

## NHS Arden Commissioning Support Inspection for Care Facilities

<b>NHS Arden Commissioning Support Inspection for Care Facilities</b>									
<b>Name of Provider:</b>		<b>Glamis Hall Day Centre</b>							
<b>Address:</b>		<b>Goldsmith Road, Wellingborough NN83RU</b>							
<b>Type of service:</b>		<b>Day Centre</b>							
<b>Date of CQC Inspection:</b>		<b>Not applicable</b>			<b>CQC Compliance Rating:</b>		<b>Not Applicable</b>		
<b>Date of Visit:</b>	<b>03/09/2014</b>	<b>Unannounced</b>		<b>Announced</b>	√	<b>Full Review</b>	√	<b>Themed</b>	
<b>Inspection Team</b>									
<b>Inspection Lead Officers</b>		<b>Head of Quality and Integrated Nursing</b>							
		<b>Clinical Support Team Leader</b>							
		<b>Clinical Support Nurse Infection Control &amp; Prevention</b>							
		<b>Head of Internal Audit, CW Audit Services</b>							

### First Impressions Summary

The outside of the building is in disrepair with smoking chairs placed at front entrance. The reception is dirty and cluttered, storing bric-a-brac in bin liners, which are fundraising donations. Old carpets and furniture need cleaning throughout. Windows opaque, dirty and double glazing seals breached. Office cluttered, dirty and storing books and donations in every available space with piles throughout building. All posing a fire, health and safety and infection control hazards. Clients seated in rows and up turned bins used to rest drinks. Odour from carpeted areas. Noisy pipes throughout when toilets flushed. See separate report for environment infection control issues.

Staff friendly and welcoming, manager very helpful and accommodating.

Clients observed in small / large groups, very happy with a lovely friendly atmosphere between the staff in attendance.

Findings	Yes	No	Evidence / Recommended Actions
1. Is the facility secure?	✓		Staff hold key and let visitors in and out.
2. Is there a signing in book in reception?		✓	
3. Is there hand gel for visitors in reception?		✓	
4. Is the facility generally clean and tidy?		✓	See separate ICP report.
5. Is the facility clutter free and in good state of decor?		✓	See separate ICP report.
6. Is the facility odour free?		✓	See separate ICP report.
7. Is the facility wheelchair friendly?		✓	Normal size doors not wheelchair friendly, cluttered corridors are a safety hazard.
8. Is there clear signage?		✓	
9. Is there a meet and greet arrangement?	✓		Staff control access very friendly.
10. Is the facility dementia friendly?		✓	

Care Plans - Respect & Involvement - Care & Welfare CQC Outcome 1 & 4			
How many records did you review:	6 clients		
Findings	Yes	No	Evidence / Recommended Actions
1. Are the care records stored securely?	✓		In locked filing cabinet in manager's office.
2. Are they in logical tidy structured format that is easy to follow?		✓	Few sheets loose in folder.
3. Are the care plans and risk assessments person centred?		✓	General table, outdated checklists used for 14 years.
4. Is there a pre assessment record?		✓	Typed or handwritten summary not signed which briefly describes the person. It is completed by carer or admin support who visits the person in their own home prior to accepting placement which is 1-3 days max.
5. Is there a life history?		✓	
6. Is there a body map?		✓	
7. Is there a current mental capacity assessment?		✓	
8. Are there contact details of Next of Kin?	✓		Not consistent
9. Is there an appropriate DNAR?		✓	
10. Can you see information related to past medical history or, allergies?		✓	Some had allergies noted in summary
11. Is there evidence of the person or family involvement in sign off agreement to care plans?		✓	
12. Are there care plans for all aspects of care accompanied with up to date risk assessments?		✓	Single form incomplete - recorded by exception with ticks against high, medium or low risk form but subjective and does not cover all aspects of care or describe thresholds.
13. Have care plans and risk assessments been up dated monthly?		✓	Annually or when changes occur - completed by Manager.
14. Is there current MUST nutritional assessment record?		✓	
15. Is there any record of nutritional intake, likes and dislikes?		✓	Likes and dislikes for food recorded collectively in catering log and issued for chef daily
16. Has the person seen any outside professionals, dentist optician, chiropodist and the facility received any correspondence?		✓	The Centre only has the occasional visit from District Nurses. Concerns that procedures are completed in the dirty bathroom by DN if they need to change dressings or take bloods /inject.
17. Is there any evidence of GP/ medical review?		✓	

18. Is there any record of accidents e.g. falls?		✓	In accident box file loose sheets no register. Do not record trips or fall only if injured. Tells family who then seek medical advice. They would call paramedics if severe.
19. Is there any evidence that they are getting consent from relatives?		✓	

Outcomes for Customers - Respect & Involvement - Care & Welfare CQC 1 & 4			
Findings	Yes	No	Evidence / Recommended Actions
1. Is privacy and dignity maintained in practice?	✓		
2. Are people called by their preferred name of address?	✓		Staff have excellent rapport with clients.
3. Are people involved in decisions about their care at the facility?	✓		Clients involved in choice activity and food.
4. Do people have a choice when food is offered?	✓		3-4 options.
5. Are people who lack capacity talked to appropriately?	✓		Staff need training in MCA/Dols and safeguarding.
6. Is independence encouraged?	✓		
7. Are there social activities?	✓		
8. Is there evidence of planned activities?		✓	Activities scheduled on the day. Decision taken to stop pre-planned weekly schedule as clients choice better met on daily planner.
9. Are the activities appropriated to the service user group?	✓		
10. Is an activity coordinator employed?	✓		All carers involved in activities no designated coordinator.
11. Is there environment homely and friendly	✓		Very happy interactive environment staff considerate and caring.
12. Is there evidence of service user satisfaction surveys?	✓		Several clients voiced their satisfaction.
13. Do they host regular resident and visitor meetings?		✓	Interactive. Families resolve issues as they occur.
14. How many clients did you interview?			Five. Chair of committee wanted to know identity, role, reason on the premises. Explained purpose of independent review and reassured what we were doing during visit.
15. How many relatives/visitors did you interview?		✓	None available

<b>Meeting Customers Nutritional Needs – Overview – Outcome 5</b>			
<b>Findings</b>	<b>Yes</b>	<b>No</b>	<b>Evidence / Recommended Actions</b>
1. Do they have a nutritional policy within easy access for staff?		✓	
2. Are they using MUST scoring system?		✓	
3. Have all residents been reviewed if a risk is identified?		✓	
4. How many high risk service users do they have?		✓	Unable to determine.
5. Do you observe several thin residents?		✓	
6. In the sets of notes reviewed are there regular nutritional reviews apparent?		✓	
7. Do they monitor all service users' food and drink intake?		✓	
8. Is the dining room conducive to eating?	✓		Well-presented food and table.
9. Are drinks within easy reach of the residents?	✓		Balanced on upside down metal dustbins, manager removed tables as the represented falls risk to clients.
10. Is there fruit and water for residents to access?		✓	Drinks and snacks available to purchase at counter.
11. If you observe residents eating and drinking were they assisted where appropriate?	✓		
12. Is there evidence of internal food and drink audits?		✓	
13. Is the facility able to access dietician support?		✓	Food sampled well-presented good quality, hot, well balanced menu. Good size portions and staff ensure they meet the needs of special diets/preference daily.

<b>Protecting Residents from Abuse – Safeguarding Overview – Outcome 7</b>			
<b>Findings</b>	<b>Yes</b>	<b>No</b>	<b>Evidence / Recommended Actions</b>
1. Do they have a safeguarding policy within easy access for staff?		✓	
2. Do they have whistle blowing policy?		✓	
3. Do they have Mental Capacity procedure for DOLs and best interest?		✓	

4. Have all staff received training on induction and annually for the above?		✓	Unable to see induction pack
5. Do they review all complaints and identify trends ask for example before indicating yes?		✓	Manager never had complaints. If issues emerge they are resolved with families immediately. Unable to access complaints policy.
6. In the sets of notes reviewed is this MCA apparent?		✓	
7. Have they reported any safeguarding cases to the Local Authority safeguarding service?	✓		One regarding a resident husband but advised inappropriate for documentation to be kept in client's folder as it relates to Nursing Home and clients husband's care from third party.
8. Do they have any service users under one-to-one supervision for challenging behaviour?		✓	
9. How many residents have fallen in the last month?			Unable to determine but observed a near miss with immobile client getting up without assistance. Staff obtained and wheelchair to transport him and advised him of risk of falling.
10. Do any of the service users have pressure ulcers?			Unable to determine
11. Do you have pressure relieving equipment if required?		✓	
12. Spending 10 minutes observation in a communal setting did you consider the staff supervision appropriate?		✓	Insufficient staff to cover all areas. There are 5 carers, but 3 go out in the mornings and afternoons to collect residents or drop clients home. It leaves 2 carers on the floor and one is allocated bathing duties by themselves. There is no risk assessment re clients and whilst there is a pressure mat, there is no alarm in bathroom for the carer to call for urgent assistance if required. Staffing level (i.e. one carer only) for bathing duties needs reviewing in respect of moving and handling patients and in case of emergency. Also have to walk through hairdressers to access bathroom. Has hairdresser received CRB/DSB checks?
13. Do you need to refer to safeguarding team?	✓		To provide training update to all staff re safeguarding. All incidents completed in accident form never escalated to safeguarding

Cleanliness & Infection Control – Outcome 8			
Full ICP audit to be completed by Clinical Support Nurse refer to separate report			
Findings	Yes	No	Evidence / Recommended Actions
1. Is there an Infection Control Policy in place and are staffs aware of it and working to it in their everyday duties.		✓	
2. Is there a current Health & Safety Policy and how has this been shared with staff to ensure awareness and understanding?		✓	
3. Is there a weekly cleaning schedule?		✓	Cleaner converts to catering role works part time then leaves at 12.30 Cleaning duties staff share all “muck in “ shared accommodation so they do not clean hall but use rooms for activities.
4. Does the facility use the cleaning standard colour coding system?		✓	A colour coded system is used, but not the nationally recognised scheme.
5. Are there hand gels and wash basins with soap dispensers and paper towels for everyone to access?		✓	
6. Are hand washing posters displayed?		✓	
7. Does the service provide a clean, safe and homely environment?		✓	
8. Have you seen any safety hazards?		✓	
9. Do they have single use slings for residents who require hoisting?		✓	
10. Do you need to refer to ICP nurse?	✓		Please refer to detailed report.

<b>Medication Administration - Overview – Outcome 9</b>			
<b>Findings</b>	<b>Yes</b>	<b>No</b>	<b>Evidence / Recommended Actions</b>
1. Is there a medicine policy within easy access for staff?		✓	
2. Are the medications stored safely?	✓		Locked cupboard in coffee area.
3. Are individual's medication requirements clearly documented in their Care Plans?		✓	
4. Are staff trained in medicine administration?	✓		Out of date.
5. Are MAR Charts in use for each individual and recordings up to date?		✓	Insufficient records. Do not record prompted meds only administered medication and not describing dose or name of medication in most cases. Prompted medication kept by client.
6. Have they reported any drug errors to safeguarding?		✓	
7. Is there evidence of internal medicines audits?		✓	
8. Have all staff received BLS and First Aid training?	✓		Out of date, no evidence of annual updates or mandatory training.
9. Is there a first aid box?	✓		Several, but not checked regularly.



<b>Workforce Recruitment Processes and Competency – Outcome 12</b>			
<b>Findings</b>	<b>Yes</b>	<b>No</b>	<b>Evidence / Recommended Actions</b>
<b>Recruitment</b>			
1. Are staffs personal files kept securely and in good order?		✓	<b>Unable to review kept outside centre by HR department.</b>
<b>Staff Training</b>			
1. Have all new staff received induction?			Unable to see evidence or training pack. The majority of staff have been at centre for years in some cases since centre opened 27 years ago.
2. Have agency staffs received induction?		✓	Unable to check.
3. Are there checks to ensure agency staffs are up to date with their training requirements?		✓	Chef agency unable to check.
4. Is all staff compliant in their mandatory training needs?		✓	
5. Is there evidence of staff supervisions?		✓	
6. Is there a training plan to ensure all staff receive appropriate updates and mandatory training		✓	Reviewed individual loose packs of each staff training out of date.
7. Are there sufficient staffs for the number of residents? This can be confirmed by them explaining dependency tool they use to calculate?		✓	
8. Are staff trained in dementia care?	✓		
<b>Staff Competence</b>			
1. Has all staff had performance review?	✓		Manager informs us that they do 6-12mths. No records available.
2. Do staffs receive clinical supervisions of their practices?		✓	
3. Is there evidence of sharing lessons learnt from complaints or RCA reports?		✓	
4. Are there any staffs under disciplinary procedures?		✓	

Clinical Governance – Outcome 16			
Findings	Yes	No	Evidence / Recommended Actions
1. Are policies available for staff?		✓	
2. Are there up to date clinical guidelines and procedures?		✓	
3. Is there evidence of ICP audits?		✓	
4. Is there evidence of falls audits?		✓	No falls register.
5. Is there evidence of records audits?		✓	Records kept on site for last 27 years.
6. Is equipment maintained?		✓	
7. Do you have an equipment inventory and resource folder?		✓	
8. Is there a risk register?		✓	
9. How many safeguarding cases have been reported in the last 12 months?		✓	None of the staff understand the process.
10. How many incidents /accidents have been recorded in the last 12 months?			Unknown loose in box no register or trends tracking.
<p><b>Additional points re management and governance:</b></p> <p>The records were substandard and noncompliant to all elements of information governance and record keeping guidelines. There are no risk assessments of daily records in care plans. The manager has a good relationship with her team and very passionate about her clients right to choice and care.</p> <p>There is an emphasis on fund raising in order to provide equipment and trips. Concern that the environment is fire, health and safety and infection control risk because of stocks of donations.</p> <p>Financial procedures are in place for handing of money re client's daily visits with money locked in safe on site, but poses risk to staff re handling of charitable funds.</p>			

## Summary of Inspection Findings:

The staff and manager at the centre are a dedicated, kind, caring team who have worked in the service for many years. The clients are happy, look well groomed and are encouraged to be independent with the average age of attendance being 80. However, there is insufficient staff for the 40/50 clients that attend daily, with particular concerns about only one carer being on hand to deliver bathing duties. Staffing levels are also of particular concern during the first part of the morning and from mid afternoon onwards, when some of the carers are diverted to pick up and drop off duties for clients. The record keeping is not to the required standard and staff training needs updating. The environment is poor with several health and safety concerns noted throughout the building. The overall infection prevention and control score was 53%, meaning that Glamis Hall is rated as a red risk property. A green compliant property would have to score 95%, but the care homes we have recently visited tend to score an average of 80-85%. Most of the environmental issues could be resolved with a deep cleaning programme and weekly cleaning schedule, however there remain a number of issues that require investment to improve the fabric of the building to an acceptable standard in terms of safety of the clients and proper infection prevention and control. Examples include the need to replace damaged flooring in a number of areas including toilets and the main hall (dining area), widen doors for easier wheelchair access, provide secure storage for towels in cupboards that are away from toilets and protected from cross contamination and complete redecoration throughout the building to address exposed wood and flaking paint on walls. It is understood that the financial implications of the generally poor state of the building's condition have been the subject of previous reports. De-cluttering of fund raising donations is urgently required to reduce health and safety risks and fire hazards. All residents need risk assessments and care plans and daily records need to be maintained. The incident process needs to be captured in a register and analysis undertaken of the volume and categories occurring. The staff need to urgently attend safeguarding training and review some clients. The team were unable to check staff recruitment and driving checks as personal files are kept off site. During the visit there were challenges from a client (DC) regarding the team site review and a camera crew turned up. Pointing cameras at windows is of concern to vulnerable people. The manager and staff are stressed at the continuation of disruption they are receiving and the effects it is having on their clients. In summary, the following actions are seen as requiring urgent action;

- Bathing facilities should be withdrawn until health and safety issues raised around resourcing levels and the physical environment have been addressed.
- Deep clean and de-clutter- as per health and safety/fire legislation.
- Archiving to be managed (25 years' worth in the building) – as per governance guidelines and fire legislation.
- Documentation to be reviewed as per essential standards of care CQC / Governance guidelines.
- Safeguarding training for all staff.

This review was carried out in accordance with the Care Quality Commission's (CQC) personal care standards, adapted for use in a day care centre. Whilst it is acknowledged that day care centres are not regulated by the CQC, Glamis Hall should be providing care that it is consistent with CQC standards. Based on the findings of this review, the care provided at Glamis Hall does not meet CQC personal care standards.