

Tales of the Un-Inspected
Home Number 57
By Eileen Chubb
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I looked at the inspection history ofHome Number 57, these are my findings,

REGULATORS INSPECTION REPORT DATED 7TH OF NOVEMBER 2008.

THE REPORT. We found the home held clear records for people who had their medication changed by the GP.

My Comments, The Evidence for this conclusion? The inspectors looked at the records of one resident out of the 104 residents in the home.

THE REPORT. The file of the resident made a safeguarding alert was examined and showed all paperwork relating to risk assessments on falls was present and included a full list of all falls with times and dates.

My Comments, This resident was made a safeguarding alert because of repeated falls not recorded. The inspectors seem to think that retrospectively filling in the paperwork makes everything alright. Firstly it is fraudulent, secondly I would have looked at a large number of other residents care plans as it is likely to be a widespread issue. The report consists of 9 pages. The Home graded 1 STAR ADEQUATE.

REGULATORS INSPECTION REPORT DATED 11TH OF JUNE 2009

My Comments, The problems in this home are so numerous that I have listed all the outstanding statutory requirements contained in the report below.

THE REPORT, PAGES 35 TO 45.
OUTSTANDING STATUTORY REQUIREMENTS.

1. Regulation 15(2) b. The manager must make sure care plans and risk

assessments are accurate. Reviewed to show changes and contain accurate information to enable staff to provide care in a safe and consistent way.

2. Regulation 13(4) c. The manager must make sure risk assessments contain accurate information to enable staff to provide care in a safe and consistent way. This relates to inadequate bed rail assessment and moving and handling assessments.

3. Regulation 12(1)a13(4)c The manager must ensure that people who use the service have access to a call bell or systems are in place to ensure people are safe if they are unable to access a call bell.

4. Requirement 12(4) a13 (4) c the manager must ensure staff work in a way that respects the privacy and dignity of people who use the service. This must be done by ensuring the language used that refers to people who use the service is appropriate i.e. not using such expressions as doubles or feeders. Staff should communicate when providing personal care or assistance to people using the service. Staff are aware of their actions when working with people who use the service. Moving and handling information assessments are removed from bedroom doors. People who require assistance with cutting up meals are given adequate assistance.

5. Requirement 12(4) a the manager must ensure work practices within the home are performed in the best interest of the people who use the service and show they are not institutional approaches.

Requirements from this inspection.

1. Requirement 15. The manager must ensure care plans and risk assessments are accurate are reviewed to show changes and contain accurate information to enable staff to provide care in a safe and consistent way. To ensure staff are aware at all times what care an individual needs.

2. Requirement 13 Arrangements must be made to ensure that there is a system in place to ensure that medicines are available to administer as prescribed. This will mean that people will get the medication prescribed to them.

3. Requirement 13(2) Arrangements must be made to ensure that all medicines are stored in accordance with the directions of the manufacturer to

ensure medicines are safe and effective.

4. Requirement 13 the Manager must ensure staff works in a way that respects the privacy and dignity of people who use the service. This must be done by ensuring the language used to refer to people who use the service is appropriate not using expressions such as toilet rounds. Infection control information is removed from bedroom doors. This promotes privacy and dignity.

5. Requirement 18. The responsible person must ensure that staff shortages do not mean that the activities program is reduced for the people in the home. This will ensure that all people are able to participate in meaningful activities and lead a more fulfilling life.

6. Requirement 16. You must consult with people about their social interests to make arrangements to enable them to engage in a range of activities according to ability. This relates to those people spending considerable time in their bedrooms. This means all people living in the home have a good quality of life and are able to participate in things they enjoy.

7. Requirement 18 13(6) The responsible person must ensure any training provided to staff in respect of protection of vulnerable adults means staff are aware how to correctly report allegations of abuse outside of the organization this will help keep people safe.

8 Requirements 13. The registered person shall ensure that all parts of the home service users have access to as far as reasonably practicable are free from avoidable risks. This includes window restrictor's freestanding wardrobes and chemicals not locked away properly.

9. Financial shortfalls must not prevent rooms being carpeted and beds provided. This will ensure people get the room they request will be furnished appropriately.

10. Requirement 16. The responsible person must ensure satisfactory standards of hygiene are maintained within the care home. This must include ensuring the commode frames are kept clean. This will mean the spread of infection is kept to a minimum.

11. Requirement 19. Systems must be in place to show what action has been

taken to safeguard people when receiving unsatisfactory checks and information regarding staff during the recruitment procedure. This must include action that has been taken following receipt of poor references and what steps have been taken to safeguard people when a positive conviction has been received on the criminal records bureau check. This will show safeguards are in place to protect people who use the service.

12. Requirement 19. The responsible person must ensure no staff works at the home until satisfactory checks and information is obtained, the member of staff must include a recent photograph. This will show that the recruitment procedure is robust and means that staff working with vulnerable adults have had satisfactory checks performed.

13. Requirement 13. The responsible person must ensure all staff, including agency staff are provided with induction prior to working at the home. This will mean that all staff are aware and familiar with emergency procedures such as the fire and emergency systems of the home.

14. Requirement 38. The responsible person must ensure all staff working at the home have received mandatory training which must include infection control, first aid and fire safety.

Good Practice recommendations.

Standard 6, the registered person should consider ways of managing the intermediate care facility that now operates within the home taking into account the guidelines contained with the national minimum standards, this includes providing dedicated accommodation, together with specialized facilities, equipment and staff to deliver the short-term intensive rehabilitation which enables people to return home.

Standard 7, Risk assessments should be thorough and include other professionals in the decision making process.

Standard 7, Wound care plans should demonstrate how the wound is healing and what dressings are being used. This means that healing will not be delayed because all staff will have the correct information to carry out the task.

Standard 7, Overlay mattresses should be fitted properly to beds so that

people are comfortable and free from harm.

Standard 7, Call bells should always be provided, where people are unable to use a bell then a risk assessment should be completed and drawn up as to how to manage this.

Standard 9, Agreement should be reached over the sharing of medicine administration records completed by visiting healthcare professionals.

Standard 9, Individual supplies of medicines should be used at all times so that people only receive those medicines prescribed and dispensed to them.

Standard 12, Social histories should be recorded in each care plan so activities can be tailored to each individual.

Standard 16. The manager of the residential unit should consider keeping a record of all concerns and complaints not just the written complaints. This would provide a clear audit trail of how complaints and concerns are managed in the home. This would enable people living in the home to have confidence that any concerns they raise with the staff are taken seriously and provide the manager with information that could help improve practice.

Standard 19. Kitchen equipment should be replaced when needed.

Standard 19, Worn furniture should be replaced.

Standard 19, the manager should review the risk assessment for the windows opening in the stair case landings between the ground and first floor of the nursing unit and consider providing restrictors for these to reduce the risk.

Standard 19, the program of replacing worn and stained carpets should continue.

Standard 20, Risk assessments should be completed for the wardrobes people are using in their individual rooms to ensure people are not at risk of pulling the wardrobes over and injuring themselves.

Standard 22, the manager should consider providing alternative storage for people who need disposable equipment or nutritional supplements in their rooms, this would ensure people who need this equipment still have a

pleasant homely room to live in.

Standard 26, Advice should be obtained from the health protection agency regarding the use of communal hand towels in the downstairs toilet on xx unit.

Standard 33, the manager should consider analyzing the results of the quality audits over a twelve month period and provide results to the people living at xx home.

Standard 37, it is suggested that all confidential information including information regarding staff is treated sensitively.

My Comments, This home has 105 residents so 105 care plans need major work. The home has broken every rule in the book and the amount of work and time to put it right would be considerable. The Home remains at ZERO STAR POOR.

REGULATORS INSPECTION REPORT DATED 26TH OF JUNE 2009
(15 DAYS LATER)

My Comments, This report consists of 13 pages of which 4 related to general information such as address and type of care provided, 8 pages repeat all the outstanding requirements as contained in the previous inspection report that leaves one page for information regarding this inspection. This one page states that the authorities had been contacted with concerns about the piles of clinical waste stacked up outside the home. In short action was needed as the disgusting state of this home had now spilled into street. However in just 15 days, without having to meet a single outstanding requirement and in spite of the further public health hazard this home goes from a ZERO STAR Rating to a ONE STAR Rating without even the pretense of any evidence what so ever to support this.

REGULATORS INSPECTION REPORT DATED 17TH OF NOVEMBER
2009.

THE REPORT. CHOICE OF HOME, This section is graded good. One person said its fine here, the three assessments we looked at were good, and the home does not provide intermediate care.

My Comments, The space allowed for the evidence to be listed that the inspectors have relied on is a page and a half, one whole page is empty as there is no actual evidence to list. The remainder consists of 7 lines. I would dispute even those 7 lines for the following reasons,

- 1. There are 105 residents in the home, many unable to express an opinion, one resident saying the home is fine is hardly representative.**
- 2. It is stated that inspectors looked at three assessments and all contained good information, however it is not stated if the home or the placing authority completed the assessments, given the shortfalls that are subsequently discovered in the care plan section it would not seem to be the home.**
- 3. These 7 lines include the words; The Home does not provide intermediate Care. This means the home is not registered to provide this care legally, however the previous inspection report refers to the intermediate care facility that the home is operating. The inspectors consider all this to be good.**

THE REPORT, HEALTH CARE. This area is adequate, staff told us a lot of work had been done, two care plans were inspected on xx unit and were generally good, two care plans were looked at on xxx unit and did not contain all documentation required such as falls risk assessments, moving and handling information and social histories. People asked had varied opinions about the staff, they said the following,

1. Most are good but some are not so good.
2. Some are better trained than others.
3. Very nice people.
4. Yes they seem to know what they are doing.
5. They are always very busy very pushed.

My Comments, 105 residents, 4 care plans checked, two good and two not good, not my idea of sufficient evidence to say this is an improved area. As for the comments relating to staff they surely raise concerns that require investigation.

THE REPORT, HEALTHCARE Continued, Medication has improved, there are better storage areas and facilities are better. Temperatures are now being

recorded. Most controlled drugs are signed out correctly; destroyed drugs should be signed out correctly. We looked at a sample of records and found two medications had been given to a resident and only one should have been given. This indicates charts were not accurately kept.

My Comments, The fact is that the only improvement was storage of medication, guaranteeing that if residents are given un-prescribed medication it will have been stored at the right temperature, which is hardly the prime concern given this homes record.

THE REPORT, ACTIVITIES, This area is good, the home has produced a newsletter containing information about trips out, posters were displayed about forthcoming events. We looked at one person's care plan which stated they had been offered bingo and music but declined. None of the residents spoken to could recall any trips out other than when their relatives had taken them out, but the manager gave many examples of the trips out.

My Comments, The inspectors chose to believe the managers version. Another Blank page is contained in this section as there is no evidence to fill it.

THE REPORT, COMPLAINTS, This area is good, the home has responded to all complaints. We have received complaints and passed them to the home who responded well to them.

My Comments, 7 lines on complaints, followed by yet another empty page with no evidence to fill it. How many complaints the home has dealt with is not stated, the fact that people have gone outside the home is not considered to have any impact on the homes open attitude to complaints.

THE REPORT, ENVIRONMENT, This area is good, five new sluices have been fitted on the day of inspection, the entrance lobby had been tidied with new plants positioned, storage areas had improved. The unit at the rear received some new garden furniture but this was ordered to be moved to the other unit by a visiting director of the company. Staff morale was low on this unit with staff saying they were always last on any list of things needed

My Comments, This unit was at the back, so not as important. The fact that a company director had this furniture moved to where it would

make the best impression regardless of what residents needed, says much about the culture both within this home and within this company. This is further demonstrated by the fact that the entrance lobby was considered much improved but this is an area that would not be used by residents, but would impress any visitors if they were as daft as the inspectors who failed to see this ploy for what it is.

THE REPORT, STAFFING, This area is adequate; Staff told us a lot of staff had recently left. Staff said there was a lot of agency staff used. We looked at five staff files, one had no CRB check. The manager said this had been mislaid somewhere in the home. Staff training was out of date.

My Comments, This area is graded as adequate, but a lot of staff leaving the home in a small space of time says something is wrong and should have been investigated.

THE REPORT, MANAGEMENT, This area is good, the home has developed new quality control systems, staff said they received regular supervision.

My Comments, Employing staff with no CRB is not my idea of good, neither is the implausible excuse of losing crucial paperwork some around the home.

Nearly all outstanding requirements have been downgraded to a new requirement or a good practice recommendation.

The Home remains 1 STAR ADEQUATE, a rating that should never have been given in the first place and which there is no evidence to support yet again.

It is six months and counting since this home was last inspected and for those suffering behind closed doors that is a very long time.

Eileen Chubb