

Tales of the Un-Inspected
Home Number 60
By Eileen Chubb
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I looked at the inspection history of.....Home number 60, these are my findings,

This Home is owned by the same Company as Homes, 33, 36, 41, 48,49,50,54 and 59.

My Comments, This week a Coroner's inquest ruled that 85Yr old Alan Simper died from infected multiple bedsores as a result of care failings in home 60. Mr. Simper suffered from Dementia, Parkinson's, was blind, deaf and totally dependent. He was cared for by his wife until he was assessed as needing nursing care after a hospital stay. Mrs. Simper looked at many homes before she decided on home 60 and her husband was admitted on 23rd of January 2009. He had three minor sores on admission. Mrs. Simper visited her husband next day and found him naked but for a pad, on the floor on all fours covered in bruises and congealed blood. The staff said they were suffering staff shortages. Mrs. Simper rang her stepson and told him what happened and he monitored his father closely and repeatedly asked for treatment and for the GP. His father's wounds became life threatening and a GP and Tissue Viability nurse visited him the day before he was admitted to hospital... After four weeks in the home he was taken to hospital and found to have 18 infected bedsores which had old dressings on them, was grossly unkempt and covered in old feaces. He died a short time later.

(Two Years Earlier)

REGULATORS INSPECTION REPORT DATED SEPTEMBER 18TH 2007.

THE REPORT, CHOICE OF HOME. This area is Adequate. The philosophy and care for people with dementia is not sufficient, this places these people at risk from not receiving the care and support they require.

Previous inspections identified that there were significant shortfalls in meeting the needs of people who have dementia and the home was required to improve this. During our visit to the home in July 2007, the registered

manager told us that a specialist employed by the company had assessed the service provided to people with dementia and produced with the home a six week action plan that included staff training and environmental changes to address the requirements. Some improvements have been made and staffing levels have been reinstated.

My Comments, This home is registered to care for residents with dementia and it is clearly established that there is a history of serious failures. The company that owns this home took it over before the previous inspection and has full knowledge of what needs to be improved and have produced an action plan which would have been acted on within the promised six weeks, by September 2007. In order to judge this companies credibility when it comes to assurances and action plans I will assess what actual improvements are noted by inspectors.

THE REPORT. CHOICE OF HOME Conti, At this visit we found some improvements have been made and the requirements have been changed to reflect this, the improvements since the last inspection included, reinstating staffing levels in the home and significant changes to the décor on the upper floor which included painting the bedroom doors different colors and areas of the home being themed. This included a bar area, nursery and tactile boards. All of these improvements made it easier for people to find their way around and provided interest. We were however concerned that staff did not understand the importance of communication and the impact of their actions on people in the home.

My Comments, What the improvements consist of is firstly reinstating the staffing levels that were cut when the company took over the home. This is not an improvement at all but a strong indication that this company places profit before care. It should not be forgotten that cutting staffing levels in a home that was already failing to care for residents would have resulted in suffering and reinstating staffing levels to the minimum they can get away with is not going to undo that damage. Secondly there is little evidence that the staff training is having any affect. So clearly this cannot be considered an improvement either. I consider that staff training can address problems in certain areas but there is a limit, there has to come a point where the suitability of the staff is questioned. The improvements to the décor I accept as an actual improvement but its impact on the quality of resident's lives in this home I will assess throughout the report.

**The above section had all 5 standards judged and scores 12 out of 15.
Just 3 short of meeting the requirements in full.**

THE REPORT, HEALTH AND PERSONAL CARE. This area is Poor. The Acting manager had put in an intensive training programme and many residents plans had been reviewed since our last visit. As a result many people had been referred for reassessments of their needs. Some care plans still lacked important information. One plan stated the person needed a hoist to move but did not state what hoist or what sling size. Another person had exercises prescribed by the physiotherapist and reference to this was made in care notes, there was no care plan in place. Another person was prescribed a medication by the GP which was not obtained for some days and could have resulted in them being left in pain. Another person's care plan stated their family wanted to be informed of events, however there was no evidence to show they were contacted when the person developed an infection and another person's relative said they were not informed on two occasions when the person had fell. During a random inspection in July 2007, we were very concerned that a person was seen with bruises and scratches to his face. The care records showed that four days previously the person had been assaulted by another resident. Although there was a system in place for the person to be monitored at regular intervals after the incident, this was not completed and the care note only stated, Monitored Close.

My Comments, Care plans are a shambles and so is the care.

THE REPORT. HEALTHCARE Conti, Medication was stored securely and documentation showed that prescribed medication was administered in line with prescriber's instructions.

My Comments, 17 words on medication, the documentation was looked at but not checked against medication stocks. The inspector looked at a MAR sheet or two and presumed the medication on the sheet was correct.

THE REPORT, HEALTHCARE Conti, We saw a member of staff ask someone sitting in the lounge if he would like a shave three times, each time he refused and the staff brought an electric shaver and started shaving the resident without any explanation. Another resident was obviously uncomfortable in an armchair but no staff approached to assist. Staff wrote

about people in their care records in a way that upheld their dignity.

My Comments, The care plans are not going to state things such as, the manager said shave that resident quick the inspectors are here, nor are they going to state, left hanging out of a chair all day.

The Healthcare section has 4 of the 5 Standards judged and scores 8 out of a possible 12. Only 4 short of fully meeting the standard.

THE REPORT, DAILY LIFE AND ACTIVITIES. Just prior to the inspection the acting manager had arranged an activity organizer to be on duty seven days every week and this was due to start the week after our visit. Records showed that some activities had taken place and one person's care plan showed eight entries for an eight week period, but these entries included, Friends visiting, garden, beauty and crosswords. People said the food was generally good. One resident said at 9.40 am she had not yet had breakfast and an untouched bowl of cereal and drink was placed out of reach. We saw this person again at 11am and they said they had been helped to have their breakfast. A few people were sitting at the dining tables for their meals, but most of the people in the home had their meals either in bed or sitting in their room, for those with dementia this is not in line with company policy.

My Comments, Out of sight out of mind, as for company policies they all state what inspectors want to hear but they are bits of paper. How many people behind closed doors who need help to eat and drink is not checked, if they are too ill to leave their rooms they are likely to need help to eat and drink. As for the décor in the corridors helping those who do not leave their rooms I fail to see what use it is.

All four standards are judged in the above section and graded 9 out of a possible 12. Just 3 short of fully meeting the standard.

THE REPORT, COMPLAINTS AND PROTECTION, This area is Adequate. Not all senior staff are aware of the Local Authority safeguarding procedures. We were very concerned during the last random inspection that the manager and staff seemed unaware of the necessity to refer the assault of one person to the Local Authority for investigation and this was made a requirement. We were further concerned that the registered manager made the referral but the information did not correspond with the information seen

at the inspection. The manager then sent a revised account and informed the Local Authority there were three other assaults committed by the same person separate to the one identified by us and an extra member of staff was arranged to supervise the person carrying out the assaults. All carers spoken to knew what to report as abuse but it was disconcerting that nursing staff did not. There is a complaints procedure that complies with requirements and evidence of complaints investigated was seen.

My Comments, There is a very high risk this resident will continue to assault vulnerable residents and whatever the manager says about extra staff to supervise, this would be difficult in a good home never mind a dire one. Care workers know what to do if they see abuse, report it to nursing staff. This home has a closed culture and if there was any hope of them learning from past failures than there would only have been one assault and it would have been reported, as it is they were made to report it and even then they lied.

Two out of the three standards for this section were judged and scored 5 out of a possible 6. Just 1 short of fully meeting the standards.

THE REPORT, ENVIRONMENT, This area is adequate, the gardens were well maintained. In some areas there was a very unpleasant odor. A visitor told us, we have turned up and found the whole top floor stank, it has been better recently. The acting manager told us new carpets had been ordered and this would solve the problem. The new décor on the upper floor has improved things to help residents find their way around.

My Comments, when there is a smell this strong in the home it usually has nothing to do with furniture or carpets, it is the stench of persistent neglect. Changing the carpets but not washing or changing the residents is the cause and that is what should be dealt with. As for the grounds being well maintained, that is the façade and not much use to the majority of residents, who are not, helped to the dining room never the gardens.

Two of the eight standards are judged and score 5 out of a possible 6. Just 1 short of fully meeting the standards.

THE REPORT STAFFING, This area is Adequate. Since the last inspection the company has increased staffing numbers to those that were previously

experienced. On the day of the inspection a staff member had called in sick and this was not covered. The home has robust recruitment procedures. We looked at two staff files one was in order, the other did not have references that could be verified. Twenty percent of staff were working towards or had achieved their NVQ 2 or 3.

My Comments, This home has serious problems and any staff shortages will tip it over the edge into a crisis situation. There is not a single piece of evidence that would allow any trust in this companies assurances that action will be taken to improve things at some unspecified time in the future.

The above area has all four standards judged and scores 8 out of a possible 12. Just Four short of fully meeting the standards.

THE REPORT. MANAGEMENT AND ADMIN. This area is adequate. A number of outcomes have been poor. The provider had an action plan and the acting manager was clear about how the culture in the home needed to change to improve things. The company monitors the home on monthly visits by the operations manager. Where staff appraisals showed issues of concern about performance there was no evidence of how this was followed up on or addressed.

My Comments, The action scam plan is now up to two and despite areas described as poor adequate is the grade.

The above section has five out of the eight standards judged and scores 13 out of a possible 15. Just two short of fully meeting requirements. In total 26 standards judged, 11 fully met, 12 almost met and 3 major shortfalls.

REGULATORS INSPECTION REPORT DATED JANUARY 22ND 2008.
(Four Months Later)

THE REPORT, CHOICE OF HOME. This area is good, Service user plans and statement of purpose are accessible and all pre-admission assessments were of a high quality, the amount of staff training showed all concerned were more aware of the needs of residents.

My Comments, All the bits of paper are in order and it is considered

resident's needs are known, but if those needs are met is not known as it is not checked.

Four of the standards five standards are graded and score 12 out of 12.

THE REPORT HEALTHCARE. This area is Adequate. Four care plans were checked, and had been reviewed and altered monthly but not always updated between review dates. All but one resident case tracked had been weighed monthly and their weight used to inform the assessment of risk of a pressure sore developing. Unfortunately the resident who had not been weighed had lost weight when weighed in October 2007; the manager was made aware of this shortfall. There was evidence pressure sores were being dressed, viewed and assessed. Staff had healed the sore of a resident who had a broken area suggesting staff were helping residents.

My Comments, The one resident with a healed sore is not enough to presume the other 84 residents are being cared for.

THE REPORT HEALTHCARE CONTI, The medication records of four people tracked were looked at and on the whole were well kept and accurate. However it was noted that any unused medication that needed to be returned to pharmacy was placed in a disposal bin, but was not documented anywhere that it was destroyed. We were also concerned that the bin was not sealed and could be opened by anyone however it was in a locked area. The manager addressed this immediately. Two male staff was on duty and reported no residents minded have personal care provided by male staff however there was no documentation to support this and is unlikely this would be the case.

My Comments, The four MAR sheets looked at could not be verified as accurate if stock was not audited and that would be impossible as there is no record of what medication had been returned. This concerns me as anyone wanting to abuse medication would have an easy time doing it. As for two male staff not being aware if female residents preferred female staff, this is not my idea of improvement in staff knowledge of residents needs as stated by inspectors in the previous section.

All five standards are judged and score 11 out of a possible 15. Just four short of fully meeting standards. 3 points gained from a standard not judged last time.

THE REPORT. DAILY LIFE AND ACTIVITIES, at the start of the inspection very view residents had chosen to get up. Throughout the visit we observed countless missed opportunities to stimulate residents. One member of staff was seen doing gentle exercises with residents. The dining rooms were attractive.

My Comments, I find it incredible that inspectors can notice that most of the residents in the home were left in bed and not see what the consequences are. This rings alarm bells as I have seen it in homes where neglect is an ingrained part of the culture and I see no evidence to support the inspectors presumption these residents had any choice in the matter. I also notice that the amount of time these residents had been in bed was not checked either and as some homes put people to bed as early as seven in the evening, it could quite easily be the case that these residents have been left in bed for anything up to 14 hours at a time and that puts them at high risk of developing pressure sores. There is also the issue of food and drink and continence care. This is gross neglect and is just ignored.

It is not stated if the only activity witnessed was planned or put on for the benefit of inspectors. The remainder of the evidence suggests no activities and very little staff contact with residents.

All four of the standards were judged and scored 9 out of a possible 12. Just three short of fully meeting the standards.

THE REPORT. COMPLAINTS AND PROTECTION. This area is good; the evidence for this is based on what we found at the last inspection. There has been one complaint that was under investigation and was reviewed and it was apparent it was being dealt with correctly. The manager had reported any possible incidents of abuse to the local authority such as unexplained bruising and medication errors.

My Comments, How can inspectors judge if a complaint under investigation has been handled correctly if the outcome is not known yet?

Two of the three standards are judged and score 6 out of 6.

THE REPORT, ENVIRONMENT. This area is adequate. At the start of the

inspection we could not gain access to the home, when access was gained following a phone call the nurse in charge said the doorbell did not sound throughout the home. At the last inspection it was noted there was an offensive smell on the first floor and this had not been resolved by changing the carpets. The cleaner thought it was the chairs that needed to be replaced. The manager and the operational manager reported that new chairs would replace the old ones.

My Comments, The stench of neglect will not be stopped by replacing carpets or chairs. It will only be stopped by replacing neglect with care.

Two of the eight standards are judged and score 5 out of a possible 6. Just one short of fully meeting the standards.

THE REPORT, STAFFING, This area is good. The manager reported sufficient staff were on each shift. Some staff were working excessive hours, for an example over two weeks one night nurse worked ten shifts in a row and an early and late shift also. Care could be compromised.

The manager reported that he was committed to encouraging staff training. There had been a dramatic increase in staff undertaking or achieving NVQ, from twenty per cent to 78 per cent.

The manager reported that all new staff completed induction training which he said lasted three months.

My Comments, I find what this manager is stating to be totally incredible, NVQ levels have jumped fifty eight per cent in 16 weeks it is just not possible. This manager stating basic induction training is taking 12 weeks is also incredible. It stands to reason NVQ would not take 4 weeks more. The evidence to support the assumptions is not checked just the managers word is relied on. Yet I consider this is evidence the manager is not to be relied on for truthful information.

All four standards are judged and score 12 out of 12.

THE REPORT. MANAGEMENT. This area is adequate. A Commissioning Officer and also a Reviewing Officer from the Local Authority both spoke very highly of Mr. Xx the manager. A supervision programme for all staff has been operational since 2007 and indicated all staff had at least one supervision.

My Comments, The Local Authority as well as the regulator need to use some common sense. I see a situation where relationships with a home have become far too cozy and judgments are obviously impaired as a result.

Six of the eight standards are judged and score 15 out of a possible 18. Just three short of fully meeting the standards. In total 27 standards are graded, 1 exceeded, 14 fully met and 12 almost met and no major shortfalls.

REGULATORS INSPECTION REPORT DATED OCTOBER 8TH 2008.
(Nine Months Later)

THE REPORT, CHOICE OF HOME, This area is adequate, names of people given as contacts for making complaints such as the home manager, the operations manager and the operations director were not correct. Details of how to contact us, the regulator were also incorrect. Fees are referred to but the actual cost is not included. Records for someone recently admitted to the home indicated that the pre-admission assessment had only been partially completed. Supporting information was obtained from the Local Authority. Prior to the inspection, we had received information that suggested that the equipment people needed was not taken into account as part of the pre-admission process. We randomly selected a recently admitted resident and found the required equipment recorded.

My Comments, These concerns had been raised with the regulator and should have sounded enough alarm bells to check all residents. But the inspectors chose to check just one resident. As for contact details to raise concerns in this home, concerns are clearly of not welcome.

Only two of the five standards are judged and score 4 out of a possible 6.

THE REPORT, HEALTH AND PERSONAL CARE, We also received information prior to the inspection, which indicated that there might be concerns relating to the management of Pressure Ulcers. In the files reviewed there was evidence that there was ongoing review and treatment of wounds. However poor record keeping creates a risk that people do not receive appropriate, timely and consistent care. Some of the information was very general and one care plan for wound care contained very general

statements, which could have applied to the care of any wound, with no information on types of dressing or treatment required this information was later found in supporting documentation. Similar examples were identified in other care plans on the ground floor. The acting manager told us that a Tissue Viability Nurse is employed and that she has reviewed all of the wounds and advised on treatments.

My Comments, We now see what happens when you leave people lying in bed for up to 14 hours at a time. Avoidable Pressure sores have been inflicted. When inspectors are told there are problems about wound care, they look at more than one care plan and find there are problems but no action is taken against the home. The manager's assurances are accepted but if the home employs a Tissue Viability Nurse then her assessments should have been examined by the inspectors. If the inspectors had inspected instead of listening to excuses then so much suffering could have been prevented.

THE REPORT, HEALTHCARE Conti, We made a requirement at the last inspection that unused medication should be destroyed and documented. We found that this is now happening. However we were concerned to find a large amount of medication waiting to be recorded and returned to the pharmacist for destruction. We gave advice on not dealing with this in a timely manner.

My Comments, I find it incredible that inspectors consider medication is being returned to the pharmacist, whilst finding large amounts of undocumented medication not returned. There is no evidence what so ever to support this requirement has been met, yet that is what inspectors conclude. In light of this I can only conclude that inspectors are so desperate to say this home has improved that they are willing to ignore clear evidence to the contrary.

The above section has four of the five standards judged and scores 9 out of a possible 12. Just 3 short of fully meeting the standards.

THE REPORT, DAILY LIFE AND ACTIVITIES, This area is adequate. Care plans documented resident's social histories and gave information on interests. We observed residents engaged with activities. Discussion with residents and relatives indicated the quality of people's lives is partially dependent on where they are in the home in the home and their level of

independence. One person on the ground floor had been brought into the lounge by a carer in a wheelchair after being assisted to wash and dress. The television was on and four people were asleep in chairs. The person said there is nothing to do here the television is on but I cannot hear it. The manager and operational manager said they were aware more activities were needed.

My Comments, The get out card used by every home when faced with shortfalls is, we know that is a shortfall and have plans to put it right. These plans never actually come to anything but it is enough for inspectors to merely hear the magic words.

All four standards are judged and score 10 out of a possible 12.

THE REPORT, COMPLAINTS AND PROTECTION, This area is adequate, As mentioned the contact details for management within the company were available, however they were not correct. We discussed with management details of an anonymous complaint made directly to inspectors which raised concerns about lack of equipment, staff and pressure care. We looked at the complaints book and details of complaints were entered which confirms they are investigated and action taken if necessary. The acting manager has recently received advice from the Local Authority Safeguarding Team about what kind of issues needed to be reported to them. It was clarified this should include anyone admitted to the home with a pressure sore or anyone who developed a pressure sore whilst in the home.

My Comments, The inspectors look at a sample of complaints made to the home and say all is well but ignore the fact that someone was desperate enough to report concerns to them and too afraid to leave their name. As for the manager receiving advice about what abuse is and what should be reported, this very clearly says this home is not reporting issues of possible abuse and are pressure sores are highlighted in particular. If the regulators had listened to the alarm bells instead of the home they would have protected the vulnerable but instead they failed them.

Two of the three standards were judged and scored 4 out of a possible 6.

THE REPORT, ENVIRONMENT, This area is adequate, the home was clean and free from odors, improvements to the décor on the dementia unit

have occurred. Some of the lounges seemed quite bare, this could be the layout or that the few people in them made them seem isolated.

My Comments, I am surprised that no odors are noted but time will tell as for repeating the improvements in décor it is finding something positive say when nothing positive can be found. The information noted about isolated residents should have been judged under the activities standards but as that would have a negative effect on those judgments I can see why it was noted in a section where it was not relevant.

Two of the eight standards are judged and score 4 out of a possible 6.

THE REPORT, STAFFING, This area is adequate, recruitment procedures are good. Staffing levels need to be reviewed and deployment of staff and more training. It was almost lunch time before everyone was washed and dressed on the ground floor, which staff said was the case most days as residents needed two staff. This means that staff are not able to assist everyone to get up when they are ready.

We looked at the training matrix and it stated only a small number of staff are undertaking or achieved NVQ 2 or 3. The manager had already identified the need for training in pressure care. New staff confirmed they had a three day induction when they started employment.

My Comments, Last time the manager said new staff had three months induction training and now it is just three days. Last time the manager assured inspectors training was very important to him. Last time the manager said NVQ training had increased from 20 per cent to 78 per cent and he had done this in 16 weeks. Last time inspectors believed the manager and this time they looked at the training records. But even then all the manager has to do is assure the inspectors training needs are being acted on and the inspectors accept that yet again.

Most of the people on the ground floor were noted to not be up by lunchtime and because staff told inspectors it happened most days the inspector requests the company to review staffing levels. The thing that concerns inspectors is that people may not have chosen to stay in bed; last time they presumed this was their choice. Things have got worse and whilst being watched by inspectors staff do their best to get people up by lunchtime. I see a situation that guarantees pressure sores, people are being left in bed for sixteen hours or more every day, if there is not

enough staff to wash them then they are lying in their body waste and will have been without food or water most likely throughout that time. I do not fear for their choice or dignity in this situation I fear for their very lives.

All four staffing standards are judged and score 9 out of a possible 12.

THE REPORT, MANAGEMENT AND ADMIN, This area is adequate, as part of the quality assurance system, the organization has internal systems where various audits are carried out to measure compliance with regulations and identify shortfalls. At the time of the inspection a company auditor was carrying out a full audit of the home. Discussion indicated that similar issues to those identified by inspectors were being identified. The auditor advised that the audit covered all aspects of the running of the home and that following the audit an action plan would be developed to address any identified shortfalls. We looked at the monthly audits carried out by the operational manager in July and August, the results of both these visits were positive.

My Comments, Three action plans to date. Any regulator who believes this company has any credibility to act on shortfalls is grossly negligent. The full company audit taking place removes any pretense of ignorance that might be pleaded. However the monthly visits that were undertaken during this time were both positive and all together this shows you what this companies Quality Assurance Systems amount to.

Two of the eight standards are judged and score 5 out of a possible 6. In total only 20 standards are judged, 5 are fully met and 15 are almost met, there are NO MAJOR SHORTFALLS. The Home is awarded a 1 STAR Rating.

**REGULATORS INSPECTION REPORT DATED 22ND OF APRIL 2009.
(6 Months Later)**

My Comments, This inspection took place 6 weeks after the suffering and death of Alan Simper. Please note how suddenly everything is found to be wrong, it always was wrong but nobody was regulating this home. But have lessons been learnt?

THE REPORT. CHOICE OF HOME, This area is adequate. The home has a

good pre-admission tool. However one of the pre-admission documents we saw had not been fully completed.

My Comments, when you judge blank documents you will find they are good but it's the information that is put in them that should be judged against the needs of residents. When inspectors were told last time this home was accepting residents without the correct equipment to care for them, they discounted this information and now it turns out to have been true. Next time concerns are raised with an inspector they should remember that there is a possibility of them being true whatever the home tells them.

All five standards are graded and score 11 out of a possible 15.

THE REPORT, HEALTH AND PERSONAL CARE. This area is poor; care plans were in place for some areas of care and signed as reviewed. However it was apparent that information was not being recorded accurately and that therefore the care plan did not accurately reflect needs, for example one resident who had diabetes, a below knee amputation and a urinary catheter did not have a specific care plan for diabetes but information on his condition in his food and drinking plan. He had no moving and handling plan despite needing support. This same resident had been discharged from hospital on the 15th of Dec 08, with a short term catheter which suggested it could be removed as soon as the staff liked. The catheter was finally removed on the 12th of April 2009. In that time the resident had suffered numerous urinary tract infections which may well have been caused by the catheter, staff said they realized they could remove the catheter when they started reviewing care plans.

On another unit numerous care plans were in place for a resident and were written in detail, however despite there being a care plan for pressure area care instructing two hourly turns, the turn charts were not being completed to reflect this was being done particularly at night. We looked at the wound with the tissue viability nurse it was healing well. There were instructions to weigh this resident weekly, however other documentation stated monthly. There was recorded information that this resident was at high risk of choking and needed a thickening medication in drinks, we noted staff gave water without this and were unaware it was a risk. We saw another resident being pushed in a wheelchair but his feet were not placed on the footrests the carer shouted, lift your feet up.

My Comments, now they see what was always there to see.

HEALTHCARE, MEDICATION, We checked the medication on xx unit, the new stock had just been signed in and despite it only being two days in it was not possible to reconcile the medications. Tablets had clearly been carried over and despite daily auditing the MAR sheets did not correspond with the numbers of tablets in stocks. When we asked about medication not signed for we were told it had been given. The staff member did not appreciate the seriousness of this. We also found tablets signed as given but still in the packs. A controlled drug had not been given but was signed for as given by two nursing staff. We opened a drug cupboard on another unit and found numerous items stored such as pots of money, medication, 8 pairs of glasses and unopened personal mail.

My Comments, The medication is actually inspected for the first time and that is why it suddenly is found to be in a shambles. The care plans do not accurately reflect the care given, what care?

All four standards are judged and score 6 out of a possible 12.

DAILY LIFE AND ACTIVITIES. This area is poor, staff choose the activities in the home and residents become compliant with routines. There was an activities programme displayed around the home but there was little evidence of any activities other than one or two residents having their nails painted. We spoke to a resident on the ground floor with her hat and gloves on seated by the front door when we arrived at 07.00 hours, we spoke to her briefly as we passed her on occasions throughout the day, and she was still in the same place when we left the home at 15.30 hours. Female residents were having personal care from male staff; one of these residents was known to prefer female staff. One resident on another unit looked unkempt and had no record of a bath or shower for nearly three weeks and was not wearing underwear her husband said she always wore previous to coming to the home.

My Comments, The lady sat by the door for seven and a half hours still had hope of escape. There were never any activities in this home, when you consider the lack of any kind of physical care mental stimulation is hardly likely.

All four standards are judged and score 7 out of a possible 12.

THE REPORT COMPLAINTS AND PROTECTION. This area is adequate since the last inspection complaints were being recorded and there was a clear audit trail. When we arrived at 07.00 Hrs. a carer opened the door and did not ask who we were and we were left to wander around the home. This could compromise safety. Safeguarding processes and protocols were well understood by the area manager who is spending most of her time in the home at present. All issues of concern are being addressed appropriately and there is now an encouraging transparency between the home and related organizations. The Local Safeguarding team has agreed to deliver staff training as to what constitutes abuse as presently omissions of care, lack of choices and isolation are not recognized or reported as such.

My Comments, Damage limitation is being negotiated with the Local Authority who previously spoke so highly about this homes manager. It is way too late; this home should have been in court long before now. But there has never even been the slightest reference to enforcement action. The inspectors place a great deal of trust in staff training dealing with the culture in this home, I can see there are staff in this home that no amount of training will improve. I recall this area manager audited the home monthly and the findings were positive. Her knowledge of safeguarding procedures as noted by inspectors only makes her failure to act worse. This company carried out a full company audit also and therefore they knew what was going on and are responsible. This whole report consists of bolting the stable door but that is far too little too late.

Two of the three standards are judged and score 5 out of 6.

THE REPORT ENVIRONMENT. On the ground floor the home was clean and free from odors but this was not the case on the dementia units, where there was an overwhelming smell indicative of poor continence management, it was unlikely to be the cause of poor housekeeping. There was an infection risk in the laundry as company policy stated detergent only should be used which is not the recommendation from the Department of Health, which states disinfectant should be used when washing articles used by those with Clostridium Dificile infections.

My Comments, The stench of neglect has at last been recognized for what it is. The cost cutting in the laundry could cost lives, if there is a

choice profit comes first.

Two of the eight standards are judged and score 4 out of 6.

THE REPORT, STAFFING, This area is adequate and staffing levels are good and the staff files we looked at indicated staff are generally attending training. However the actions of some staff that we witnessed during this inspection indicated there is a limited understanding of basic but essential care practices, such as safeguarding, privacy, dignity, record keeping and following information in care plans. There is presently three staff under suspension and two of their files contained relevant information, we were unable to locate the third file who was a registered nurse.

My Comments, There are staff in this home no amount of training will reach. That should be considered when every future improvement plan scam, is used by this company in future. The three suspended are never mentioned again and as for the missing file it is a common feature for incriminating evidence to be mislaid.

All four standards are judged and score 10 out of 12.

THE REPORT, MANAGEMENT AND ADMIN, This area is poor, the manager has been sick since February. There has been a serious lack of monitoring in this home... Internal audits were not carried out effectively. The area manager has reacted to issues by employing the skills of a Tissue Viability Nurse. There are been a number of safeguarding referrals over recent weeks which have caused serious concerns and initiated this inspection.

My Comments, There has been no lack of monitoring in this home just a lack of action, this company has carried out a full audit and monthly audits and what this shows is this company cannot be trusted on what they say on any AQAA. The only lack of monitoring that has taken place is the regulators failure to regulate. Also previous inspection reports stated a Tissue Viability nurse was employed in the home and had assessed all wounds, if only this had been checked by inspectors at the time. Finally reference is made to a number of safeguarding alerts, which must relate to pressure sores as a Tissue Viability Nurse has been brought in, how many people have suffered is kept secret but it is highly likely Mr. Simper is not the only victim.

Six out of the eight management standards are judged and score 10 out of 18.

The home is graded Zero Star Poor.

REGULATORS INSPECTION REPORT DATED 14TH OF DECEMBER 2009.

(8 Months Later)

THE REPORT. CHOICE OF HOME, There have been no new admissions since the last inspection in October. The situation remains unchanged since it was rated poor. This area we consider good.

My Comments, the October report is secret so it must reflect badly on the home. This home is likely closed to all new victims so it will not remain Zero star for long even if inspectors state it is poor in any area it will be graded good.

All Five standards are judged, all five standards are met in full.

THE REPORT, HEALTHCARE. This area is adequate, we case tracked two residents" neither care plan reflected precisely the care that was delivered. One resident had a grade three pressure sore and the care plan reviewed the month before documented the sore should be reviewed and redressed every third day, this had taken place at first but more recently a gap between dressings of up to six days occurred, the manager and nurse said this was because the wound was healing.

My Comments, They only checked two care plans and this is the first one, this home has learnt nothing, how could a manager and nurse say they had not removed a dressing because a wound was healing, how could they know it was healing?

THE REPORT, HEALTHCARE CONTI. The second resident had a detailed care plan also it did not reflect the care given. This home received a pharmacy inspection in June resulting in numerous requirements being made. We checked Mar sheets on each unit and found all had been appropriately completed; however staff particularly on the nursing unit were failing to complete the reverse of the sheet where anomalies of administration had occurred.

My Comments, This pharmacists report is also secret presumably

because the numerous shortfalls could not be judged to have been met by looking at a few MAR sheets in the same complacent way that lead to years of medication failures going unchecked in the first place. It is stated there are no outstanding requirements but we are not told what they were. Anomalies of administration is an expression used to make overdoing and under-dosing sound less detrimental. All five standards are judged and score 12 out of 15.

THE REPORT, ACTIVITIES, The manager has resurrected the old mini bus. The manager has produced an action plan. We were told about a visit to the zoo. A visitor said there has been a vast improvement but this was not so noticeable on the dementia units. There were activities materials on a table but with the exception of the medication rounds the two nurses never left their office. On another unit a resident had a hot meal placed in front of her that had gone cold; another resident had dropped her dessert in her lap. The relatives of residents had come to feed them there were no staff doing this. One relative on the ground floor came in every day to feed her relative she said they would not be fed otherwise. She had no evidence to prove this. Lunch time is not being managed well the nurse in charge was on his lunch break and staff had been called away to training.

My Comments, Resurrected the mini bus? He will have to resurrect the residents who die of hunger before long. I note inspectors note what a relative says which corresponds with what they see, but immediately the concerns of this residents are discounted by saying she had no evidence to support what she stated. However when the manager say something evidence is not a consideration at all, as a poster on the wall and the mini bus being resurrected are not evidence. Staff are called away for training when they are needed to feed residents is a joke. All four standards are judged and score 10 out of 12.

THE REPORT, COMPLAINTS AND PROTECTION. This area is good we were shown some letters of gratitude, there is a complaints procedure accessible. There have been three complaints all dealt with correctly.

My Comments, No evidence to support this, if relatives were feeding residents then surely this would have been mentioned to the management. Two of the three standards are judged and score 6 out of 6.

THE REPORT, ENVIRONMENT, This area is adequate; the home provides a specific environment to meet the needs of residents. There has been on-going refurbishment. Many windows were open. The home was clean and fresh throughout. More work needs to be done to eradicate offensive odors on the dementia unit. We discussed this with the manager who believed it was the carpet. Some of the bedrooms on the dementia unit are very bare.

My Comments, We are back to blaming the carpet for the stench of neglect. As for the specific environment meeting the needs of residents I presume there is a cemetery nearby.

All eight standards are judged and score 18 out of 24.

THE REPORT, STAFFING, The manager told us the home is fully staffed. However on the dementia units there was limited engagement with residents, we are confident the home has a robust recruitment procedure so only looked at one staff file. The unit manager never left the office and was busy with paperwork.

My Comments, When you tell a home as bad as this one to improve care, they improve evidence of care so do not leave the office and care gets even worse. The same mistake of believing what the manager says in spite of everything. No mention of what happened to the staff suspended.

All four standards judged and score 9 out of 12.

THE REPORT, MANAGEMENT, The company has placed a projects manager in the home to oversee the new manager and we hope to see this management style continue. The manager had arranged for an external councilor to visit the home weekly. He is keen to raise the homes profile in the local community. We were told about the full supervision structural plans in place. Some staff were confused as to who their supervisor was or whether they had received any.

My Comments, PR is high on the agenda because reputation costs money. Bits of paper are all wonderful but practice makes perfect. I see no evidence to presume any lessons have been learnt.

Six of the eight standards are graded and score 15 out of 18.

The home is awarded 1 STAR ADEQUATE.

Eileen Chubb