Tales of the Un-Inspected
Home Number 114
By Eileen Chubb

I looked at the last three inspection reports available for this home and noted the following,

The care home regulator (CQC) inspected this home in June 2009, their report concludes that healthcare is good and past problems with pressure care are now resolved. A member of the public would read this and take it to mean pressure sores are no longer a problem but contained within the report is the following information,
The inspector only checked the care records of one resident at risk of pressure sores and found that whilst the risk was recorded no treatment what so ever had been provided and that this resident was seen sitting in a chair with no pressure relieving equipment, how this amounts to good care is beyond me.

It is also noted that the GP is not carrying out reviews of medication as required.
The home remains two star good and wins the Local Authority Dignity In care award.

The home is next inspected in February 2010; this is a random inspection which is carried out after concerns are raised.
Again the care of one person with pressure sores is inspected and records are judged good in spite of not being up to date or containing evidence of treatment. The person is in bed and does not have the correct pressure relieving equipment for pressure sores on their heels.

The next inspection is January 2012, The report states on page one that, THE HOME MEETS ALL THE ESSENTIAL STANDARDS, which is totally misleading as out of the 16 standards only 2 were actually inspected.

The history of consistently poor pressure care is not mentioned, it is stated that the last inspection of this home was in 2009 and the existence of the 2010 inspection is not referred to at all.

So what did inspectors find when they looked at pressure care this time? They did not look at this area at all.

This is what I saw when I visited four weeks later,
I was shown around by the nurse; I saw three care staff in all yet the home told inspectors that one nurse and five to six care staff are always on duty.
The home was dark and dingy in many areas and the flooring was uneven and sloping in some corridors which were more of a hazard because of the poor light.
The building was old and it would have been difficult to access bedrooms if residents were immobile, every bedroom door had so many scuff marks from wheelchairs and hoists that very little of the surface was intact. This told me that most of the 28 residents had poor mobility and would therefore need the assistance of two staff every time they needed to move. Yet the 2010 inspection states that eight residents are immobile. Staffing numbers are set by the home based on the resident's needs; it is in the homes interest to understate the dependency of the residents as that reduces costs so as to increase profits.
The CQC accept what the home tells them whilst I use my eyes and commonsense.
Upstairs one male resident was in bed, the nurse said he was very poorly and yet there were no staff upstairs.
One grab rail was coming away from the wall, equipment such as wheelchairs and hoists were stored in the bathrooms and corridors and one of the bathrooms smelt of sewage.

I noticed that the ceiling tiles upstairs were polystyrene, many tiles were hanging down and most were discolored with age, added to the evidence that a much higher number of residents were immobile, and the narrow hallways obstructed with wheelchairs I fail to see how this could all be overlooked by the inspector as in the event of a fire the
Building could be a death trap.
I was shown the downstairs lounge where all the residents were seated, the room was quite small and residents were sat very close together. This would have made using a hoist very difficult and two carers wheeled in a hoist but appeared reluctant to use this whilst I was in the room.
The three care workers were rushing about, one in particular was attentive to bringing residents a drink from the jugs of juice that were

on a table in the lounge and which was very good to see, however it was clear there were not enough staff to care for so many dependent residents. One female resident was shouting throughout my visit and was very confused and agitated, this was distressing all the other residents who were unable to get up and walk away, one of the carers was standing in front of this resident and trying to reason with them which just made it worse. This member of staff was entirely without the skills needed to look after people with dementia. A male visitor who arrived said to me that this shouting went on every day and that his relative was upset by this.
I noticed that very few people had pressure relieving cushions under them.

I walked out through the dining area and saw a female resident who was the only one seen that was mobile as she had a Zimmer frame by her, she was slumped sideways in the chair and in a deep sleep. She looked unkempt and very uncomfortable. She had a bad cut to her leg and this looked infected, as the area was red and the dressing had almost fallen of and was soiled with yellowish discharge.

I was given an information leaflet and left shortly afterwards.

Eileen Chubb