

Tales of the Un-Inspected.

Home 123

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This home was inspected by the CQC in June 2011; this inspection took place because the CQC were informed there were concerns about care.

A concern that people were not supported to maintain relationships outside the home; this is not upheld based on evidence relating mainly to care plans which the CQC imply shows people were fully involved in care planning.

People tell inspectors that buzzers are not answered quickly and they have to wait for help. Inspectors conclude that as the manager has apologized for this that it will not happen again. They fail to ask why is this happening.

The CQC were informed there were concerns peoples care needs were not being correctly assessed or met. The CQC do not uphold these concerns. Yet I noted from the contents of the report clear evidence being available that all was not well, such as a high number of expected deaths in the previous three months, which the manager tells inspectors is due to a large number of people being admitted for end of life care. In another section of the report it is noted that staff were not fully trained to provide end of life care.

The section on meeting nutritional needs, lists the fact that the CQC had been informed of concerns in this area also. The inspector's state on page 10 that all residents were eating in the dining room and on page 11 that they observed someone being fed in their room. This area is judged non-compliant as there are moderate concerns that people are not referred for medical help and in spite of this being a repeated problem in the past it is still occurring.

The next section assessing and monitoring care is judged to be fully met as the manager is said to audit care records monthly and yet this is completely at odds with the findings in the previous section that care records showed

people with drastic weight loss had not been referred for specialist help.

On page 14 of the report which relates to records, the CQC state that there is no evidence that residents signed their care plan reviews or gave their consent to care, yet this is completely at odds with page 7 which states people were fully involved in planning their care.

The Home is inspected again 1 year and 6 months later in December 2012.

This time after much unnecessary suffering the consequences of CQCs failure to act last time are clear.

People tell inspectors they have to wait for help when they ring their buzzers that some staff is not polite, the inspectors test the emergency alarms and note some staff completely ignoring them.

People's food and fluids were not always recorded.

Some staff when questioned were unable to say what should be done if they witnessed abuse.

Residents tell inspectors they are not confident asking staff for help, one person on the rehabilitation unit says staff do not have time to help them walk with their walking frame and they have to do this alone leaving them at risk of falling. This home is registered for rehabilitation and yet clearly the most basic care is not provided.

The CQC inspector says that they spoke with nurses and care staff on all three floors of the home, all staff told them there were not always enough suitable staff to meet resident's needs.

Care plans were not completed correctly.

The home is told to improve,

The next inspection takes place 4 months later in May 2013.

Respecting and involving people. Judged fully compliant

On page 7 it is noted that two residents tell the inspectors that a small number of staff did not have a good attitude and could be more respectful.

This is not investigated further but is information treated as, something the manager may wish to note,

The standard on care and welfare, non-compliant and CQC state enforcement action taken.

This does not seem to have made the slightest difference to the care as it's noted that not all care plans contained correct information and needs were not adequately assessed.

Safeguarding is judged fully compliant. Very little evidence.

Staffing is judged fully compliant.

A resident says they are often left alone as staff is attending to others.

Staff says they are often very busy but now say there is enough staff.

The management says they are now using bank staff and few agencies, how many new bank staff has been employed are not checked.

Supporting workers judged fully compliant.

Records. Judged fully compliant. Page 12, records of food and fluid requirements and other risks assessments were completed. Yet page 8 states needs were not always adequately assessed, which is a total contradiction.

I received information that people were being seriously neglected on the rehab unit. I visited this home 8 weeks after the CQC and this is what I found.

Very few staff on any of the floors, some of the care staff seen looked very tired. The rehab unit had no evidence of rehabilitation taking place; there were too few staff to provide this level of care. Not a single person was engaged with care staff; people were either seated in the large lounge area or were in bed.

I was taken up to the third floor where in the lounge area there were activities taking place and the activities staff were doing their best but only a small group of the residents were able to take part and one lady in the center of this small group was fast asleep in her wheelchair. Around the room where residents with more complex needs who were not involved. It was a fine sunny day but the only people using the garden were staff on a break. Balconies run the length of the lounge area but whilst the doors were open no one was using the balconies, most people would have needed staff assistance to move.

As with the other floor about half the residents were in bed and it was 2pm. I said repeatedly that I thought my relative may like a part of the home where there were not so many poorly residents, and was told none of the residents were poorly. Why were they in bed? One male resident who was in bed was

staring dejectedly at the ceiling, the staff member said he had come in for rehab with mobility problems but never went home and now needed permanent care. This is a concern as leaving people in bed is going to lead to loss of mobility. The home also benefits from neglect of rehab patients who will go on to become a source of permanent income if unable to go home.

I was shown a Rota for the third floor which was meant to impress me, there were five staff listed on it and all seemed to be working double shifts, from first thing in the morning until the night staff came on duty. It was clear the resident's needs were much higher than the staffing levels and so few staff working double shifts always results in poor care.

Some of the staff had very poor English and were hard to understand.