For one person "We raised a concern in respect of the under reporting of incidents. The home were not always notifying us of events affecting the safety and wellbeing of residents. We asked to see a regulation 37 for one person who had sustained an injury after a fall. One had been completed but did not include a date."

"We had been told that only one resident had pressure sores, but we looked at the diary which had an entry from the previous month of a resident with pressure sores, we saw a daily entry for another resident who had a blistered heel."

"From our general observations and discussions with staff, residents and a visitor we were made aware of their concerns about staffing levels, staffing turnover and management.

Staff expressed concern about raising issues with management because they stated they feared for their jobs. This was discussed with the management team in relation to everyone's responsibilities under safeguarding protocols. One relative said they had raised a number of recent concerns with management and they had dealt with their concerns. We looked at the complaints log and nothing had been recorded."

My Comments

Staff fearing for their jobs if they raised concerns and still the home remains adequate 1 star.

The next inspection is 24th October 2010

The home is still rated 1 star adequate.

This is a very short report mainly consisting of unmet requirements and yet more extended timescales for action.

The next inspection is oddly dated March 2010

The home is rated one star adequate

The next inspection is dated June 2010

The home is still rated 1 star adequate

"We, The Care Quality Commission, (CQC) carried out an unannounced inspection to the home on the 16 June 2010. The purpose of this visit was to check that the home had met the requirements made during the last key inspection which was conducted in March of this year. In March 2010 there was a meeting held under the protection of vulnerable adults to decide if Cambridgeshire should lift the embargo on the home. This had been

imposed on the service until identified, necessary improvements had been made."

My Comments

Looking at the last inspection report there is nothing to indicate CQC have concerns, the home is rated adequate. The concerns referred to must be those of the local authority. Up to this point the regulator has been deaf to every alarm bell and those alarm bells have been ringing very loudly.

"We did not look specifically at complaints or protection but know that the home have had a number of complaints and safeguarding issues which have gone through the correct channels and have been dealt with appropriately. The manager newly in post has been responsible for dealing with the homes legacy work and providing evidence that the home have improved and met requirements set by the CQC and met actions identified by the Local Authority."

My comments

Classic CQC skim over the fact the council had identified concerns in a home that the CQC consistently rated adequate when there is a clear evidence trail of poor care. The home is still rated 1 star so if there were major concerns at any point why is there not a single drop in the rating awarded?

The next inspection is August 2010

8 weeks after CQC allege improvements the following random inspection reacts after being informed of poor care.

"We, the Care Quality Commission carried out a random inspection to the home on the 10 August 2010 because we had a number of concerns about the home and there were a number of outstanding medication requirements made by the CQC pharmacy inspector at an earlier inspection. The timescales for compliance were the 31 March 2010. The inspection was undertaken by a pharmacy inspector who looked at medication and did

some case tracking for ten residents, (3) where there had been a number of known concerns. The other inspector talked to the operations manager about issues in the home and looked at some records, including maintenance, staffing, complaints, and discussed SOVA issues, for which no records were available. We spoke to staff and residents, observed care practices, including lunch and walked round the home.

We were notified on the 3 August 2010 by a relative visiting the home that the manager at Bethany Francis House had left her post. We rang the home for clarification and spoke to the Operational Manager, who confirmed this was the case and they would be overseeing the day to day management of the home until a new manager could be appointed.

We received two complaints, one written and one verbally on the 2 August 2010 and the 4 August 2010. In both instances, the operational manager, was dealing with them and they had been referred under safeguarding of vulnerable adults, (SOVA) and to the Local authority.

As a result of one of the complaints we spoke to the district nursing services for further clarification about incontinence aids and found out that they had conducted an investigation with regards to one resident where there had been some initial concerns. We followed up these and other concerns raised as part of our random inspection.

“The local authority placed an embargo on this home back in November last year because of a serious safeguarding issue which highlighted significant failings of the service.”

“This was only lifted in March 2010 after agreement from all agencies involved that the home had done enough to meet requirements made by the CQC and satisfied the terms of the contract it had with the

Local Authority. They continue to monitor the service. The operations manager made the decision after discussion with the providers not to admit any new residents to the home from the 6 August until they sort things out. This was in light of the manager walking out and a number of safeguarding concerns which have come to light."

"The home has had three key inspections since October 2008 and six random inspections. The high number of inspections has been a result of changes in management, staffing and various complaints and safeguarding issues. The home has been rated adequate and has met requirements made but has been unable to sustain improvements to the service. The home has had two warning notices and has produced improvement plans for CQC and action plans for the Local Authority."

My Comments

This is CQC trying to cover themselves. This home to date has only ever been awarded one star adequate. If there are major issues or changes in the standard of care, then it should follow that the ratings should also continually change. Please note this rate system will be changed at regular intervals by CQC after scandal after scandal results in thousands of people suffering, each time the regime changes the aim is the same, protect CQC poor care providers and deflect any criticism of CQC.

The report lists again failure after failure and to save repeating the same thing again and again for years I will just list the dates and conclusions of the following years inspections.

<i>Date the review was completed:</i>	<i>09/12/2010</i>

<i>What we found overall</i>
<i>We found that Bethany Francis House was not meeting one or more essential</i>

standards. Improvements are needed.

We carried out this review because concerns were identified in relation to:

- Care and welfare of people who use services*
- Meeting nutritional needs*
- Management of medicines*
- Safety and suitability of premises*
- Safety, availability and suitability of equipment*

Publication date:

May 2011

We found that Bethany Francis House was meeting all the essential standards of quality and safety we reviewed.

Date of Publication: June 2011

Bethany Francis House was not meeting one or more essential standards. Improvements are needed.

Date of Publication: October 2011

Bethany Francis House was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Bethany Francis House had made improvements in relation to:

Outcome 05 - Meeting nutritional needs

Outcome 09 - Management of medicines

Outcome 13 - Staffing

Outcome 14 - Supporting staff

Outcome 16 - Assessing and monitoring the quality of service provision

Date of Publication: August 2012

Bethany Francis House was not meeting one or more essential standards. Action is needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

Outcome 01 - Respecting and involving people who use services

Outcome 04 - Care and welfare of people who use services
Outcome 07 - Safeguarding people who use services from abuse
Outcome 13 - Staffing
Outcome 14 - Supporting workers

Date of Inspection: 12 November 2012 (New regime)

Respecting and involving people who use services
Met this standard
Care and welfare of people who use services Met this standard
Safeguarding people who use services from abuse
Met this standard
Staffing *Met this standard*
Supporting workers *Met this standard*
Records *Met this standard*

Date of Inspection: 10 June 2013
Respecting and involving people who use services
Met this standard
Care and welfare of people who use services Action needed
Safeguarding people who use services from abuse
Safety, Met this standard
availability and suitability of equipment Met this standard
Requirements relating to workers Met this standard
Supporting workers Met this standard
Assessing and monitoring the quality of service provision
Met this standard

Date of Inspection: 30 October 2013
Care and welfare of people who use services Met this standard
Staffing Met this standard

Date of Inspection: 02 April 2014
Care and welfare of people who use services Met this standard
Safeguarding people who use services from abuse
Met this standard
Safety and suitability of premises Action needed
Requirements relating to workers Met this standard
Staffing Met this standard

Supporting workers Met this standard
Assessing and monitoring the quality of service provision
Action needed

February 2015 (New regime)

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? Good —

Is the service well-led? Requires Improvement —

Overall summary

July 2015

Is the service well-led? Requires improvement —

Feb 2017 (New regime)

*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***

May 2018

*Is the service safe? **Requires Improvement***

*Is the service effective? **Requires Improvement***

*Is the service caring? **Requires Improvement***

*Is the service responsive? **Requires Improvement***

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

September 2018
Overall rating for this service

Inadequate

“The inspection took place on 10 and 17 September 2018 and was unannounced. It was prompted in part following information received from the local authority, their safeguarding team and whistle blowers and, to check that the required improvements from our earlier inspection on 21 February and 12 March 2018 had been made. At that time, we found the registered provider was in breach of multiple regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to submit an action plan to tell us how they intended to make the required improvements. They told us improvements would be made by 30 June 2018.”

My Comments

Ten years later and we have gone full circle, and nothing has changed.

“There were not enough staff to provide people with adequate supervision, enough to eat and drink, continence support, help to reduce anxieties or support people with complex needs. They did not always respond in a timely manner to all of people's needs. Opportunities to take part in meaningful activity was limited and activities provided were not personalised or tailored to meet people's level of ability, choice or preference.”

“The quality of training staff received was not effective enough to show staff were able and competent to the needs of people using the service. The provider did not have systems in place to ensure they were up to date with best practice and there was a lack of effective learning from complaints and safeguarding incidents to reduce risks to people from reoccurring. There was a lack of systems in place to receive, manage and record complaints. The provider did not have any records to show whether they had managed, resolved and learned from complaints received since the last inspection.

The provider had not notified the CQC of all incidents that it was legally obliged to let us know of.”

“People left to eat independently had little or no interaction with staff which did not encourage or promote practical help to eat more either independently or with support. Staff left people unsupervised during lunchtime. We saw two people trying to eat their food using their knives and another person was trying, and not picking up their food with their fork, to eat. As a result, they ate very little of what they were served.

One relative told us, “My sister would like [family member] to be able to go to the dining room for lunch but once [family member] is in the lounge [they] stay there and [staff] bring lunch to them.” We observed people sitting in communal areas for the duration of the inspection with little or no stimulation, interaction or movement. A lack of movement can affect the body's systems, including deteriorating lung function, cardiac function, urinary drainage (creating an infection risk), digestion, muscle wastage, joint flexibility and mental deterioration.

My closing comments

This report highlights neglect throughout, and I could list so many examples. What is clear is that for a decade this home has been failing and no real action has been taken. The company: ADR have 5 homes of which 3 are currently rated inadequate see [CQC ADR Care homes](#)

How long does it take to stop poor care? I will answer that question when I encounter CQC and safeguarding doing that: which to date has not happened.

Eileen Chubb

