

Tales of the Un-Inspected
Home Number 61
By Eileen Chubb
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I Looked at the inspection history of.....Home Number 61, these are my findings,

This home is owned by the same company as homes, 29, 35, 40, 42, 45, 46, 51 and 55.

Listed in the final section of this report is a copy of the minutes of a relative and residents meeting which took place in this home.

REGULATORS INSPECTION REPORT DATED 17TH OF JULY 2006.

THE REPORT, COMPLAINTS AND PROTECTION. This area is poor. Recording of information needs to improve especially where residents have concerns or are unhappy. Residents and relatives said staff do not listen to them or act on concerns. The home has had six complaints in the last year, these were seen and documentation showed the home had investigated and responded to them with the correct time.

My Comments, Whatever the home documents there is a culture in this home where abuse can thrive. The inspectors state on the first page of the report what the home does well, (Staff have the knowledge to care properly for residents) But much later in the report I find the information that (No staff members have had training that enables them to protect residents from abuse or recognize abuse) This sums up the regulators attitude, bury all bad news.

THE REPORT, MEDICATION, This area is adequate. Recording of medication is completed accurately and reasons for non-administration of medication documented with a reason for this. Records were up to date at the time of inspection and checks of the controlled drug register tallied with stock stored in the home.

My Comments, No audit just documentation accepted at a glance and only controlled drugs actually counted. Given the record keeping in

other areas I am surprised this area was considered to be in order.

THE REPORT, HEALTHCARE. This area is adequate. We looked at four care plans and they provide a satisfactory amount of information to guide staff in how to meet each identified need.

My Comments, Most members of the public would think all was in order if they read the above introduction to healthcare. I delved further into the information contained in the report and found the following comments,

(One care plan did not include how identified needs were to be met)

(One person identified as at very high risk of weight loss had not been referred to a dietician)

(One person's care plan had a risk assessment for treatment of a wound but apart from one entry in the daily notes there was very little information and what was available indicated the wound had deteriorated. This person was at a concerning level of risk for nutritional needs also)

(Recording of referrals to healthcare professionals is haphazard and staff carries out tasks with little idea of what they are doing)

The above is considered by inspectors to be evidence that, Staff has the knowledge to care properly for residents, and I consider this a total contradiction.

THE REPORT, STAFFING. This area is adequate. Staff Rota's show that staffing numbers are at acceptable levels and there has been a significant improvement in permanent staffing levels since the last inspection. The questionnaires we received indicated that the majority felt there was always or usually enough staff but over 21 percent felt there was only staff available sometimes. Half of the visitors felt there was not enough staff, one commented about the distress caused as a result of waiting a length of time for assistance. The manager said staff was allocated to areas reducing the possibility of a resident having to wait. Staff files of two newly recruited staff were checked and gaps in employment histories were not checked, this should be done and has been made a requirement.

My Comments, Whatever the Rota's say there is clearly not enough staff.

26 standards are judged, 12 are fully met, 11 are almost met and 3 are major shortfalls.

REGULATORS INSPECTION REPORT DATED 23RD OF JUNE 2008.
(1 Year and Eleven Months later)

THE REPORT. MEDICATION. There are still a lot of issues with medication. For example there must not be two medication records for the same medication. We found issues of poor practice at the last inspection which puts people at risk and this still needs to improve. Staff put medication into people's mouths. There was no information about giving PRN medication and there is no record of the doses given. There should not be two prescriptions for the same medication.

My Comments, It is stated there are still a lot of issues with medication and reference is made to the last inspection picking up poor practice. There is no last inspection report other than the one that says medication is all fine. This means that someone has suffered harm and only then was drugs inspected and discovered to be an abusers sweetshop and that it reflected so badly on the regulator that they had to keep the report secret as not even a date is referred to. Residents have suffered and inspectors react by protecting themselves and justifying their shoddy inspection of medication previously.

THE REPORT, DAILY LIFE. This area is adequate. Activities are available and people can choose what they want to do. The home has an activities organizer who arranges events.

My Comments, The above sounds acceptable until I delve into the information and find evidence to contradict.

**(Only one resident out of the seven who returned surveys said activities were always available, five said sometimes and one said never.)
(A resident said there is no mental stimulation whatever.)**

THE REPORT, FOOD, The home has introduced a new meal planning system that offers people more choice. This is accompanied by a night bites snack menu that gives people a choice of hot and cold snacks at other times.

My Comments, I would have written, the home alleges it provides hot and cold snacks between meals, but residents said when we asked that they can only get a packet of quavers between meals. The home alleges that they have introduced a new meal planning system offering more

choice but residents said when we asked, the evening meal is the interminable soup and sandwiches. The assertions of the home therefore impact on its credibility in all areas of alleged services and nothing will be accepted on face value. However as with all information the good is put as a statement of fact.

THE REPORT, COMPLAINTS AND PROTECION, This area is good. We were told there had been ten complaints and all responded to within the timescale. Five were upheld. We were told directly of a person's concern about staffing. We asked a member of staff about reporting any suspected abuse and they said they would report it to management but did not say it should be reported to the local safeguarding team. The home has made one safeguarding referral in the last year and there have been two safeguarding investigation.

My Comments, The home has only reported half the incidents it's required to report. The home says it has enough staff the evidence says it does not.

THE REPORT, STAFFING, This area is adequate. The training matrix shows new staff are given induction training. Staff told us they have received mandatory training and can complete other training relevant. The deputy manager is qualified to train staff in safeguarding.

My Comments, Again this sounds fine until I delve into the evidence scattered throughout the report. The inspectors imply training is good but the information that a recent safeguarding investigation included that (If Staff Moral and training do not improve there is a risk to residents in the home) The evidence there are not enough staff includes (Residents gave mixed responses about staffing levels with some saying they usually did not have to wait too long for help) That's the positive end of the scale and note they have to wait and have accepted it as part of life in this home. The inspectors say also (People said that staff were too busy to spend time with them) and (We asked a group of residents if there were enough staff and all they gave an emphatic NO) (Six out of seven people who returned surveys said there were usually enough staff) Surveys identify people by name which explains the conflicting evidence. The inspectors place credence on the staff Rota's which allege up 10 to15 staff on duty during the mornings and between 8 and 11 on the late shift. The home manager had reported a staff shortage that

occurred in March just as it happens exactly the same time a complaint was made to the local authority about staffing. Staff even tells inspectors that they often work short of staff but the Rota's are believed. The staff, residents and relatives is noted but ignored.

THE REPORT. The requirement on staff recruitment has been met as gaps in employment are checked.

My Comments, Even when a requirement is made it is met so very easily, for example they looked at two staff files last inspection and said employment gaps were not checked. They look at two new staff files this time and state (One person had written their employment history in years and what they were doing between jobs was not checked. The person had no explanation about recent employment with the same company and did not have references from the previous employer) I fail to see how this requirement has been met.

Last line on last page of report states, People said they attend residents meetings but are never told what is done and that it seems nothing is done. Let's hope inspectors check the minutes of such meetings to see what needs to be done.

The home is graded 1 STAR ADEQUATE.

REGULATORS INSPECTION REPORT DATED 22ND OF JUNE 2009.
(1 Year Later)

THE REPORT COMPLAINTS, This area is good. There have been fourteen complaints in the last year all are responded to. There have been no safeguarding referrals. Eight out of the ten people returned surveys said they knew who to speak to but only five knew how to make a complaint. We have been contacted by two people who have concerns about staffing levels in the home and one person let us know of a complaint they had made to the home. Neither of these people let the home know of their concerns. We are satisfied the staffing levels were fine and we asked the two people to provide more information but heard nothing from them.

My Comments, This is supposed to be the regulator not the care providers support group, three people raise concerns about staffing levels and when the home says they were unaware of the complaints the home is believed. Three people raising concerns in a home with a long history of complaints on staffing levels and the homes say so is accepted.

These three concerned relatives have been slapped down by the very people they are supposed to trust to investigate concerns. No such investigation takes place. It is also noted one of these people have been dealt with by senior company management, which usually includes being told they have a week to move their relative or shut up complaining.

THE REPORT, FOOD, This area is good, We saw one meal served in the dining room and it was served appropriately and those we spoke to said it was good and hot, that the food was lovely. People can get up and go to bed when they choose.

My Comments, The first page of this report has the comments of one visitor listed in full and it sounds as if they are reading a brochure and this one testimonial is repeated at intervals throughout the report and is relied on in spite of all contradictory evidence. This person may well feel this is a good home but she is alone in that view and there is a staged element to her evidence. All homes can find someone to say they are wonderful even in the direst homes but it has to be treated as part of the evidence not relied on when there is contradictory evidence under the noses of inspectors. The statement about residents having a choice about when to get up or go to bed is not evidenced it is merely presumed.

THE REPORT, HEALTHCARE, This area is good. Care and medication records are not completed accurately or in enough detail the healthcare of residents. We looked at three MAR sheets for medication and blister packs tallied. A relative said staff were told medication was found on the floor of her relative's room and a child picked it up and put it in their mouth. The manager said staff had not reported this to her.

My Comments, Three MAR sheets checked against blister pack contents is a joke given that PRN medication is not to be found in blister packs and a full audit could only conclude medication was in order, but its back to the negligent inspecting methods that failed residents last time. The manager only has to say she did not know about the other incident as staff did not report it to her and that is accepted but what is extraordinary is that in later sections staff are said to be trained to a good standard in safeguarding issues but their failure in reporting them is not considered important by inspectors.

But Three staff returned surveys and two of those staff said they were

not given training that gives them the knowledge they need. When asked about staffing levels all three staff said there was not enough staff. The inspectors conclude this means the requirement to improve staffing levels has been met.

The home is upgraded to TWO STAR GOOD.

4 WEEKS BEFORE THIS INSPECTION A RELATIVE AND RESIDENTS MEETING TOOK PLACE.

MINUTES OF MEETING OF RELATIVES AND RESIDENTS MEETING HELD ONN MAY 5TH 2009.

Residents and Relatives present 19 (I have used initials to protect the identity of those present)

Staff present. LS Manager, RD Deputy Manager, Activities Co-coordinator SP.

AGENDA- CARE STAFF. A relative RS asked the manager if she thought there was enough care staff as he was not happy to see just one member of staff on duty in the old house at certain times. MR (relative) said she was shocked to see residents were confined to their rooms on Easter day due to staff shortages.

The Manager LS said she was not aware of any shortages on Easter day, nor was she aware any residents had been confined to their rooms due to staff shortages.

AH (Relative) said he visited on Easter day and can confirm what MR claims.

LS (Manager) said she would look into this further.

AH (Relative) said he had read the CSCI (REGULATORS) guidelines on staff for care homes and he felt the Manager was not employing enough staff to cover day and night shifts. He felt there should be one member of staff per five residents and asked the manager how many staff were on each shift.

LS (Manager) said that if the home was at full capacity this would be the case if the staff were left as they were but there were staff to meet requirements. The Manager pointed out that there were times when staff rang in sick prior to a shift change over and so inevitably there would be a shift which occasionally was short of one carer.

MR (Relative) said there was just four care staff on duty Easter Sunday for

all the residents in the main building.

MM (Relative) Said she was upset her husband had to wait forty five minutes after his request to use the toilet and it had caused him a lot of distress.

LS (Manager) Said if she could provide her with a date and time when this happened she would check it on the call bell recording system.

MQ (Relative) said that he was fed up attending these meetings as nothing ever changed and he felt that LS (Manager) was just glossing over all the problems. He said she (Manager) had been repeatedly told that problems with her staff were always evenings and weekends when no manager was around but still things had not improved.

MS (Relative) said his mother's GP could not understand why the phone was never answered in the home when he rang to speak to her.

MR (Relative) asked Manager if she was aware that carers disappeared at teatime, she had noticed on many occasions that certain carers went off for breaks or just stood around talking over residents.

MR (Relative) Went on to say that when the dining room has no care staff which is usually teatime and weekends why don't the residents have access to the call bell in case of emergencies.

AH (Relative) said that he had repeatedly brought this up and he felt it very unsafe for residents to be left on their own in the dining room without any way of contacting a member of staff.

LS (Manager) said that a care staff member was usually with residents in the dining room to which AH (Relative) replied this was not the case whenever he visited evenings or weekends.

AH (Relative) said it was quite evident that when he did turn up a member of staff would then appear and stay in the resident's vicinity.

Both MR and AH (Relatives) agreed that the kitchen staff were better with the residents than the care staff were.

MR (Relative) said she was not prepared to give names but it was obvious to her that two or three of the care staff were just not suitable to the role of caring for the residents.

RS (Relative) asked LS (Manager) if you are not as short staffed as you say then why you work here some nights. To which LS replied that she covered nurse's shifts whilst they were on maternity leave and that she enjoyed closer contact with her residents by working occasional shifts.

RH (Relative) said that the manager could take it that most people here this evening are not happy with the staffing situation.

RH (Relative) said he had read a report on forty homes in the area; two were excellent, twelve were good and some had not been rated as yet and asked

the Manager what this home was rated at. The Manager said it was adequate but she hoped for improvement at the next inspection.

AH (Relative) felt the results of the report were very worrying especially on medications being administered incorrectly this was putting residents at risk.

LS (Manager) said she was well aware of what was written and that this issue had now been resolved and speaking to AH (Relative) she said that if CQC were concerned they would have intervened but this had not been the case.

LS (Manager) said she personally ensured medications were now always delivered correctly.

RQ (Resident in the home) Said that an agency nurse had given her more tablets than she required at the weekend and had she not been conscious of the fact she could have overdosed by taking more than she needed.

AH (Relative) asked LS (Manager) if Company xxxx were happy with just an adequate marking for such a large home, to which LS replied they were quite happy with the way it was being run but of course we are striving to improve all the time.

AH (Relative) asked why care plans were no longer in resident's rooms. LS (manager) replied they have been kept at the nurses' station for the last four years to protect resident's privacy.

RD (New Deputy) asked AH (Relative) where he had looked up the CQC report as most relatives read these reports before putting their relatives in a home. AH (Relative) replied that he had come across the report purely by accident a few weeks ago and was not aware of its existence before now.

RD (Deputy Manager) said she had been a manager and a deputy manager in care homes for many years and she had never sat at such a hostile residents and relatives meeting.

RS (Relative) Said that perhaps it was time to move on to the rest of the agenda and LS (Manager) said that if anyone has any problems they should always come to see her. To which RS (Relative) replied, I have been coming to you for the past two years but nothing appears to change.

HOUSEKEEPING AND LAUNDRY.

MR (Relative) said clothing had been returned in a shabby state.

RS (Relative) said several of his mother's blouses had gone missing and even though she had been financially compensated it was not good enough as these were presents and one of which cost seventy pounds, he felt he should not have to go to borough to purchase replacement clothing for his mother because they were going missing and they were not paying for his time or fuel only the cost of missing garments.

Several relatives asked if clothes were ironed as clothes were returned badly

creased. LS (Manager) said that a steam iron was used so garments should not be returned creased.

At this point RS (Relative) produced a pillowcase returned to his mother that day which was full of creases.

RD (Deputy) said perhaps clothes were being tumbled dried for too long making them difficult to iron.

LS (Manager) admitted there had been problems in the laundry recently and would speak to them tomorrow to get things improved.

Both MM and S daughter said that for the money they were paying each month they should not have to take washing home to do and LS (Manager) agreed.

MS asked the Manager how often she held meetings with her staff, especially laundry and kitchen staff- LS (Manager) said that as a matter of course this was done at least once a month.

AH (Relative) asked if he could change the subject by asking if shift hours could be changed for care staff as changeover times 8am to 8pm meant that there was actually no care available on the floor for residents needs unless it was an emergency.

LS (Manager) said this was currently being discussed with care staff that seems to be keen to try a change.

RQ (Resident) asked what exactly is a key worker to which LS manager replied that a resident's key worker has the closest contact with you; she is there to answer any problems and pick up anything from the shops you may want.

RQ (Resident) asked if she meant like a birthday card or present to which LS manager said yes.

MR Q said it might be an idea to put a photo of the key worker up with the name so residents found it easier to know exactly who their key worker is; everyone present thought this was a very good idea.

KITCHEN.

RS Relative said reading xxxx website gave the impression that the chef manager was responsible for fresh healthy choice meals and as everyone present here knows at xx home, this is just not the case.

RS Asked Manager to explain to him why her staff were ringing him at home and telling him how bad the food is and could he bring food in for his mother.

Mr. Q said the food on offer is institutional food is it not? Nothing like xxxx are portraying in their advertising.

SL (Resident in home) said we just do not know what we are eating half the time as it's so bland and awful, his daughter agreed.

Mrs. S said it was not the meals so much more the way it had been cooked, the meat is so grisly that residents are unable to eat it.

RS asked the Manager what the food allowance was per resident per day.

LS said it was quite high.

RS said that prisoners had Two pounds and twelve pence per day and he hoped his mother's exceeded this"

MR said she was shocked to see how food ran out and RS said that he had often had to purchase, porridge, soup and ham for his mother as they had none here.

MR said she visited many care homes in the area and the food here and the standards are by far the worst she had witnessed.

Mr. Q said that it was obvious that this home was being run on a shoestring budget which the manager denied.

Mrs. S. Said to the Manager even your own care staff say that your kitchen staff are like the mafia you appear to let them run the kitchen with no oversight from yourself and sadly for the residents it shows.

The manager replied this was not true.

Mr. Q asked where all this fresh food comes from? And RS said it came in from a catering company called 3663.

MQ replied that this was hardly local fresh produce.

S daughter asked why there was still not any fruit provided for residents and AH replied that this was brought up at every meeting but was down to kitchen staff to provide, he had asked kitchen staff why there was never any fruit in the fruit bowls provided and they said because one resident would eat it all.

RS said a notice for relatives had not been updated it stated all written problems were to be addressed to area manager, KS, he asked if the sign could be updated as HB had now taken over from KS although he had written to her she did not reply.

LS Manager said HB would be visiting the home on May 21st and he could arrange to see her then.

RS asked Manager if relatives and residents meeting minutes were shown to area managers and LS Manager said they were not, to which RS said it was about time they were so that those above her could see for themselves exactly what was going on here.

LS Manager said she could send a copy to PC, to which RS said whose he?

LS said he worked in the company's xxxx hotels department.

AH asked Manager if they could have a relative's committee- to which LS said she saw no problem with this.

Several relatives felt six monthly meetings were too far apart and that

perhaps an interim meeting could be held in three months' time, August 2009 to which LS agreed to.

My Comments, The minutes continue for another page on general issues on maintenance and the garden, the meeting closes at 9.05pm.

The issue raised in this meeting amount to abuse and neglect of residents and each incident is a safeguarding issue that should by law have been reported to the Local Authority as such. However the safeguarding board in the area of borough has among its members the manager of another of its care homes and the company is involved also.

What is clear is that there are huge problems within this home and the company that runs it, these issues are dealt with by total denial and those raising concerns do not stand a chance because there is nowhere to turn for help. The CQC regulator who decided when people approached them directly that there was no need to investigate and who took the word of the Manager that she had not had the concerns raised with her and was believed. CQC are a sorry excuse and have failed those who brought well founded genuine concerns to their attention. The home is treating all complainants as trouble makers and that is not unusual but CQC should have checked the minutes of these meetings. The manager says the minutes are not sent to the company's areas managers but area managers are required to audit each care home monthly and check documentation such as the minutes from relatives and residents meetings. The company knows exactly what is going on in this home, The Company do not Care and are accountable to no one.

Eileen Chubb.