

Ultimate Care Limited

Sowerby House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sowerby House is a residential care home providing accommodation to people who require nursing or personal care to up to 51 people in one adapted building, across two floors. The service provides support to older people and young adults who may be living with dementia or physical disabilities. At the time of our inspection there were 32 people using the service.

People's experience of using this service and what we found

People were not safe. The risks to people had not always been assessed and more detail was needed in the care plans to ensure staff knew how to manage and mitigate the risks to them.

There was insufficient staff to meet people's needs. People and staff reported delays in responding to call bells and people's care preferences were either not recorded or followed by staff. Staff did not always benefit from training and constructive supervision to support them in their role.

Effective infection, prevention and control measures were not in place and the service was unclean, putting people at risk of infection. Cleaning tasks were not completed in the expected time frame and domestic staff were under pressure due to gaps in recruitment.

People were supported to have their medication when needed, however the management and storage of some medications was not safe and put people at risk.

Appropriate safeguarding processes had not been followed which meant people were at risk of being deprived of their liberty without lawful authority. We asked the provider to take action to rectify this without delay.

Quality and safety checks were in place however, these failed to highlight all the shortfalls found on inspection. Where audits had indicated areas to improve, action was not taken in a timely manner.

People could take part in activities however; these were tailored more to those people in the communal areas which left the people who were cared for in their rooms with little stimulation and at risk of isolation. We made a recommendation about this.

Complaints were recorded and investigated by the management team. However, it was unclear if lessons had been learnt and improvements made when shortfalls were found. We have made a recommendation about this.

People were not supported to have maximum choice and control of their lives and staff did not support them in their best interests; the policies in the service promoted a person-centred approach but staff practice contradicted this.

Staff were seen to be caring and wanting to do what was best for people however, limitations on their time meant people were not always in receipt of effective care, based on their preferences.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 06 August 2021 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 16 April 2021.

The service remains rated as requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service and in part due to concerns received about the standards of care people received. A decision was made for us to inspect and examine those risks. We also needed to provide a rating under the new provider.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

As a result of the inspection the manager developed an action plan in relation to the concerns raised and plans to review their practice to help mitigate the risk to people.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the safety of the service, staffing levels and staff's ability to provide person centred care. We have also identified a breach in relation to the governance and oversight of the service and the providers ability to ensure service users are protected from abuse and improper treatment.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sowerby House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors and an 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.

Service and service type

Sowerby House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sowerby House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. The provider had successfully recruited a manager on, 8 June 2022, who was currently going through the registration process.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with the manager, the operations manager and ten people who lived at the service as part of the inspection. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and supervisions.

After the inspection

We reviewed a variety of records relating to the management of the service and to spoke with five relatives and five staff members. We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people had not always been fully assessed, monitored or managed. Risk assessments had not been completed and those that were in place needed further information to ensure all risks had been assessed. For example, one person's risk assessment for falls did not include all known behaviours which increased their risk, which meant their safety had not been fully assessed.
- Care records were currently under review however, information in many areas was inconsistent and records were not always complete. Daily fluid targets were not always met and there was no indication that action had been taken. Repositioning records showed these occurring outside of the desired time frame and safety checks implemented as a result of an incident had not been taking place.
- Safety checks and fire drills were taking place however when shortfalls were indicated it was unclear if action had been taken. For example, the recent fire drill indicated a senior staff member did not feel confident in taking charge in the event of a fire but there was no record that this concern had been addressed.
- The fire risk assessment was out of date and some recommendations made by the fire officer had not been actioned. For example, it was advised that combustible materials should be stored at least 6 meters from the building however these were still in close proximity of the building when inspected.

People had not been harmed at the time of the inspection however the failure to assess, monitor and manage the safety of the service increased their risk of harm. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were not enough staff to ensure the needs and preferences of the people were met in a safe and timely manner. A dependency tool was used to calculate the staffing levels required however; this did not reflect the true needs of the people. Staff members told us that people's needs differed from that of the tool.
- People told us staffing level sometimes impacted on their care. They said staffing pressures meant long wait times and social interactions throughout the day were limited. One person who was mostly cared for in their room, told us, "A lot depends on what staff are available. They do come in but it's usually because of something they have to do like, offer food, washing or apply cream."
- Observations carried out during inspection showed certain areas of the home were left without staff support. We observed people calling for help and reassurances could not be offered to them as staff were deployed in another part of the service.
- Relatives also shared these concerns. One relative said, "There is a problem with the call bell being answered in a reasonable time, which just shows how stretched the staff are." Another said, "I can't help

wondering if lack of staff time means [relative] misses out and could be at risk of unsafe care."

Failure to ensure sufficient numbers of suitably qualified and skilled staff is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- The provider failed to ensure the safe management and storage of some medications. People were found to have topical medications in their rooms which did not belong to them. Although we could not see any person had been harmed, there was an increased risk of them being administered a medicine that had not been prescribed for them.
- The process of recording variable dose medication was insufficient. Guidance for staff on how to manage this medication was not provided resulting in stock inaccuracies in the medication records.
- Body maps were used to enable staff to determine where to appropriately place pain managing patches however, some people did not have a record in place when needed. We also found the removal of the patches was not recorded which does not follow best practice guidance.

Failure to ensure the proper and safe management of medicines is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were administered by a competent person. 'When required' medicines were available to people, but more detail was needed in the protocols to consider their communication needs.

Preventing and controlling infection

- Effective infection prevention and control measures were not in place. The service was visibly unclean on the day of the inspection which increased the risk of infection.
- Cleaning schedules were in place, however these showed multiple missing entries. Weekly cleaning tasks such as mattress cleaning were not consistently completed. Some weekends were left without cleaning due to staffing shortages.
- The provider had tried to address this by employing additional domestic staff however, additional measures were not put in place for the interim period.

Failure to manage the risk associated with infection, prevention and control is a breach of Regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- The service did not always learn from when things went wrong. Accidents and incidents were reported but it was unclear if lessons had been learnt and action had been taken to improve.

Failure to improve the quality and safety of the service was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Policies had been developed for staff to follow to help safeguard people from the risk of abuse.
- Training was offered to staff to help build their knowledge on what abuse is and how to manage this within the service.

Visiting in care homes

The service supported visits for people living in the home in line with current guidance. Visitors were not

restricted, and people could choose where they held their visit. Visitors were encouraged to wear masks and additional areas of the service could be used to facilities visits during an outbreak of Covid-19.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed but people's choices were not always known or followed. Care records were used to record care needs however, these needed more information to be effective and person centred.
- People lacked choice of support offered. Their wishes and preferences had not been followed by staff. For example, one person preferred to have a bath twice a week however, records showed only bed baths were provided. We also observed a person's request for additional snacks be turned down by staff.

The failure to ensure care and treatment meets the needs and preferences of the people is a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff supported people to access other healthcare services making appropriate referrals and gaining support from district nurses when needed.

Staff support: induction, training, skills and experience

- Staff could demonstrate their skills and experience however, many staff members needed refresher training to ensure their knowledge was up to date and in line with best practice. The training matrix and provider audits highlighted this concern but action to address this was slow.
- Staff had not been consistently supported in their roles. There was some evidence of appraisals taking place however, supervisions had not been complete in line with the providers policy. Staff reflected the lack of support within recent feedback surveys.

Failure to ensure staff received support, supervision and training was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager was trying to address the issues found on inspection and had implemented and planned supervisions for the team.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink. However, staffing availability meant the time spent with some people was limited during mealtimes. We observed staff in the dining area, but staff were not available in the

main living quarters to offer reassurance and support to those who remained in their rooms.

- One relative told us they witnessed their relative becoming distressed as staff moved them from their room to the dining area to have their meal. The relative told us, "I think it was that they didn't have staff availability to support [person] eating in their room."
- There were mixed reviews about the quality and availability of the food and drinks in the service. People told us the quality depended on which chef was available that day. One person told us they would not be offered a drink on the evening.

We recommend the provider review the dining experience in the service, considering current best practice guidance and update their practices.

Feedback was provided to the manager at the time of the inspection so they could take action to address these concerns.

Adapting service, design, decoration to meet people's needs

- The design of the service met people's needs. However, more work could be done to help support people living with dementia. For example, many of the doors leading to the ensuite facilities were similar to the wardrobe doors. This could cause confusion for someone living with dementia. The provider took action during the inspection to improve this, adding additional signage where needed.
- Some people's rooms were personalised. However, more work was needed in this area. For example, one person did not have any personalised items in their room and there was no evidence to suggest that this was their preference.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Principles of the MCA were not being followed and implemented.
- Systems in place to apply for, monitor and renew people's deprivation of liberty safeguards were not robust enough to ensure the correct safeguards were in place.
- Best interest records were not always in place and some people had 'Do not attempt cardiopulmonary resuscitation' (DNACPR) documentation implemented without correct consultation.

Failure to ensure people were not deprived of their liberty without lawful authority is a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People did not always feel well supported by staff. One person told us, "Some get impatient, but they all do what has to be done." Many interactions between people and staff were task focused and people were at risk of isolation.
- Staff who we spoke with were caring and wanted what was best for the people however, they shared their frustrations about their limited time to offer meaningful support. One staff member told us, "All of the staff are trying so hard."
- Although people told us the care provided was task orientated, interactions between staff and people were caring and supportive. Relatives gave positive feedback about the care they had witnessed, one relative told us, "Their love and care is keeping [person] alive and in good spirits. I never have any worries about their approach."

Supporting people to express their views and be involved in making decisions about their care

- People were not always supported to express their views and be involved in making decisions about their care. It was not clear if people had been involved in creating their care records, so their views were either not recorded or known.
- Recent feedback questionnaires reflected that people felt more work was needed to ensure they were included in the decisions when making changes to the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was not always promoted. Staff could be task focused which meant they did not always treat people with dignity. One person told us, "The staff vary. I like it when they explain what they are going to do, but some don't and it's not nice being done to."
- People's independence was restricted. People told us they would like to have other opportunities, but this was not offered or developed by the staff. One person told us, "I think I could manage being pushed in the garden, but it hasn't been offered." Another said, "I would be able to make a cup of tea myself if there was somewhere to do it."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- When a complaint or concern was raised this did not always lead to an improvement in the quality of care. Acknowledgements to concerns were provided, however the response did not include ways the service was going to improve.
- Relatives and people knew how to report concerns however, some people did not want to do this from fear of receiving bad care as a result. One person told us, "If you ask them to do something, they can treat you bad." We raised this concern with the manager at the time of the inspection.
- Staff told us they had raised concerns but action had not been taken by the interim management team to address the issues. It was only when the new manager was in post that action was taken.

We recommend the provider review their complaints handling process considering best practice guidance and consider the standards set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were not always supported to take part in activities. The provider had recently employed an activities coordinator who was developing the choice of activities available to people. However we found that most activities were tailored to the people who visited the communal areas, and little was offered to people in their rooms.
- We received mixed feedback from people regarding the activities. People who were able to enjoy them felt there was enough happening. However, those less able told us they only occasionally saw the activities coordinator and support was not always offered to them to follow their interests in an accessible way. For example, a person who lived at the home enjoyed reading but was no longer able to do this independently. They told us, "I would love to be read to. I've heard about audio books, but I don't know what they actually are or how to get them. If I was in the real world rather than here, I would try to find out."

We recommend the provider reviews how they support people at risk of social isolation to reflect person-centered care in line with best practice guidance.

- People were supported to have relationships with their families, some people had regular visits and staff supported people to use the telephone to stay in contact.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care provided did not always meet the people's needs and preferences. Care records needed more detail to ensure staff were aware of their preferences and where preferences had been indicated these were not always followed.
- Care records were currently under review and information such as people's life histories and interests had not yet been detailed in the care records. Some staff seemed to know the people well and acted on their wishes however, records did not currently reflect people's needs and preferences.

End of life care and support

- End of life care plans were in place however these lacked the detail needed to ensure people's wishes were known and met.
- Staff are given training on end of life care to help their understanding and skills in this area.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The communication needs of the people were met and staff ensured people could understand the information given to them. For example, the dining menu was accessible verbally, written and in pictorial form to help people make an informed choice.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Monitoring systems had been developed for the quality and safety in the service, however these needed developing to ensure all areas of the service were reviewed. For example, call bell wait times had been raised as a concern however the check implemented within the daily walk around was not sufficient and it had failed to identify the concerns raised during this inspection.
- Where audits had highlighted areas of improvement, appropriate and timely action had not been taken to address these areas. It was unclear if actions on the audit logs had been implemented to help improve the service.
- Accidents and incidents had been recorded however, these were not always reliable as some accidents were missing from these logs. When an incident had occurred, we found records were incomplete and it was unclear what lessons had been learnt.

Failure to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff had been asked to share their views of the service. However, it was unclear if their comments had prompted change and improved care. The provider installed a 'What you said, what we did' board for feedback from relatives. However, there was no evidence that improvement had been prompted from the feedback of people and staff.
- Relatives told us they would like more communication from the provider, as information had been limited and they were unclear of the new management in place. One relative told us, "We had a letter introducing the new owners, but I don't know any of the management team."
- Feedback in the form of concerns and complaints shared with the CQC and other organisations had not been used to improve the service. The service had received feedback previously about staffing levels, records and food and fluid support but we still found these concerns during this inspection.

Failure to use feedback to improve the quality and safety of the service was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- There was not always an open culture in the service. People felt reluctant to share their views and staff reflected on the difficulties in coping with changes in management while the provider recruited to the post.
- Staff had not always been supported when raising concerns and giving feedback on care. They told us they had reported concerns, but these were not followed up by the previous management and they felt unsupported throughout the change in provider. This is an area the new manager is looking to address.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibilities to be open, honest and to apologise if things went wrong.

Working in partnership with others

- The service worked with other professional agencies however, more work was required to improve their relationship. For example, district nurses supported the home daily however, effective management systems were not in place to ensure a consistent handover of care. This had been highlighted to the manager who was working to improve this.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to ensure care and treatment met the needs and preferences of the people. Regulation 9 (1) (a) (b) (c)
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure that risks to people were assessed, mitigated and monitored. The proper and safe management of medication was not in place and the provider failed to ensure effective infection, prevention and control processes were in place which increased the risk of harm to people. Regulation 12 (1) (2) (a) (b) (g) (h)
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider failed to ensure people were not deprived of their liberty without lawful authority. Regulation 13 (5)
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider failed to assess, monitor and improve the quality and safety of the service.

Regulation 17 (1) (2) (a) (b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider failed to ensure there were sufficient numbers of suitably skilled staff deployed to meet the needs of the people.

Regulation 18 (1) (2) (a)