

The Hermitage Charity Care Trust

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Inspection report

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Date of inspection visit:
29 November 2018

Date of publication:
04 January 2019

Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The Hermitage Charity Care Trust is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Hermitage Charity Care Trust is situated in the market town of Uttoxeter and provides personal care for up to 30 females in one adapted building. The premises have been extended and modernised with all bedrooms now being on the ground floor. The care home was gifted in Trust to the ladies of Uttoxeter and is therefore only for females. At the time of our inspection, there were 28 females using the service. At our last comprehensive inspection in May 2016, the service was rated as Good with the Key Question Effective being rated as Requires Improvement. The service was found to be not consistently following the principles of the Mental Capacity Act (2005) and people were being unlawfully Deprived of their Liberty. This was a Breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A focused inspection took place in December 2016 and found that the provider had made the necessary improvements and the Key Question of Effective was rated as Good.

At this inspection, the Key Question of Caring was still rated as Good. The Key Questions of Safe, Effective, Responsive and Well-Led has now changed to Requires Improvement.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were enough staff to meet people's needs but staff had not received up-to-date training. Care plans were not always personalised and people did not always receive care that was responsive to meet their needs. Risks were not appropriately assessed and planned for.

People's mental capacity had not always been assessed at the right time meaning people did not have maximum choice and control of their lives which meant that staff could not support them in the least restrictive way possible. There were no systems in place to monitor, learn and improve when things went wrong.

People were not supported to have their end of life care and wishes met but the service had begun working with an agency to develop this practice. Medicines were mostly managed safely and people had access to healthcare as required.

Staff knew people well were able to tell us how they protected people from the risk of abuse and/or harm. People were treated with kindness and people knew how to make a complaint. People were happy with the food and drink that was available to them.

Our inspection found a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to good governance at the service. You can see the action that we asked the provider to take at the end of this report.

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 service was not consistently safe.

Risks were not managed safely.

There were no systems in place to learn lessons when things went wrong.

Medicines were mostly managed safely.

Staff understood safeguarding procedures and could keep people safe from the risk of harm.

People were protected from the risk of the spread of infection.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Assessments and care plans were not always updated.

Staff were not receiving consistent and efficient training.

The service was not following the principles of the MCA (2005).

People had enough food and drink.

People had access to healthcare.

Requires Improvement ●

Is the service caring?

The service was caring.

People's privacy and dignity was upheld.

Staff were caring and compassionate.

People were encouraged to maintain their independence.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People did not contribute to the planning of their care.

People's wishes, choices and preferences were not always considered.

There was a complaints policy in place.

Is the service well-led?

The service was not consistently well-led.

There were no systems in place to effectively measure quality.

There were no mechanisms in place to allow staff to improve and develop their practice.

People and their relatives did not always have opportunities to participate and contribute to the running of the service.

The registered manager was approachable.

Requires Improvement ●

The Hermitage Charity Care Trust

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 29th November and was unannounced. The inspection team consisted of one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection taking place, we looked at information we held about the service such as the Provider Information Return (PIR) form. This form asks the provider for key pieces of information such as what they feel they have done well and where they feel they need to improve. We looked at notifications. A notification is something that the provider is required to send to us by law such as information on serious injuries, deaths and safeguarding's that have taken place at the service. We spoke with the local authority for feedback they had about the home.

As part of the inspection, we spoke to nine people, 3 care staff, 1 relative, the activities coordinator, the cook and the kitchen assistant, the registered manager and a visiting professional.

We looked at the care records for three people. We looked at records relating to the management of the service such as quality audits, a training matrix and a staff recruitment file. We also looked at the Medicine Administration Records (MAR) charts to see if people were receiving their medication safely.

Is the service safe?

Our findings

At our last inspection, the Key Question Safe was rated as Good. At this inspection, the rating has changed to Requires Improvement.

People did not always have their risks assessed and managed safely. Where risk assessments had been completed for people, these had not been regularly updated and reviewed in a timely manner. When people's needs had changed, there was no documentation for staff to follow or any clear guidance given to support staff in managing a person's risk. For example, we were made aware that one person may exhibit behaviours that may challenge services. Staff we spoke with told us how they supported this person and how they took action to ensure that both the person and staff were kept safe however, records we saw did not match with what staff told us.

The person did not have a risk assessment in place to inform staff of how to identify potential triggers for these behaviours or how to appropriately support the person to protect them and staff members from any potential risks of harm. Their care records showed that a referral had been made to the relevant mental health professional to review the person's care and support needs but we did not see any follow up from this visit and there were no specific actions recorded for staff to support this person. We saw records of incidents that had taken place between the person and staff members but these incidents were not reviewed or responded to which limited the opportunity to prevent further occurrences.

We also saw that another person was at risk of losing weight and their care plan stated that they were to be weighed monthly. Staff were able to tell us how they managed people's nutritional risks but there were no risk assessments in place for staff to follow if the person had lost weight and no guidance for staff to follow. The records were not consistent and we identified gaps in recordings where the person should have been weighed. We spoke with the registered manager about this and we were told that the district nurses were responsible for completing a Malnutrition Universal Screening Tool (MUST) however there were no completed tools available for us to see during this inspection.

Medicines were not always managed safely. Medication Administration Records (MARs) showed that prescription medication had been given to people but there were no accurate records of remaining stock levels kept. A staff member said, "There have been occasions when we have run out of medication because we didn't know that stocks were running low". This meant that people were not always able to receive their prescribed medication as required due to there being none available. The staff member stated that they would rectify this issue and would devise a stock count sheet for use when administering boxed medications and sachets.

There were no protocols in place for people who received their medications 'as needed'. A staff member told us that they believed there were some protocols in place but we could not see that these were available during our inspection. This meant that staff could not accurately assess and review how much 'as needed' medication was being administered over a period of time. The registered manager said, "I review a random sample of records; two out of thirty MARs every month". This meant that the registered manager could not

be reliably assured that medication errors were not occurring frequently and that people were not receiving their medications safely and on time. This system also meant that only 7% of Mar charts were reviewed each month which is not an adequate sample to ensure that medicines were being managed safely.

People told us that they felt there were enough staff to meet their needs. One person said, "Staff will sometimes come and have a little chat with me when they can". A relative said, "My [relative] has told me that they staff do come quite quickly when they press their buzzer in their room". Staff told us that they felt that improvements had been made to increase the number of staff on each shift. One staff member told us, "There hasn't always been enough staff but over the last half of the year, there has often been more and I know the manager is still recruiting". The registered manager told us that they were actively trying to ensure that there are enough staff on each shift and they were in the process of employing new staff. This was an accurate reflection of what members of staff had told us.

Staff understood the principles of safeguarding and were able to tell us how they protected people from harm and abuse. One person told us, "I feel very safe and secure here. The doors are locked and we have cameras here too". We observed that there were Closed Circuit Television (CCTV) cameras in operation around the home. People told us that they felt safe with cameras in the communal areas and that they had been notified about the cameras being present. Another person said, "I have settled in really well and feel safe and comfortable here". A relative told us, "My [relative] has only been here for a few months but I am very happy that she is safe and secure here".

People were protected from the risk of the spread of infection. We observed staff wearing Personal Protective Equipment (PPE) and staff demonstrated to us that they knew how to reduce the risk to people. One staff member told us, "I always wear my PPE and wash my hands all of the time. I do have alcohol gel that I also keep with me but there are gel stations in places like the sluice and the bathrooms".

Is the service effective?

Our findings

At our last inspection, the Key Question Effective was rated as Good. At this inspection, the rating has changed to Requires Improvement.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Mental capacity assessments were not up-dated as required. One person's care record we looked at documented that the person had the capacity to make their own decisions for all aspects of their care and support needs but when we checked this with the registered manager, they told us that the person lacked the mental capacity to make any decisions. We saw an accompanying DoLS application to the local authority for the same person. This showed us that records were not reviewed and amended as necessary and this meant that staff would not be able to provide consistent and appropriate care for people.

However, people told us that they had their consent sought before being provided with support. One person said, "Staff will ask me if it's ok to help". During the inspection, we observed staff asking people if they needed support and if it was ok for them to provide assistance before doing so. For example, we saw one member of staff ask a person if it was ok to assist them with their medication. We also saw staff asking if they could remove people's plates and crockery from the table at meal times.

Some members of staff told us that they did not understand the principles of the MCA and did not know what this meant for people who they were supporting. A staff member said, "I have had no training on this but I think we should always be talking to people and asking them if it is ok to help". Another staff member said, "I don't know what DoLS are, I have had no training on this". The training records that we looked at evidenced that the staff members with whom we spoke had not received any training on the MCA and DoLS.

There was a lack of consistent and up-to-date training for staff. The registered manager kept a training matrix that evidenced what training members of staff had received. This matrix showed us that some staff members had not received any training at all and some training had not been delivered to certain members of staff for over ten years. Staff we spoke with told us that they had received an induction at the beginning of their employment and that they had completed some on-line training in some areas such as fire safety and the matrix we saw evidenced this. Staff told us that they did not have the opportunity to discuss their training and development needs with the registered manager. We discussed this with the registered manager who told us that they were aware that this was an area for improvement and they were looking to address this shortfall by introducing a new system from a company that specialises in health and social care training for care home staff.

People's assessments and care plans were not always current and relevant. The service kept both electronic and written assessments and care plans but both records that we saw for people were not always reviewed and updated as necessary. Daily records were completed using generic terminology and yes/no answers to determine whether someone had received daily support such as personal care. Some of the records that we viewed had not been updated. This meant that if people's needs changed, staff would not have the knowledge to provide effective care for people that was reflective of their needs. The registered manager said, "I'll be honest, they will all be the same. No one has had responsibility of reviewing the care plans due to the previous lack of staff".

People told us that they had enough food and drink but people were not routinely offered daily choices. One person said, "The food is nice but I can never remember what I have ordered". Another person said, "The food is tasty and there is plenty of it but I chose from a weeks' worth of menu so I just have to go along with it". A staff member said, "People have to choose their daily meals every week. The choices are put up on the board in the dining room each day but this can often cause problems when people have forgotten what they ordered a week ago and want something else on the day". We observed the cook taking people's choices for the following week after one mealtime during our inspection. We discussed this with the registered manager who told us that they would look at alternative ways at providing daily choices for people to best suit people's individual needs.

The service catered for people with specific food requirements such as food allergies or those who required diabetic diets. Food that was 'free from' specific ingredients were kept separate from other foods and the cook was able to tell us which people required a diabetic diet or people who needed their food to be soft or pureed. We saw that these meals were prepared and served in the most appropriate way for people.

People received access to healthcare as required. One person we spoke with told us, "I do have visits to the dentist, optician and hearing aid clinic. One of the carers will go with me" We spoke with one person who told us that they had requested to see a General Practitioner (GP) as they were feeling unwell. During the inspection, we observed the GP visit the home and undertake the visit as requested. Another person said, "There is no delay, they will always fetch a doctor if I don't feel well".

People's rooms were personalised with their own belongings. One person said, "I was able to bring my own pictures but I couldn't bring any furniture". The registered manager told us that each new room had been fitted with a built-in wardrobe and therefore people were not encouraged to bring in large items for clothing storage. Each room was named after a place local to Uttoxeter. The registered manager told us that during the extension building works, each person was asked how they would like their room door personalising and it was agreed between the people using the service that a place name would be a nice alternative to a person's name on the door. The home had sufficient signage so people who were unfamiliar with the building could easily navigate their way around.

Is the service caring?

Our findings

At our last inspection, the Key Question Caring was rated as Good. At this inspection, the rating remains Good.

People were happy with the care that was provided by staff. One person told us, "I suppose if you have to live in a care home, I couldn't really have chosen a better one". Another person said, "The staff are always here and helpful".

We observed positive interactions between staff and people. A member of staff said, "I will give people a hug! People tell us how they love to have a hug". Staff told us of examples that demonstrated how they provided kindness and compassionate care people for people and we saw this throughout our inspection. For example, we observed one person seem to become distressed and they began to shout out. A member of staff took the person's hand and began speaking with them in a calm and mild way. This seemed to distract the person from their initial signs of distress and the person began to engage with the member of staff.

People were encouraged to maintain their independence where possible. One person told us, "I walk around independently and the staff help me to make sure I do not fall". Another person said, "The staff have been very supportive to me and helped me to feel more confident with my walking". A relative said, "My [relative] needs help to walk about and staff need to know this and help [relative] when they need it so they don't have any falls". Staff told us that they ask people how they would like to be supported. A staff member said, "I will always ask people how they are feeling and see what they are feeling up to. I always try and encourage people to be independent". We observed staff support one person to transfer safely from a wheelchair to a chair in the lounge area. Staff encouraged the person and gave guidance and reassurance to the person so they could make the transfer safely and independently.

People and their relatives told us they could visit the home as frequently as they liked without any restriction. A relative said, "I come quite regularly and always wonder if people will get fed up of seeing me but I am always made to feel welcome". We observed people visiting throughout the day and people and their relatives were seen together in people's rooms; the lounges and other communal areas of the home.

People told us how staff respected their dignity and privacy. One person said, "Staff always knock before they come into my room and introduce themselves; they speak politely". One member of staff said, "I always shut the door when supporting people with personal care. I use a towel to cover people up and I always make sure people are ok". Another member of staff told us, "I make sure curtains are closed if they need to be and I just speak softly and respectfully to people". Observations during our inspection supported what people and staff had told us.

Is the service responsive?

Our findings

At our last inspection, the Key Question Responsive was rated as Good. At this inspection, the rating has changed to Requires Improvement.

People told us that they received a pre-assessment before moving to the service but had not been involved their care planning since. One person told us, "The registered manager did come to see me before I moved here but I never had anyone ask me about life history or what I like or don't like since". A relative told us "A care plan was discussed on admission but we did not see it until we requested to". Staff told us that that they were not involved in updating records for people and that this was the role of a senior member of staff to do this but records we saw were not always completed appropriately.

Information about people's individual wishes and preferences were not recorded consistently. Some of the rooms that we viewed did have a communication board on the wall which had a very small space for information to be written down such as previous occupation and conversation topics but not all the records we viewed contained any information about people's choices or what was important to them. This meant that staff could not provide care that was responsive to people's needs.

People gave us a mixed response when they were asked if they were supported to follow their interests or if they could take part in activities that were meaningful to them. One person said, "There is a library upstairs and they [staff] fetch me books to read. They know I like murder mysteries so I get those". Another person said, "I do enjoy the outside entertainers. We have musicians and the football person comes to help us with exercises". However, one other person told us, "I only go downstairs to eat and then I come back to my room. I find it very miserable sitting down there as no talks and everyone just sits and stares at each other". Another person said, "I used to knit a lot but we don't do it here". One member of staff told us, "The activities coordinator is great but there could always be more for people to do in the afternoon". Another staff member said, "The afternoon is boring for people as the activity coordinator isn't usually here, people are on the edge and bored".

There was an activities schedule in place for people to view. The activity coordinator told us that they planned external activities in advance so that people's friends and relatives could be made aware and join in if they so wished. In-house activities were planned more flexibly and the activity coordinator told us, "These activities are usually geared to people's circumstances and mood on the day". During the morning of our inspection, we observed an exercise session being facilitated by an external organisation. Once that had ended, there were no more activities taking place and we observed people just sitting in the communal areas. This evidenced what staff had previously told us about lack of stimulation for people in the afternoon time.

The Equality, Diversity and Human Rights (EDHR) policy needed strengthening in order to improve service delivery. Staff were able to tell us that they believed that there was a policy in place but there was little understanding about what this meant and how this impacted on the people using the service. The registered manager told us that they would be implementing training for all staff and would be considering

the nine protected characteristics as part of the pre- and the on-going assessment process. It is unlawful under the Equality Act 2010 to discriminate someone because of a protected characteristic which include, age, disability, religion or belief and sexuality.

At the time of our inspection, there was no one receiving end of life care. There were no pre- assessments in place for people that considered people's advanced wishes. However, the service had begun working in partnership with an external organisation to support people using the service to plan for their end of life wishes. The registered manager told us that the service, in conjunction with the organisation, would be developing aims and objectives to help them to identify, plan and review systems to best support people at the end of their life. We spoke to a visiting professional from the organisation who supported what the registered manager had told us.

There was a complaints policy in place. The policy was accessible and visible upon entering the building and people told us that they knew how to make a complaint. People, relatives and staff all told us that they would be happy to approach the registered manager or the board of trustees if they needed to raise any issues.

Is the service well-led?

Our findings

At our last inspection, the Key Question Well-Led was rated as Good. At this inspection, the rating has changed to Requires Improvement.

The registered manager told us they had systems in place to audit the care provided however, these were ineffective and did not identify the issues that we raised during our inspection. We saw that MAR audits relied upon a sample of only two records over a period of one month. Where two errors were found on the MAR audits, there were no clear records of any actions taken. The registered manager told us that these issues were addressed with the staff at the time but this was not evidenced anywhere for us to see. The providers systems for monitoring the management of medicines were not sufficient with only 7% of MAR charts being audited each month. Assessments and care plans were not reviewed or audited on a regular basis which meant that it was not possible to identify trends and patterns and therefore improve practice. People's care records were not reflective of their current needs and this had not been identified through the providers governance systems.

The registered manager told us that they were developing ways to ensure quality assurance was a priority and the deputy manager would have some responsibility for assuring quality in practice from January 2019. However, the registered manager did not have a clear plan as to the steps they would take to improve the governance and oversight of people's care.

There was a lack of robust risk assessments to guide staff to effectively support people and keep them safe. Assessments and care plans had key pieces of information missing. For example, where we saw a person needed consistent, monthly checks to meet their health needs, these were not always completed. There was no effective system in place to ensure staff were trained to provide support to people effectively.

Staff did not have regular supervisions or team meetings. One staff member said, "I have not had a supervision session for four years". Another staff member said, "I have not had any supervisions or a team meeting, I will get told there and then if I do something wrong". The registered manager told us they were aware that staff had not been given this opportunity and this was associated with the recent lack of staff. This meant that staff were not supported in their professional and personal development and not given the opportunity to critically reflect on their practice to improve outcomes for people. We also found that the lack of ongoing training and development for staff meant that they lacked knowledge in key areas such as the Mental Capacity Act.

People and their relatives told us that they did not have a regularly held forum to allow them to give feedback or comment on how the service was run. The registered manager told us, "Due to the people having limited communication, historically meetings had been a flop". We were also told by the registered manager that people and their relatives preferred to complete a questionnaire. We saw evidence of one relative questionnaire but this was not dated so we were unable to determine when the questionnaire was completed or what actions had taken place as a result of the feedback. The Trustees of the charity had completed their own questionnaires with people and we were able to see one record of meeting minutes

but this did not directly address how this would benefit the people using the service. The registered manager told us that they were looking at a new way of collating feedback from people and their relatives that would be inclusive for everyone. This meant people were not given the opportunity to provide feedback on their care to drive improvements.

The above evidence constitutes a breach of regulation 17, Good Governance of the health and social Care Act 2008 (Regulated Activities) 2014.

The service was working in partnership with other agencies and organisations to meet people's needs. The local church visited the service weekly and the local schools and nurseries were encouraged to visit the service to spend time with people. The registered manager had encouraged health and social care students from the local community to spend time at the service and we observed that there was a work experience volunteer in place at the time of our inspection.

People told us that the registered manager was approachable. One person said, "They [registered manager] are very nice, I will always let them know if something needs changing". Another person said, "they are friendly and approachable and everybody knows their name".

The registered manager had informed CQC of any significant events that had taken place at the service. This showed us that the registered manager was meeting their registration requirements with us.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p data-bbox="837 544 1449 618">Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p data-bbox="837 651 1449 768">Audit and governance systems were not adequate to assess, monitor and improve the quality of the services provided.</p> <p data-bbox="837 808 1477 846">People's risks were not recorded appropriately.</p> <p data-bbox="837 891 1477 965">Contemporaneous records were not completed for every person.</p> <p data-bbox="837 1010 1437 1084">The provider did not encourage regular feedback about the quality of care provided.</p>