# Regal Care Trading Ltd

# Cheney House

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

This unannounced inspection took place over two days on 22 and 23 February 2017.

Cheney House is registered to provide residential care for up to 34 people, including people who may be living with dementia. At the time of this inspection there were 32 people living in the home.

The service did not have a registered manager in post at the time of our inspection. 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.

The location had been without a registered manager since October 2016. The provider had appointed a new manager who had applied to the Care Quality Commission (CQC) to become the registered manager for the service.

Appropriate systems and processes were not in place to assess, monitor and improve the quality and safety of the service. Quality assurances processes were not always effective at identifying shortfalls and where shortfalls were identified these were not always addressed in a sufficiently timely manner to minimise the impact on people.

Staff recruitment procedures needed to be strengthened to ensure that all necessary risk assessments had been completed as part of staff selection process. Although there were enough staff on duty the way in which they were deployed meant that they were not always able to meet the needs and choices of people living in the home.

Staff had an in-depth understanding of peoples care and support needs and understood how to care for them safely. However individual care plans and risk assessments were not personalised or accurate and provided conflicting information regarding people's needs. This was discussed with the provider and they began an immediate review of all care plans and risk assessments in place.

People were supported to take their medicines as prescribed, however staff did not always follow the provider's policies and procedures when administering medicines. Records showed that medicines were obtained, administered and disposed of safely.

People were supported to maintain good health and had access to healthcare services when needed; relevant health care professionals were appropriately involved in people's care. Staff supported people to have sufficient amounts to eat and drink to help maintain their health and well-being.

People felt safe in the home and relatives had no concerns about people's safety. Staff understood the need

to protect people from harm and abuse and knew what action they should take if they had any concerns. Staff received an induction to their role and training in areas that enabled them to understand and meet the care needs of each person. People received care from staff that were friendly, kind and thoughtful and their right to privacy and dignity were respected.

People's consent was sought prior to care and support being delivered by staff. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

There were opportunities for people and their families to share their experience of the home and the provider and manager actively sought feedback from people. Staff were aware of the importance of managing complaints promptly and in line with the provider's policy.

At this inspection we found the service to be in breach of one regulation of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The actions we have taken are detailed 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?

**Requires Improvement**

The service was not always safe.

Recruitment procedures needed to be strengthened to ensure the suitability of staff to work in the home.

Staff deployment needed to be adjusted to ensure that there were enough staff to meet people's needs consistently.

Systems were in place to manage medicines in a safe way and people were supported to take their prescribed medicines; improvements were needed to ensure that staff followed the policies and procedures in place.

The individual risk assessment framework in place was generic and needed to be personalised to the individual to ensure that they consistently received safe care.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

### Is the service effective?

**Good**

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to
ensure they had the skills and knowledge to support people appropriately.

People's nutritional needs were met.

People were supported to access appropriate health and social care professionals to ensure they received the care, support and treatment that they needed.

### Is the service caring?

**Good**

The service was caring.

Staff had a good understanding of people's needs and preferences and worked with people to enable them to communicate these.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

The assessment and care planning process did not ensure that records accurately reflected people's current needs and care requirements.

Staffing deployment impacted on the ability of staff to consistently support people with activities.

People were listened to and their views were acknowledged and acted upon.

People using the service and their relatives knew how to raise a concern or
make a complaint and a system for managing complaints was in place.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

People were not assured of a good quality service as there were insufficient systems and processes in place to effectively monitor the quality of people's care.

Where shortfalls in the quality of care provided had been identified the actions required to implement improvements had not been taken quickly enough.

People, their families and staff were encouraged to share their experience of the home to help drive improvements.

A manager was in post, they had applied to register as the manager for the service with the Care Quality Commission (CQC).

They were active and visible in the home and provided staff with regular support and guidance.

# Cheney House

**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 22 and 23 February 2017. The inspection was unannounced and was undertaken by 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.

Before the inspection, the provider completed 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. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During our inspection we visited the home and spoke with four people who used the service and six relatives. We spent some time observing care to help us understand the experience of people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eleven members of staff including care staff, housekeeping staff, kitchen staff, the manager and area manager, we also spoke with a visiting community nurse. We looked at seven records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

Requires Improvement

# Is the service safe?

## Our findings

People were not protected against the risks associated with the appointment of new staff. The provider had not assured themselves of the suitability of staff as they had not consistently acted upon the findings of unsatisfactory Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out criminal record and barring checks on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions. We found two instances where the provider had not recognised that staff members DBS checks had highlighted potential concerns; they had not carried out a risk assessment to assess the staff's suitability to work within the home. We brought this to the attention of the provider; they took immediate action by completing a risk assessment.

People could not always be assured that staff were of sufficiently good character to work in the service. The provider had not consistently followed their own recruitment procedure; they had not obtained two written references for new members of staff. We brought this to the attention of the provider and they took action to acquire staff's written references.

People were at risk of receiving care from staff that were not suitable to provide care to vulnerable adults. The provider did not follow their own recruitment policy or procedure. Although the provider took immediate action to rectify the issues identified by us at the time of inspection, their recruitment practice had not been embedded.

Staff did not always follow the medicines policy and procedures designed to ensure that people received their medicines safely. For example we observed a member of staff sign to say that they had administered medicines before they had been administered. We also observed that staff did not always follow the pharmacy instructions when administering medicines. For example a medicine that should be given on an empty stomach, was administered after the person had eaten breakfast; there was a risk of side effects that could be detrimental to the person's health. We brought this to the attention of the manager; they recognised the risks involved and agreed to ensure that this practice did not continue in the home. Staff had received training prior to taking responsibility for medicines administration and although their competencies had been checked, staff put people at risk of not receiving their medicines as prescribed as they did not always follow the medicines procedure.

People could not always be assured that their current care needs would be met in a safe way as staff did not consistently record or handover information regarding accidents and falls between shifts. For example one person had fallen in the night, we observed that the night staff failed to follow the procedures and did not record the fall and their subsequent checks in the accident forms or tell the day staff that the person had a fall. The poor communication meant that day staff were not aware they needed to follow up observations on the person following the fall. Some staff were not recording accidents on the correct documentation resulting in a lack of consistent follow up when people had experienced an accident or fall. We looked at records of previous handover meetings and saw that information was usually communicated effectively and where people had experienced falls, appropriate intervention took place and timely medical intervention was sought.

People could not always be assured that care staff were deployed effectively to meet their needs. The manager used a dependency tool to calculate how many staff were required to meet people's needs, however, the rotas showed that the staffing levels did not always meet the levels required. We observed that staff worked well together as a team, and endeavoured to provide people's care, however, care staff told us they had to rush to ensure people's needs were met. One member of staff told us "Carers are moved from care to do laundry or the kitchen; it means that we struggle to get the laundry done but we just work harder to make sure people get the care they need." On the day of our inspection, one member of care staff was deployed to the kitchen. People who used the service and their relatives told us they told us that they thought that there were usually enough staff but that they were very busy. They said that staff worked hard to meet people's care needs but the lack of staff impacted on other areas such as the laundry service. One person said "There is no laundry person, so the carers are trying to get the laundry done." Another person said "I press the buzzer and call them; it varies when they turn up, not too long most of the time," One person's relative said "They [staff] are sometimes very busy but I always feel that they are watching over people." The provider used agency staff on a regular basis and the manager told us that they continually tried to recruit permanent staff but had found it difficult to attract staff due to their rural location.

People were assessed for potential risks such as moving and handling and skin integrity, however, there was no clear system for updating risk assessments to reflect people's current needs. The service had implemented a new computerised system to record all people's risk assessments but there was not enough oversight of the information to identify where people's needs had changed. For example, we saw that one person was receiving care in bed and were at high risk of pressure ulcers, but their risk assessments did not reflect this. However, we observed that staff knew people well and demonstrated that they adapted the level of support they provided depending on the person's support needs. One member of staff described how they supported one person who was at risk of pressure sores, saying; "We monitor [Name's] skin for any red areas when we help them with personal care. If we are concerned we contact the district nurses, it's important to make sure they are kept clean and dry and turned regularly."

Safeguarding policies and procedures were in place and were accessible to staff. Staff were aware of safeguarding procedures and had received training in safeguarding. Discussions with staff demonstrated that they knew how to put these procedures in to practice and staff described to us how they would report concerns if they suspected or witnessed abuse. The manager had submitted safeguarding referrals when necessary, which demonstrated their knowledge of the safeguarding process.

People lived in an environment that was safe. There were environmental risk assessments in place and a list of emergency contact numbers was available to staff. Contingency plans were in place in case the home needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation. Health and safety matters were discussed in staff meetings.

Good

# Is the service effective?

## Our findings

People's needs were met by staff that had the required knowledge and skills to support them appropriately. New staff received an induction which included computer based learning, practical training and shadowing experienced members of the staff team. The induction included key topics on moving and handling and safeguarding vulnerable adults. Newly recruited staff also undertook the Care Certificate; this is based on 15 standards that provide staff with the introductory skills, knowledge and behaviours to provide quality care and support.

Staff received mandatory training such as first aid, dementia and mental capacity. Additional training to meet people's particular needs included virtual dementia training; which aimed to provide staff with a better understanding of people's experiences living with dementia. There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed and training requirements were regularly discussed as part of supervision.

People's needs were met by staff that were effectively supported and supervised. Staff were able to gain support and advice from senior care staff and the manager when necessary and regular supervision meetings were available to all staff. The meetings were used to assess staff performance and identify on-going support and training needs. One member of care staff said "I have regular supervision with the manager, we talk about the care needs of people; such as safeguarding and nutrition and there's always time to talk about how I'm getting on."

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Care staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. The registered manager and care staff were aware of, and understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and applied that knowledge appropriately.

Staff assessed people's risks of not eating and drinking enough by using a Malnutrition Universal Screening Tool (MUST) and referred people to their GP and dietitian when they had been assessed as being at risk. Staff followed guidance from health professionals to ensure that people were able to have adequate food and drink safely; for example where people required nutritional supplements we saw that these were provided. Staff were aware of people's individual dietary needs, for example one person required a soya free

diet and we saw that they were provided with this.

People received the support that they needed to eat and drink enough to help maintain their health and well-being.  People were provided with a choice at mealtimes and an alternative if they did not like what was on the menu. One person said "Breakfast is good; I often have a cooked breakfast." Another person said "lunch is very good; chef comes out to make sure we are happy most days." People's relatives told us that staff were available to help people with eating and drinking if they required support; one person's relative said "The food is great, the staff help [Name], with all their meals. [Name] eats well and always has a drink in front of them." We observed breakfast, lunch and tea being served and staff were available to support people as needed.

People had access to health care support when they needed it. Records showed that staff had promptly contacted health professionals in response to any deterioration or sudden changes in people's health and acted on the instructions of the health professionals. One person's relative told us "[Name] has a swollen foot; the staff contacted the doctor and also let me know that they were concerned." We saw evidence of regular health checks taking place and people were supported to access a range of healthcare professionals such as the podiatrist, optician and community mental health team.

Good

# Is the service caring?

## Our findings

People had developed positive relationships with staff. Staff knew people well and people were treated with respect and compassion. One person said "I can't fault the girls [staff], they are fantastic." Another person's relative said "I think the staff know [Name] well, I would say some of them really love her; she is always smiling and I would say she is very happy here." Another person's relative said "They seem to run it like a big family; it seems like a very happy place." People were relaxed in the company of staff and had developed caring relationships.

People told us that their family could visit whenever they liked and were always made to feel welcome. We spoke with one person's relative who described how they were always offered refreshments when they visited; they said "We are always offered drinks and have been asked if we want to stay for lunch many times." Another person's relative said "The staff are very caring, not just about [Name] but about me as well."

Staff were knowledgeable about people's life histories and things that were important to them; people's care plans contained detailed information about their previous lives. We observed staff encouraging people to talk about their families and interests; it was clear that people gained enjoyment from this. One person's relative said "It's fantastic; the staff know [Name] as well as I know them."

People were encouraged to express their views and to make choices. There was information in people's care plans about their preferences and choices regarding how they wanted to be supported by staff and we saw that this was respected. One person's care plan described how it was very important that their hands were kept clean and that they did not like to have bare legs; we saw that staff ensured that they had their legs covered and their hands were clean.

People were able to choose where they spent their time. Some people enjoyed spending time in the communal areas of the home and other people preferred to remain in their rooms. One person's relative told us "[Name] has their meals in the lounge at their table; it's what they want so they are happy." People who had chosen to spend time in their rooms told us that this was their choice and said the care staff respected their decision. People's bedrooms had been personalised with their own belongings, such as photographs, ornaments and mementos to help people create their own personal space.

Staff knew people well and understood the importance of supporting people to maintain their independence. One member of staff said "We really try to get people to do what they can; for example if they can walk we encourage them to walk". People's dignity and privacy was supported by care staff; we observed that staff ensured that people's bedroom doors were closed when providing care, one member of staff told us "When I'm helping someone with personal care I always make sure that curtains are closed, I talk to the person, tell them what I'm doing, let them do what they can do in their own time and don't rush them". Staff understood the need to maintain confidentiality, we saw that staff ensured conversations about people's care and support took place where others would not overhear.

Requires Improvement

# Is the service responsive?

## Our findings

People's care plans did not always reflect their current needs, for example one person's health had recently deteriorated but their care plans had not been consistently updated to reflect their current needs. Care plans were recorded on a computerised system; we saw that some of the detail was generic. Care plans were not personalised to people's needs and preferences. We brought this to the attention of the manager who acknowledged they needed to review how the electronic system used to generate assessments and care plans was utilised.

People did not always receive the care and support they required consistently or in the way they wanted because care staff were often deployed to cover kitchen and laundry duties. People told us that they had more access to interaction and activity when the home was fully staffed and that this had a positive impact on their wellbeing. One person said "I don't think there are always enough staff, I'm happier when there is more to do."

Staff were not consistently able to support people to engage in sufficient activities or provide sufficient one to one time. One person's relative said "They could do with some activities over the weekend, not just Monday to Friday." Staff told us that they could not cover additional housekeeping duties as well as supporting people with activities, one member of staff said "When we are fully staffed we can spend one to one time with people, for example to do their nails, we can't do it when we're covering other jobs." Whilst staff had limited availability to support with activities the manager had arranged for an increase in outsourced entertainment such as musicians and singers to visit the home. One person told us about an activity they had enjoyed, saying "We had a couple of Shetland ponies come to the home a few weeks ago; it was a real surprise and good fun."

Staff ensured that people who had increased support needs received appropriate support; we saw that people were tended to in a timely manner. For example people were consistently repositioned as needed and we observed staff providing appropriate support to a person who was particularly anxious. One person's relative said "There are regular staff and they are on the ball helping people and looking out for people, for example when they are slipping off of a chair or trying to stand up or shouldn't be on their own or look as though they're struggling." Staff told us that they were not able maintain this level of care and meet all of the needs of the people living in the home when they were deployed to cover kitchen and laundry duties on a regular basis.

People's care and support needs were assessed before they came to live at Cheney House to determine if the service could meet their needs. This assessment was carried out by the manager who shared the outcomes of the assessment with staff. Initial risk assessments and care plans were produced and these were monitored and updated as necessary.

There was a complaints policy and procedure in place and complaints were logged and investigated promptly and thoroughly by the manager.  People and their relatives told us that they knew who to speak to if they were unhappy with any aspect of the service. Staff were knowledgeable about how to respond to

complaints, one person's relative said "I would speak to the manager about any concerns and I am confident that they would deal with them".

Requires Improvement

# Is the service well-led?

## Our findings

At the time of the inspection there was no registered manager. The location had been without a registered manager since October 2016. The provider had appointed a new manager who had applied to the Care Quality Commission (CQC) to become the registered manager for the service.

The provider did not have sufficient systems and processes in place to assess, monitor and improve the quality and safety of the service. The provider had appointed a new manager but had not provided suitable oversight or support.

The provider's quality monitoring audit in November 2016 identified areas for improvement. They had allocated the manager to complete actions to drive improvements. However, the manager was isolated as they did not have a deputy manager in the home and the area manager had been deployed elsewhere. We saw that the manager had completed some of the actions but their progress had been hindered by the low staffing levels and lack of managerial support. The provider failed to complete the next quality audit in December 2016 and no other provider audits had been carried out in the last two months. The provider had not ensured that enough resources were allocated to monitor the service or drive the necessary improvements.

People could not be assured that they received care from suitable staff as the recruitment processes were not followed. The provider did not have suitable processes in place to identify that people were at risk of receiving care from staff who may be unsuitable to provide care to vulnerable people. People were at risk due to the lack of oversight of the management of medicines. Staff did not follow the medicines policy and procedures and the provider did not have a system to identify this.

The provider did not have a system to monitor the effectiveness of the recording and handover of information between staff. This had led to day staff being unaware of a person falling the previous night.

Quality assurance processes were not consistently effective at ensuring the actions required to implement improvements were taken in a timely way. The provider had identified that staffing deployment and levels were not always meeting people's needs but there had not been a timely response by the provider to ensure adequate staffing in all areas of the home. The manager's care plan audits did not identify that people's care plans were generic and that people were not involved.

This constitutes a breach of Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

People said that the manager was approachable and they had confidence in their ability to manage the home. People, their relatives and staff consistently told us said that the manager had made many improvements to the service since they had been appointed and that these improvements had impacted positively on the quality of care provided. One person said "I can talk to the manager anytime I want, I can be a bit bashful on voicing my opinion sometimes but I can tell them anything. They do come and ask me

things now and again, see how I'm getting on." One person's relative said "[Manager] has made such a difference for the good since they have become manager, nothing is too difficult for them; you can see the changes they have made". Another person's relative said "[Manager] has real integrity, they have the care of people at heart and we can't praise them enough". The manager demonstrated clear understanding of their responsibilities for the way in which the home was run on a day-to-day basis and for the quality of care provided for people in the home.

Staff understood their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people in the best way possible. Staff were confident in the manager's leadership and found them to be approachable and friendly. They told us that they felt able to ask for support, advice and guidance about all aspects of their work. "You can go to [Manager] about anything, they always say if you have any problems with anything talk to me." We observed that the manager had an open door policy and was accessible to staff and people living in the home; working alongside care staff to provide clear leadership and support.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role, such as safeguarding people and mental capacity. Staff were aware of the whistleblowing policy and were able to explain the process that they would follow if they needed to raise concerns outside of the company.

Regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run. The content of staff meeting minutes demonstrated a positive, open culture, with discussions about staff deployment, care issues and how best to support people and record keeping.

The provider carried out regular surveys of the views of people living in the home, their relatives and staff. We saw that questionnaires completed by residents and relatives had been analysed by the provider and action taken in response to comments made.

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 17 HSCA RA Regulations 2014 Good governance<br><br>The provider did not have sufficient arrangements in place to monitor the quality and safety of the care and support provided in the home. 17 (1) (2) (a) (b) (c). |