

Oakfoil Limited

# St Andrews House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out an inspection of St Andrews House on the 13 and 14 July 2016. The first day was unannounced.

St Andrew's House is registered to provide accommodation and both nursing and personal care for twenty-four people who have a physical disability. It is a large detached property located in the town centre of Barnoldswick. Specialist services provided include a physiotherapy room and a hydrotherapy pool. A physiotherapist offers individually tailored treatment programs. There were 19 people accommodated in the home at the time of the inspection.

At the previous inspection on 25 June 2014 we found the service was meeting all the standards assessed.

During this inspection visit we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to infection control practices, safeguarding vulnerable adults, training and induction and quality assurance processes. You can see what action we told the registered provider to take at the back of the full version of the report. We also made recommendations about the provision of consistent numbers of staff and improving the recruitment process and medicine management processes.

At the time of our inspection visit the service was not being managed by a registered manager. The registered manager had left the service two weeks prior to our visit. 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.

People made positive comments about the service they received and about the staff. We found a relaxed, open and caring atmosphere where people were comfortable and at ease. The number of shortfalls we found indicated quality assurance and auditing processes had not been effective as matters needing attention had not always been recognised or addressed.

People told us they did not have any concerns about the way they or their relatives were cared for. They were happy with the care and support provided and they felt safe. Staff responded to people with care, good humour and consideration. We observed good relationships between people.

Staff spoken with were aware of the action they would take if they witnessed or suspected any abusive or neglectful practice. However all staff needed update training in safeguarding vulnerable adults, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards to make sure they were able to recognise and respond appropriately to any abusive practice.

People told us they were given their medicines when they needed them. However, we found areas where improvements were needed to ensure people's medicines were always managed safely.

We found some areas of the home were not clean and hygienic and there were areas in need of attention. We noted improvements had been undertaken with a plan for ongoing development. People told us they were happy with the facilities available and had arranged their bedrooms as they wished.

The service had recruitment and selection policies and procedures and improvements were needed to ensure staff were safely recruited. There were gaps in the provision of training, induction and supervision for staff.

People were happy with the staff team and told us there were enough staff to provide them with the care and support they needed in a safe way. However, whilst staff told us they were happy working in the home the numbers of staff had not been consistent throughout the week and short notice sickness had created ongoing staffing problems.

People told us they enjoyed the meals. We noted the atmosphere was relaxed with friendly chatter throughout the meal. Staff were aware of people's dietary preferences and professional advice and support had been sought when needed.

People were able to express their views, make choices and were involved in decisions about their care. They told us there were no rigid routines and were able to participate in a range of suitable activities and supported to live their life to the full with or without staff support. They told us they were aware of how to raise their concerns if they needed to.

Everyone had a support plan, which had been kept up to date about their needs and preferences. People told us they were kept up to date and involved in decisions about care and support.

## 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

There were sufficient numbers of staff available although not always provided consistently throughout the week. Improvements were needed to ensure the recruitment process was safe and robust

Staff were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice although recent training had not been provided. People told us they did not have any concerns about the way they were cared for.

We found there were safe processes in place to support people with their medicines. However, improvements were needed to ensure procedures were followed safely.

Areas of the home were in need of attention to ensure the risk of cross infection was reduced.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

People felt staff were skilled and knowledgeable. However, there were shortfalls in the provision of training, induction and supervision of staff.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us they enjoyed their meals. People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

A number of areas needed attention to ensure the environment was safe and comfortable for people to live in. However, improvements were ongoing with a formal development plan in place.

A number of referrals under the Mental Capacity Act (MCA) 2005 had been made to help ensure people received the care and

**Requires Improvement** ●

treatment they needed. Staff understood the importance of gaining consent from people and the principles of best interests' decisions but needed training to support them with this.

### Is the service caring?

Good ●

The service was caring.

We observed staff responding to people with care, good humour and consideration. The atmosphere in the home was very relaxed and homely. The management team and staff were knowledgeable about people's individual needs, preferences and personalities.

People were able to make choices and were involved in decisions about their care. People determined their own day without any rigid routines imposed on them.

People were encouraged to express their views during day to day conversations with management and staff, during reviews and during residents' and relatives' meetings.

People and their relatives were kept up to date and had been involved in ongoing decisions about their care and support; information about preferred routines had been recorded.

### Is the service responsive?

Good ●

The service was responsive.

People were encouraged to discuss any concerns during meetings and day to day discussions with staff and management. People told us they could speak to staff or management if they had concerns and that they would be resolved.

People determined what they wanted to do and were able to participate in a range of suitable activities. There were no rigid routines imposed on them that they were expected to follow.

Each person had a support plan that was personal to them. Some people had been involved in decisions about their care.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

The service did not have a registered manager in day to day charge of the home. This meant there was no one suitably

qualified and experienced managing the home or directing nursing care and support.

People made positive comments about the service they received. There was a relaxed and friendly atmosphere at the home.

Quality assurance and auditing processes had not been completed consistently and matters needing attention had not been recognised or addressed.

There were systems in place to seek people's views and opinions about the running of the home.

Staff had access to a range of policies and procedures although had not received job descriptions and contracts of employment to help them understand their roles and responsibilities.

# St Andrews 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 was 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 13 and 14 July 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We contacted the local authority contract monitoring team and four healthcare professionals for information about the service.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the owner, the administrator, two members of nursing staff, two care staff, laundry staff, six people living in the home and two visitors. Following the inspection visit we wrote to the provider asking them to tell us about the management arrangements in place for the home in the absence of a registered manager.

We looked at a sample of records including three people's care plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and audits. We observed care and support in the communal and dining room areas during the visit and spoke with people in their rooms.

# Is the service safe?

## Our findings

People living in the home told us they were happy with the staff and they did not have any concerns about the way they were cared for. People said, "Staff are very kind. I'm happy here", "Staff come and go. I can have a laugh with them. They're okay" and "There are enough staff. I don't have to wait. The staff are great and they are easy to talk to." Visitors said, "There have been some changes recently, a few different faces which is a bit unsettling but they all seem very nice" and "There are enough staff. They are falling over themselves. I have no qualms about this place."

During the inspection we did not observe anything to give us cause for concern about how people were treated. We observed people were comfortable around staff and were happy when staff approached them. We observed staff interaction with people was friendly and caring and heard laughter and good natured banter over the two days of our inspection visit.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures are designed to provide staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. Staff spoken with had an awareness of abuse although in the absence of a training matrix it was difficult to determine how many staff had received appropriate training. The Provider Information Return (PIR) showed only four staff had received recent safeguarding vulnerable adults training. This meant there was a risk that staff working at the home may not have an understanding of abuse, may not recognise and respond appropriately to any incidents of abuse and may not be aware of the ways they should report concerns.

We found individual assessments and strategies were in place to guide staff how to safely respond when people behaved in a way that challenged the service. Changes in people's behaviour was being recorded and monitored. Staff had access to policies and procedures although had not received training in the safe management of behaviour that challenged the service. This could place people at risk of harm.

In addition, earlier in 2016 local commissioners had visited the home as they had concerns regarding the lack of safeguarding referrals made in comparison to services of a similar size. This was being monitored. Our records showed there had been no safeguarding referrals made in the last 12 months. We discussed safeguarding procedures with the owner to ensure they were aware of their responsibilities for reporting incidents and safeguarding concerns. The provider had failed to establish and operate systems and processes to prevent abuse.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements for keeping the service clean and hygienic. We did not look at all areas but found areas that presented a risk of infection. We found rough woodwork and plaster, a worn bed rail protector and a rusted shower seat. The ground floor sluice sink was dirty and malodorous and the door was open causing an unpleasant odour on the corridor near to people's bedrooms. The recommended



pedal operated bins were not available in all key areas. We looked in the basement laundry room and found there was no separate hand wash basin, the stone walls and flooring were in poor repair and could not be easily wiped down and the room was not clean. All of these presented a risk of infection.

Infection control policies and procedures were available. Without a training matrix it was difficult to determine whether staff had received training in infection control practices. However, the Provider Information Return (PIR) indicated six out of 43 staff had received infection control training. There was no designated infection control lead to take responsibility for conducting checks on staff infection control practice and keeping staff up to date. We were shown an audit that had been completed in February 2016. The audit had not identified areas for improvement or included our areas of concern. The provider had failed to ensure people were protected against the risks associated with poor infection control.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A domestic and a laundry person worked each day. Cleaning schedules were available for staff to follow. However we noted there were gaps in the records. The administrator assured us this would be followed up. Staff told us sufficient cleaning products and equipment were available. We noted staff hand washing facilities, such as liquid soap and paper towels were available in the majority of bedrooms and waste bins had been provided. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Appropriate protective clothing, such as gloves and aprons, were available. There were contractual arrangements for the safe disposal of waste.

We looked at the recruitment records of three members of staff. We found a number of checks had been completed before staff began working for the service. These included the receipt of a full employment history, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. However, on one of the three files we noted a second written reference had not been obtained prior to staff starting work at the home. We noted there were no medical assessments which would help to determine whether applicants were physically and mentally fit to undertake the role they were employed for. A record of the interview had been maintained to support a fair process and people living in the home had been introduced to applicants but had not been formally involved in the selection process. There were no contracts of employment, job descriptions or offer letters on all of the three files; this meant there was a risk staff did not have clear awareness of their role and responsibilities.

We recommend the service seeks guidance about improving the recruitment and selection process to ensure it is safe and robust.

Regular checks on the registration status and fitness to practice of all nursing staff had been completed. We noted agency nursing and care staff were being used to cover shifts. The home had received confirmation from the agency that they were fit and safe to work in the home.

Prior to our inspection we were provided with anonymous information about staffing levels. At that time we found there were shortfalls in staffing levels and the rotas did not clearly show who was on duty. Action was taken to ensure safe staffing levels and new staff had been recruited.

During this inspection visit we looked at the staffing rotas. We found the rotas did not always indicate the hours or roles worked by staff and the numbers of care staff varied from four to six each morning and three

to four each evening. On the first day of our inspection there was a nurse on duty with five care staff in the morning, a nurse and three care staff in the evening and a nurse and two care staff during the night. On the second day of our inspection a carer had rung in sick for the morning shift and the physiotherapy aide was providing cover although this was not made clear on the rota. Laundry, domestic and kitchen staff were available each day. An activity person, maintenance and a physiotherapist were available at times during the week. We noted any shortfalls in staffing numbers had been covered wherever possible by existing staff to ensure people were supported by staff who knew them.

People using the service and their visitors did not have any concerns about the staffing levels and had not noticed any change to the care and support they received. However, staff told us, "It's a nice place but there are issues with staffing. Some new staff have been taken on but it's not enough; existing staff are getting tired of covering and then they ring in sick", "It's a vicious circle. We always try to cover any gaps with our own staff but if staff let us down at short notice it's impossible to find cover" and "I don't know what the answer is. New staff come and they leave. Existing staff are tired as they are working really hard to make sure people are looked after."

We discussed our findings with the owner of the service. We were told new staff had been recruited and continued to be recruited and agency staff were requested as needed to maintain the numbers; we saw evidence of this on the rota. We were told the rotas had been reviewed and would ensure consistent numbers of staff throughout the week.

We recommend the service seeks advice about ensuring staff numbers are consistent and ensuring sufficient numbers of staff are available at all times.

We looked at how the service managed people's medicines. We found nursing and care staff who administered medicines had received training. However, regular checks on their practice had not been undertaken to ensure they were competent in this area. We were told this had been recognised following a recent review and were shown an example assessment that would be introduced to monitor staff competence.

A monitored dosage system (MDS) of medication was being used. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. Medication was stored in locked cupboards in a designated room with appropriate storage for refrigerated items. The medicine trolley was stored on the corridor and secured to the wall.

Where medicines were prescribed 'when required' or 'PRN', guidance was not always clearly recorded to make sure these medicines were offered consistently by staff. We spoke to a member of nursing staff who told us this would be actioned. Policies and procedures were available for staff to refer to although these did not reflect the home's current practice and could result in procedural errors being made.

We recommend the service seeks appropriate guidance to develop policies and procedures which are reflective of current practice.

We found accurate records and appropriate processes were in place for the ordering, receipt, storage and disposal of medicines. Arrangements were in place for the management and storage of controlled drugs which are medicines which may be at risk of misuse. We checked one person's controlled drugs and found they corresponded accurately with the register. People were not identified by photograph on their medication administration record (MAR) which would help reduce the risk of error however we were told new photographs had been produced and would be in place. Any allergies people had were recorded to

inform staff and health care professionals of any potential hazards of prescribing certain medicines to them. There were clear instructions on the MARs, medicines were clearly labelled and codes had been used for non-administration of regular medicines.

People had consented to their medication being managed by the service on admission and had been asked whether they were able, or wished to self-medicate. Separate records were available to record the application of external medicines such as creams and ointments which were being applied by care staff. Records to support 'carried forward' amounts from the previous month were being introduced which would monitor whether medicines were being given properly. Boxed medicines were dated on opening to make sure they were appropriate to use. People's medicines had been reviewed by their GP which would ensure people were receiving the appropriate medicines. We saw checks on the medication system had recommenced and appropriate actions were being undertaken.

We looked at how the service managed risks. Individual risks had been identified in people's support plans and included the risks relating to pressure ulcers, nutrition, falls and moving and handling. The assessment included information for staff about the nature of the risk and how it should be managed.

Records showed equipment was safe and had been serviced. Environmental risk assessments and health and safety checks were completed. These included electrical installation testing, gas safety tests and fire equipment and fire alarm testing. There was a business continuity plan which provided information for staff about the action they should take in the event of an emergency or the failure of a service, for example the gas or electricity supply.

The Provider Information Return (PIR) showed staff had received training to deal with moving and positioning people safely before they started working at the service and this was kept up to date. During our inspection we observed staff adopting safe practices when supporting people to move around the home. We noted training had been given to staff to deal with emergencies such as fire evacuation and personal emergency evacuation plans (PEEPs) were in place for people using the service. This meant staff had clear guidance on how to support people to evacuate the premises in the event of an emergency. We noted the fire risk assessment had not been reviewed recently; we were told this would be completed.

There was open door access to the home during the day and visitors were asked to sign in and out which would help keep people secure and safe.

In March 2016 the environmental health officer had given the service a five star rating for a good standard of food safety and hygiene practices in the kitchen.

## Is the service effective?

### Our findings

People told us they were happy with the service they received at St Andrews House. People said, "It's a brilliant place here, "The staff know their job and know what they are doing" and "It's absolutely wonderful."

We looked at how the service trained and supported their staff. The Provider Information Return (PIR) indicated there was a number of gaps in the provision of training and without an overall training matrix it was difficult to determine otherwise. We were shown a plan of future training for the next 12 months although there were no clear dates for the delivery of this training or who would attend. We looked at five individual staff training records and found training such as moving and handling and fire safety had been provided recently although refreshers were needed for other training. Staff told us, "We've had moving and handling and fire training but I'm not sure whether other training is happening" and "We usually complete training through workbooks followed by questions and answers."

There was no evidence of any discussion, training or development taking place to maintain nursing staff registrations with the Nursing and Midwifery Council (NMC). Records showed 13 care and ancillary staff had achieved recognised qualifications.

Staff told us they were supported in their work. There was a plan in place to ensure all staff received regular formal one to one supervision sessions although we noted there were a number of gaps in the provision of this. One to one support helped to identify shortfalls in staff practice and the need for any additional training and support.

There were no records to demonstrate new staff had received either a basic induction into the routines and practices of the home or had commenced the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. One member of staff told us all new staff received an induction which included a period of working with more experienced staff although there were no records of this. This meant staff may not have the appropriate skills and knowledge and could place people at risk of inappropriate care. The provider had failed to provide staff with appropriate support, training, professional development and supervision.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told the home did not often use agency nursing and care staff but would use the same staff to provide continuity of care. Records showed agency staff had received an induction to the home and to the layout of the building.

Staff told us handover meetings, communication sheets and a carer communication diary kept them up to date about people's changing needs and the support they needed. Records showed key information was shared between staff and staff spoken with had a good understanding of people's needs. Staff had access to a range of policies and procedures to support them with safe practice.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, "I get plenty to eat and drink", "The food is alright. I can generally have what I want within reason" and "The meals are very good. They know what things I like and they will make something else if I ask."

During our visit we observed lunch being served. The dining experience was a social affair with friendly chatter throughout the meal. Most people sat in the main dining room where tables were appropriately set and condiments and drinks were made available although people told us they could dine in other areas if they preferred. The meals looked appetising and hot and the portions were varied for each person. Staff were attentive to people's needs.

The records indicated people were offered alternatives to the menu on request. We saw the menu was a regular feature on the 'resident meeting' agenda and staff knew what people's food likes and dislikes were. Care records included information about people's dietary preferences and risks associated with their nutritional needs were recorded. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

We looked at how people were supported with their health. Records had been made of healthcare visits including tissue viability, mental health team, speech and language therapists and the falls team. We found the service had links with health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. People's healthcare needs were considered as part of ongoing reviews. A visitor said, "They know what they are doing. The nurses made sure [my relative] was seen by the doctor and they followed everything up." A health professional told us, "The team has no clinical issues or worries about this service."

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 are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The PIR showed only one person had received training in the principles associated with the MCA 2005 and the DoLS. This meant there was a risk that staff had a limited understanding of the relevant requirements of the MCA. However, staff spoken with understood the importance of gaining consent from people and the principles of best interests' decisions. Support plans showed people's capacity to make decisions for themselves had been assessed and kept under review. Policies and procedures in relation to the MCA and human rights were available for staff reference.

The previous registered manager had submitted DoLS applications for four people whose liberty needed to be restricted for their safety; two of these had been authorised. However, the reasons for making an application were not always clearly recorded in people's support plan. The owner assured us this would be actioned. This would help to ensure people were safe and their best interests were considered.

We observed people being asked to give their consent to care and treatment by staff who were aware of people's capacity to make choices and decisions about their lives. We noted people's consent and wishes had been recorded in areas such as the provision of care and medicines management. However, consent in relation to areas such as information sharing, taking photographs and gender preferences around support with personal care were not recorded. This meant people, particularly those with limited decision making, may not receive the help and support they needed and wanted.

The service did not have a policy in place with regards to resuscitation (DNACPR - do not attempt cardiopulmonary resuscitation). There were records relating to DNACPR decisions which had been discussed with the person or the person's family to ensure people's end of life wishes would be upheld. However, this information was not recorded in a plan of care and was not easily available to staff. We discussed this with the provider who advised the information would be included on the handover sheet and within the support plan.

St Andrews House is an extended detached older property with accommodation provided on two floors with a passenger lift. We looked around the home. We did not look in all the rooms but found some areas were in need of attention including damage to doors, plaster, wallpaper and woodwork, areas of damp and faulty glazing in some of the rooms. However, we also noted improvements were ongoing with a formal development plan in place. Maintenance staff were available and a system of reporting required repairs and maintenance was in place. We were told repairs were completed promptly.

Most bedrooms were single occupancy and some had en-suite facilities. People told us they were happy with their bedrooms and they had created a homely environment with personal effects. This helped to ensure and promote a sense of comfort and familiarity. People could have keys to their bedrooms.

## Is the service caring?

### Our findings

People told us they were happy with the care and support they received. They told us staff were friendly and supportive. People told us, "I get on great with all the staff. They are more like family. It's that sort of place" and "I can have a laugh with the staff. It's easy going, relaxed here." Visitors said, "The care as far as I am concerned is tip top", "[My relative] has a main carer who is more like family and is a good friend" and "The care is absolutely wonderful. [My relative] has never been so happy. It's a lovely place." They confirmed they were made welcome in the home and were treated in a friendly way. Visitors said, "Staff have a good understanding about what people need" and "There is a good atmosphere."

We observed staff responding to people with care, good humour and consideration. The atmosphere in the home was very relaxed and homely. We could see people had a positive relationship with the staff and it was clear from our discussions and observations that staff knew people well and were knowledgeable about their individual needs, preferences and personalities. We noted that people nursed in their bedrooms were comfortable and staff regularly checked on their welfare taking time to chat with them.

People considered staff treated them with dignity and respect. Staff spoke about people and to them in a respectful, confidential and friendly way. People told us communication was good. Information was available in the support plans about people's personal preferences and choices which helped staff to treat people as individuals. We looked at records and found staff wrote about people in a respectful manner. There were policies and procedures for staff about caring for people in a dignified way which helped staff to understand how they should respect people's privacy and dignity in a care setting.

All staff had been instructed on confidentiality of information and were bound by contractual arrangements to respect this. This meant people using the service could be confident their personal information would be kept private. We noted people had not consented to their information being shared with other agencies. The owner told us this would be shared with nursing staff and included as part of the support plan reviews.

People told us they determined their own day and there were no rigid routines imposed on them that they were expected to follow. We observed people engaged in discussions with staff about what they wanted to do and where they planned to go. Staff were knowledgeable about the decisions people could make for themselves and about the support they needed to help them make decisions. People were able to make choices and were involved in decisions about their care.

Staff had a good understanding of people's personal values and needs and placed people at the heart of the service they provided. Staff offered people support and encouragement to do as much as possible for themselves and to maintain their independence. People said, "I can come and go as I please, there are no restrictions. I just need to let staff know what's going on", "I can do what I like. I have my freedom and I have company if I want it" and "I tell staff if I'm going out, just to be on the safe side but I can do as I want really."

People expressed their views during day to day conversation, meetings and satisfaction surveys. The residents' and relative's meetings helped keep people informed of proposed events and gave them the

opportunity to be consulted and kept up to date. People said, "I attend meetings. Everyone is asked if they are happy and have a chance to speak up" and "I get to know what is going on." People made recent decisions about where to go for their annual holiday, various activities and excursions and changes to the menu. Visitors told us they were kept up to date with any changes to their relative's health or well-being.

There was information about advocacy services available. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Some people had recorded their end of life choices and preferences; this ensured people's needs, wants and wishes were known to staff. This meant staff could approach a person's end of life care safe in the knowledge they had the right support to care for them according to their wishes, ensuring their dignity and their comfort, and treating them with respect.



## Is the service responsive?

### Our findings

People who used the service and their visitors were encouraged to discuss any concerns during meetings and during day to day discussions with staff and management. People told us they would speak to their key worker or named nurse if they had any issues and felt they would be listened to. A keyworker/named nurse is a member of staff assigned to a person to promote continuity of care. People told us they could speak to staff or management if they had concerns and that they would be resolved there and then. Visitors said, "I have spoken to the manager in the past but the manager has left and I'm not sure who I would speak to now" and "I have no complaints but I would certainly speak up and expect something to be done."

The service had a procedure for dealing with any complaints or concerns, which included the relevant time scales. However, the contact details for external organisations including social services and the local government ombudsman were not included and the contact information for the commission was inaccurate.

We looked at the complaints record and noted there had been no complaints in the past 12 months and one concern was documented. We discussed this with the owner and were told people's 'minor' concerns were not always recorded but were acted on at the time they were raised. Records were needed to help determine whether there were recurring problems and to show whether appropriate action had been taken and whether the information had been monitored and used to improve the service. The provider agreed to discuss the recording of concerns with all staff to ensure people's minor concerns were monitored more effectively.

The service employed an activities person to arrange one to one or group events. From looking at records and from our discussions and observations we found people were able to participate in a range of suitable activities. Some people were independent of staff and would go shopping, out for a meal or a drink, meet with friends and attend their GP surgery or clinics. Others relied on staff to accompany them on various trips out of the home and were involved in activities such as reading books and newspapers and crafts. During our visit we found there was a lot of activity both inside and outside the home. Some people sat outside in the sunshine with a drink, chatting to staff or each other. People also told us about the holidays to Spain and Blackpool, that they had enjoyed or had planned for this year.

Before a person moved into the home an experienced member of staff carried out a detailed assessment of their needs. Information had been gathered from a variety of sources and covered all aspects of the person's needs, including personal care, likes and dislikes, mobility, daily routines, social and leisure interests and relationships. The information gathered ensured people's care and support needs could be met with consideration given to people already residing at the home. People visited the home and met with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home.

We looked at the arrangements in place to plan and deliver people's care. People had an individual support plan which was underpinned by a series of risk assessments. Information was included regarding people's

likes, dislikes and preferences, routines, how people communicated and risks to their well-being. This ensured people received the care and support in a way they both wanted and needed. Daily records were maintained of how each person had spent their day and were written in a respectful way. The support plans and risk assessments had been reviewed and updated. However, where risks were found to be high we found the assessments were not always reviewed in a timely way. Also recent changes in one person's health were recorded in the daily handover records but had not been updated in the support plan. This meant records may not be up to date with changes to people's care and support. The owner assured us this would be brought to nursing staff attention and actioned. Visitors and people using the service told us they were kept up to date, involved in decisions about care and support and some were aware of the support plan.

Staff were very knowledgeable about people's needs and preferences and supported people to live their life to the full. Staff told us they were kept informed about the needs of people living in the home. There were systems in place to ensure they could respond quickly to people's changing needs. This included a handover meeting at the start and end of each shift for nursing staff, the support plans, handover sheets and communication diaries. From our discussions and observations we found staff to be knowledgeable about the people in their care. Staff told us, "Communication is good about any changes."

When people were admitted to hospital they were accompanied by a transfer form containing a summary of their essential details, information about their medicines and accompanied by their key worker. In this way people's needs were known and taken into account when moving between services. Staff would notify family members of the transfer to another service.

## Is the service well-led?

### Our findings

People living in the home and their relatives made positive comments about the service they received. However, since the last inspection two registered managers had resigned. One of the managers continued to work as a member of the nursing team and another had recently left the service. Both registered managers would be forwarding applications to cancel their registration with the Care Quality Commission. At the time of our visit the service had been without a registered manager for two weeks.

The provider and administrator were currently managing some aspects of the service but had previously relied on the registered manager to take responsibility for the day to day management of the home. As such they were unaware of some aspects of processes for monitoring standards which could place people at risk of not receiving appropriate care and support. We were concerned that there was no one who was suitably qualified and experienced managing the home or directing nursing care and support.

The owner told us they were advertising for a manager and in the short term one of the experienced 'casual/bank' nursing staff would take responsibility for undertaking ongoing quality monitoring in the home. However this person only worked one day every other week. Following the inspection we wrote to the provider and asked them to formally inform us of the management arrangements in place and who would be taking responsibility for management of the home, on call and for supervising the nursing care and support being provided. At the time of writing this report we were awaiting a response.

The owner and administrator were seen to interact warmly and professionally with people living in the home and with staff; they had an awareness of what was happening with staff and people who used the service. There was a positive and open atmosphere at the home. They were able to describe their achievements so far and were aware of the improvements needed. There was a business and development plan available to support this.

We spoke with the owner about quality assurance systems. The registered manager had previously been responsible for this. We found checks on systems such as infection control, medicines management and support plans had been undertaken but not since February 2016. We noted that identified shortfalls had not been followed up. The number of shortfalls that we found during this inspection indicated quality assurance and auditing processes had not been effective particularly in areas such as infection control and standards of the environment. Not all the shortfalls that we found had been recognised or addressed. The previous registered manager had completed the required quarterly reports for the health commissioners which included an overview of falls, pressure sores, DoLS and infection rates in the home.

The owner regularly visited the home and had completed a report of her findings. However shortfalls found during the inspection had not been recognised or recorded during the visits. The provider had failed to operate effective quality assurance and auditing systems.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems to seek people's views and opinions about the running of the home. People were asked to complete customer satisfaction surveys to help monitor their satisfaction with the service provided in areas such as complaints, satisfaction, involvement and meals. The results of the surveys were on the whole positive and had helped to improve practice.

People were encouraged to be involved in the running of the home. We saw meetings had been held. The minutes of recent meetings showed a range of issues had been discussed, such as activities, food and the forthcoming events.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local commissioners, local authority safeguarding and deprivation of liberty teams. Our records showed that the previous registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.

Staff had access to a range of policies and procedures to support them in their work. However they were not provided with job descriptions and contracts of employment; this meant they may not understand their contractual responsibilities or the responsibilities of their role. The owner told us they would review this and ensure records were up to date.

We saw evidence staff meetings were held on a regular basis. These meetings were used to feedback any complaints, compliments and any good or bad practice examples. Staff told us they were kept up to date and encouraged to share their views and opinions at meetings. Staff spoken with felt they could raise their concerns and appropriate action would be taken. Staff we spoke with were enthusiastic and positive about their work. Staff told us, "I love working here; it's a great place" and "It's very different to a lot of places but it is very rewarding. We have a good team; everyone is part of a big family."

The organisation had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.

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  Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered person had failed to ensure people were protected against the risks associated with poor infection control.  Regulation 12 (2) (h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care  Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider had failed to establish and operate systems and processes to prevent abuse  Regulation 13 (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care  Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to operate effective quality assurance and auditing systems.  Regulation 17 (1) (2) (a).
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care

Treatment of disease, disorder or injury

The provider had failed to provide staff with appropriate induction, training, professional development and supervision.

Regulation 18 (2) (a)