

Mrs A Jobson

Ardgowan House

Residential Care Home (Mrs
Annie Jobson)

Inspection report

4 Middle Street
Newsham
Blyth
Northumberland
NE24 4AB

Tel: 01670367072

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 5 April 2017 and was unannounced. A previous inspection had been undertaken in January 2017 where we had found two continuing breaches of regulations. These related to the regulations for Safe care and treatment and Good governance. The service had also been placed under organisational safeguarding because of a number of ongoing concerns. This inspection was undertaken to ensure people were being cared for appropriately and safely.

Ardgowan House Residential Care Home is the only location owned and run by Mrs A Jobson and is based in a residential area of Blyth in Northumberland. It provides accommodation for up to 10 people living with mental health issues, who require assistance with personal care and support. At the time of the inspection there were seven people living at the home.

This report only covers our findings in relation to the Safe, Effective and Well Led domains and the details around previous concerns and breaches of regulations. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Ardgowan House' on our website at www.cqc.org.uk

The home is not required to have a registered manager because it is under the day to day supervision of the registered provider, Mrs A Jobson. A previously employed registered manager had recently left the service, although they had not formally deregistered with the CQC. Consequently their name appears on this report. Because of the organisational safeguarding concerns the provider had voluntarily agreed not to visit the home at the present time.

Because the registered provider had not been at the home a number of management issues, raised at the previous inspection in January 2017, had not been able to be addressed.

Issues regarding the safe management of medicines had improved. Maintenance of records had improved, with all entries now double signed and appropriate codes entered when medicines were not given. A local pharmacy adviser had recently visited the home and whilst highlighting some issues, felt the systems in place were adequate.

The home was clean and tidy. Communal towels, previously in use, had been removed from bathrooms and showers. Appropriate staffing levels were in place, including the addition of a sleep in care worker at night. Agency staff were used to support permanent staff, where appropriate.

Safety checks continued to be undertaken and fire systems were tested on a weekly basis. We checked with the home's outside fire safety contractor that systems were still within appropriate checking dates.

The home was in organisational safeguarding and was regularly visited by the safeguarding team and other local authority staff. An update of all staff's DBS certificates, previously started, had not been completed.

There was not always evidence staff had up to date training in the safe handling of medicines, although safety systems had been instigated by the deputy manager to manage the situation. Staff had received some additional training and most staff had received first aid and moving and handling training within the last two years.

The quality of food available at the home and choice of meals continued to improve. People were able to have breakfasts at whatever time they got up in the morning. People continued to be supported to attend health and social care appointments to maintain their health and wellbeing.

The day to day running of the home was being undertaken by the deputy manager. Staff and outside professionals felt the current situation was being managed well on a day to day basis. Other management issues, identified at the previous inspection had not been able to be addressed or progressed because the provider had not been at the home.

Whilst there had been improvements to the delivery of care at the home, we have not changed the current rating of the domains we looked at, or the service overall, because we wanted to be sure changes were sustained and the outstanding actions undertaken in due course.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The management of medicines at the home had improved; records of administration were complete and up to date. Medicines management had been reviewed by a pharmacy adviser.

The home was clean and tidy and appropriate staffing levels were maintained. Safety checks continued to be undertaken.

Requires Improvement ●

Is the service effective?

Some additional staff training had taken place, although staff training records remained unclear at times.

People were supported to have a range of food and meal options. They were supported to attend appointments with health and social care professionals.

Requires Improvement ●

Is the service well-led?

Because the provider was not currently in day to day charge of the home a number of previously identified issues had not been able to be addressed.

People, staff and outside agencies felt the deputy manager had worked hard to maintain the service.

Inadequate ●

Ardgowan House Residential Care Home (Mrs Annie Jobson)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 April 2017 and was unannounced. The inspection was carried out by one inspector.

This was a focussed inspection undertaken because the service was in organisational safeguarding and there were continuing concerns about the care of people living at the home. We wanted to be sure people at the home were receiving safe and appropriate care.

As this was a focussed inspection we did not request a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths.

During the inspection we spoke with two people who used the service, the deputy manager and a care worker. We subsequently spoke with a second care worker on the telephone. We also spoke with the provider on telephone following the inspection. We also spoke with the agency that provided temporary staff to the home and the contractor who provided fire safety maintenance to the home.

We reviewed a range of documents and records including; care records, training records, medicines records

and a range of other documents related to the safety and overall running of the home.

Is the service safe?

Our findings

At the inspection undertaken on the 9, 12 and 23 January 2017 we had found issues with the safe handling of medicines. This had constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe Care and Treatment. At this inspection we examined the medicine administration records (MARs) for all seven people living at the home. We found there had been an improvement in the management of medicines, although some recently arrived individuals did not have a photograph in place and some "as required" medicines did not have a care plan in place, regarding their use. "As required" medicines are those given only when needed, such as for pain relief. MARs were doubly signed by both care staff on duty to ensure the medicines had been administered correctly, hand written MARs were also doubly signed to show that details transcribed onto the sheets had been done so correctly. Where medicines had been missed or omitted there was a correct code on the MAR and an explanation as to why the items had not been given. One person was receiving a controlled drug. Controlled drugs are medicines that are subject to particular legal restrictions on their use and storage. We found these were stored and administered correctly and the number available tallied with the home's records. We noted the home had recently had a review and audit of medicines carried out by a local NHS pharmacy adviser. We saw that whilst the report highlighted a number of remaining issues it did describe the management of medicines at the home as "adequate." We found some permanent staff had no record of receiving training on the safe handling of medicines and were completing shifts with agency staff. The deputy manager told us the pharmacy adviser who had visited was returning to the home to complete training for all staff at the home. We spoke to the agency that provided the temporary staff and they confirmed all staff supplied by them were fully trained and assessed to safely administer medicines. This meant that, whilst there were still some outstanding issue that required addressing, there had been clear improvements in the management of medicines. We have determined there is a continuing breach of this regulation, to ensure the outstanding items are addressed and the improvements noted are maintained.

The home was clean and tidy. The deputy manager told us there remained no dedicated domestic time and care staff carried out cleaning duties, as well as their care duties. Items such as the requirement to replace vinyl in shower and toilet areas were still in need of undertaking. However, we noted communal towels, which had previously been left out for use, had now been removed from both the bathroom and the shower room, meaning people now used individualised items. The kitchen area of the home was clean and well maintained.

The deputy manager told us all shifts at the home were now covered by two staff, including night shifts, following guidance from the local fire service. The second care worker on nights was a sleep in shift, meaning they would go to bed for most of the shift but be available should the need arise. At the time these sleep in shift were being covered by agency staff, who worked alongside a permanent member of staff. We looked at duty rotas for the home and saw all shifts were covered. We also noted the deputy manager had also arranged for permanent staff to fully cover nights over a bank holiday, in case this proved more difficult to cover with agency staff.

At the inspection in January 2017 we had found appropriate checks were in place on equipment and

services such as gas and electricity. There were also regular checks on fire alarms and other fire safety equipment. At this inspection we found these checks continued to be undertaken, although we noted the fire alarm checks were carried out through, and recorded on, the weekly job sheet used to ensure all key tasks at the home were undertaken. The deputy manager told us she would ensure the formal fire records were brought up to date and used in the future. We noted work sheets suggested the home's fire alarm system was due for servicing and review by an outside contractor. We spoke with the contractor who told us the date on the certificate was indicative only and the actual check could be carried out anytime within 60 days of the date on the certificate. At the previous inspection we had checked on the temperature of the home, as there had been concerns. At this inspection we saw staff were still undertaking checks to ensure the accommodation was maintained at an appropriate temperature for the people using the service. Records showed acceptable temperatures were being maintained. Work on a poorly fitting window, in one bedroom, was still to be undertaken.

At the time of the inspection we were aware the home was in organisational safeguarding. Organisational safeguarding is a process instigated by the local authority safeguarding team, where there are overarching concerns about the home or delivery of care. Staff told us there were regular visits to the home by safeguarding staff and other members of the local authority services. Safeguarding colleagues told us safeguarding investigations were ongoing, but they had seen an overall improvement of the service in recent weeks.

There had been no new staff employed at the home since the previous inspection. At the last inspection the registered manager had told us he was in the process of updating all staff Disclosure and Barring Service (DBS) checks, as he was aware some had not been reviewed for a number of years. At this inspection the previous registered manager had left the service. We asked the deputy manager if these additional DBS checks had completed. She told us staff had brought in appropriate documents for checking and copying, but as far as she was aware the actual DBS checks had not been undertaken. Staff files we looked at contained copies of previous DBS checks although we noted one dated back to 2008.

Is the service effective?

Our findings

At the inspection in January 2017 we had found there had been improvements in staff training, following previous concerns about this area. At this inspection we noted all staff had received some further additional training in supporting people with behaviours that may be described as challenging. We noted other previously conducted training was approaching dates when it should be updated. Some staff records did not contain evidence of them having completed training in the safe handling of medicines. We spoke with the deputy manager about this. She told us they had instigated a system where two staff had to sign for any administered medicines as a way of providing additional checks. Records showed senior staff had completed a medicines competency course within the last two years and the care worker agency confirmed all staff supplied had up to date medicines training. Records showed most staff had completed appropriate moving and handling and basic first aid training within the last two years.

Because the provider was not currently attending the home and the previous registered manager had left the service there had been no formal supervision or appraisal sessions undertaken since the previous inspection.

Staff told us that during recent events they had received good support from outside agencies, including safeguarding, local authority contracts staff and care managers, who had offered a range of support and advice.

Staff continued to seek consent from people in the delivery of day to day care and sought their views. We noted regular meetings continued to take place with people living at the home to seek their opinion on activities, meal options and other aspects of the care provided.

Prior to the previous inspection there had been some concerns raised about the quality of the food at the home and the meals provided. At the inspection in January 2017 we saw changes and improvement had been made. At this inspection we found improvements continued to be made. There was a good range of quality food products available in the home's fridge and freezer. The deputy manager explained people were now offered a choice of three meals at each sitting and these were then cooked to order, particularly the light meals, such omelettes. We saw the choice of meals was displayed on a whiteboard in the hall way. During the inspection we saw people got up in the morning when they wished and were supported to have a breakfast of their choice.

At the previous inspection we had noted people were supported to maintain their health and wellbeing, through being supported to attend a range of health appointment and meeting with social care staff. At this inspection we saw this continued to be the case, with clear evidence in files and other documents that people were supported to arrange and attend meetings with general practitioners, specialist nurses, mental health services and social care reviews.

Is the service well-led?

Our findings

The registration requirements of the service do not require the provider to have a registered manager because it is under the day to day supervision of the registered provider, Mrs A Jobson. At the previous inspection the provider had taken the decision to appoint a registered manager to help run the service and address issues raised in the previous CQC report. Since the inspection in January 2017 this registered manager had left the service, although had not formally deregistered with the CQC, so their name still appears on this report.

Because of the overarching safeguarding investigations being undertaken at the time of the inspection the provider had voluntarily agreed not to visit the home, until the matter had been concluded. The running of the home was therefore under the day to day control of the deputy manager. The deputy manager told us she had limited contact with the provider and any contact was usually around functional matters, such as the delivery of food to the home. We were aware there had been an issue the previous week where staff had not received wages at the appointed time, although this was subsequently dealt with.

Professionals we spoke with told us they felt the deputy manager and all the staff at the home had worked hard to support people during the current situation where the provider was not in the home. They felt some good progress had been made in improving the day to day care at the service and supporting people's choice. People we spoke with told us the staff had been very supportive to them and they had no complaints.

We spoke with the provider on the telephone, who expressed concern that they could not address issues raised at the previous inspection because they had agreed not to enter the home at this current time.

Because the provider had not recently attended the home we noted there remained issues with records not being well maintained. Training records remained incomplete and staff records were difficult to follow. There was also a continued failure to display the home's current quality rating.

Daily records, completed by care staff were up to date and contained good detail. Records related to the safe and effective management of medicines had much improved.