

M Hermon

# Haven House Residential Home

## 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



### Overall summary

We carried out an unannounced, comprehensive inspection of this service on 7 and 8 October 2014. We found breaches of legal requirements and issued compliance actions for Regulations 15, 18, 20 and 21 and warning notices for Regulations 10 and 12. Following this we undertook a focused inspection on 5 January 2015, to check that action had been taken for Regulations 10 and 12, within the timescales set out in our warning notice.

The provider sent us an action plan which explained how they will meet the requirements of regulations 15, 18, 20 and 21. We will inspect the home again to check that the provider has taken further action.

You can read a summary of our findings from both inspections below.

#### Comprehensive inspection of 7 and 8 October

We carried out this inspection on 7 and 8 October 2014. The inspection was unannounced. At our previous

# Summary of findings

inspection in December 2013 the provider was meeting the regulations relating to the Health and Social Care Act 2008. The service provides accommodation and personal care for up to 26 older people who may have a diagnosis of dementia.

Twenty one people were living at the home at the time of our inspection. The service had a registered manager. 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 and associated Regulations about how the service is run.

During the inspection we saw the kitchen and communal areas were not clean and staff did not wear personal protective equipment appropriately. We decided to include checks on how the provider made sure people were protected from the risks of infection. Staff had not received up to date training in infection prevention and control and there was no clear guidance for staff. Staff did not recognise the importance of infection prevention or of maintaining a hygienic environment. The provider had not followed the Department of Health Code of Practice for infection control.

The provider and manager were unaware that some areas of the home needed maintenance work. The manager could not tell us when they last conducted a risk assessment of the premises or when they last checked the premises for ongoing repair or maintenance requirements. The provider had not ensured people were protected from unsafe or unsuitable premises.

The provider's recruitment procedure was not robust. Three recently recruited staff started working at the home before the provider, who was also the owner, had checked their suitability for their role. The provider did not operate a safe recruitment procedure in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The manager told us they assessed people's capacity to make decisions and, for those people who lacked capacity, decisions were made in their best interests. However, the manager could not show us documentary evidence that they acted in accordance with the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS)

set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. There was insufficient evidence that people had an appropriate representative or advocate and staff told us they had not received training to support them to understand the requirements of the MCA.

We found the provider did not have an effective system to monitor risks in the premises. Staff told us there was no formal process for reporting or recording when repairs and maintenance work was needed, so they did not know whether action was planned or taken. The manager and provider were not able to tell us when they had last inspected the premises to check for cleanliness or ongoing maintenance and repairs.

We found improvements were needed in supporting, guiding and leading staff to ensure that the quality of care and support was consistent. Staff's training was not up to date and this was reflected in their practice. Actions taken to cover staff sickness and annual leave did not consider whether relief staff had the appropriate skills to deliver care of the expected quality. The relief cook had not received appropriate training to ensure people were offered nutritious meals and the manager did not have enough time to maintain effective supervisory, administrative or quality monitoring work. Improvements were needed to ensure arrangements were in place to cover unplanned staff absences.

We found improvements were needed in recording and managing medicines to make sure they were administered safely and as prescribed. The provider did not have an effective system for maintaining and storing people's or staff records and other management information. Some of the records and information we asked to look at was not available on the day of our inspection. The manager could not tell us where the information had been stored. The manager had not sent us the information we asked for prior to our inspection and it was still not available on the day of our inspection.

People and relatives told us they felt safe with the staff. Staff we spoke with understood how to protect people from harm and knew who to contact if they had any concerns about people's safety. The manager had assessed people's needs, abilities and dependencies and there were enough staff to support people with their individual care and support needs.

# Summary of findings

People's individual risks were identified and their care plans minimised the identified risks. Care staff monitored people's health and wellbeing and shared information with other staff and relevant health professionals. This ensured people were supported by other health professionals, according to their needs, and changes in people's needs were known by all the staff.

People told us the staff were kind and caring. We saw many positive interactions between staff and people who lived at the home. People's privacy and dignity were respected and they were supported to maintain their independence. All the people we spoke with were satisfied that staff cared for and supported them in the way they wanted. The manager responded to people's complaints appropriately and took action to improve the service as a result of complaints.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

## **Focused inspection of 5 January 2015**

In our warning notice we told the provider they needed to take action by 5 December 2014 to meet the requirements of Regulation 12 for Infection prevention and control. We told the provider they needed to take action by 19 December 2014 to meet the requirements for Regulation 10 for Assessing and monitoring the quality of the service.

We found that the provider had responded to our warning notices and taken appropriate actions to meet the legal requirements for Regulations 10 and 12.

The home was clean. Permanent and temporary staff had attended training in infection prevention and control. The manager checked that staff put their learning into practice. The provider demonstrated that they understood the Department of Health Code of Practice for infection control and had appointed a member of staff to lead on infection prevention and control.

We saw the provider had assessed the quality of the premises and had taken action to repair, refurbish and replace items that presented risks to people's health or welfare. We saw records of action plans, which were signed off as each identified risk was addressed and minimised.

The manager had reviewed the skills required to cover staff vacancies and absences. The provider had engaged permanent and temporary staff with the appropriate skills to cover vacancies and staff absences. There was a qualified cook on duty who understood their responsibilities for planning, cooking and serving food safely.

The manager showed us records of their renewed quality assurance and audit programme. The records showed that when issues were identified, actions were planned and taken to maintain the quality of the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**7 and 8 October 2014**

The service was not safe.

The provider did not have an effective system to prevent and control the risks of infection.

The provider did not make sure the premises were maintained to provide a suitable and safe environment.

The provider did not consistently follow the guidance in the regulations for checking staff's suitability before they started working at the home.

Improvements were needed in managing medicines.

People felt safe with care staff. Staff followed the provider's safeguarding and whistleblowing policies and procedures to protect people from the risks of abuse. There were enough care staff to deliver care and support according to people's needs.

**5 January 2015**

Where we had issued a warning notice, we found that action had been taken to improve.

The provider had taken action to minimise risks to people's safety by implementing effective infection prevention and control procedures.

We have revised the rating for this key question from 'Inadequate' to 'Requires improvement', because the provider understood there were risks in infection prevention and control and improvements had been made. We have not revised the rating to 'Good', because further improvements are still required to meet other Regulations.

We will review our rating for safe at the next comprehensive inspection.

**Requires improvement**



### Is the service effective?

The service was not consistently effective.

Not all care staff were trained in the Mental Capacity Act 2005. The manager did not make sure that everyone was supported by an independent advocate to make decisions on their behalf, if they were not able to make their own decisions.

Staff did not all receive training appropriate to support people's individual needs. People were given a choice of meals, but staff were not trained in nutrition to ensure people were offered suitably nutritious meals.

**Requires improvement**



# Summary of findings

People were supported to maintain their health and were referred to doctors, dentists and physiotherapists appropriately.

## Is the service caring?

The service was caring.

Staff knew people well and understood their likes, dislikes and preferred routines. Staff demonstrated kindness and compassion in the way they cared for and supported people.

People and their representatives were involved in agreeing how they would be cared for and supported and were encouraged to maintain their independence.

People were treated with dignity and respect and supported to maintain their own interests.

Good



## Is the service responsive?

The service was responsive.

People were confident that they received the care and support they needed and wanted. People's preferences were identified in their care plans, which were regularly reviewed and changed to meet their changing needs.

The manager responded to people's complaints appropriately and took action to improve the service as a result of complaints.

Good



## Is the service well-led?

The service was not well led.

The provider had an effective whistleblowing policy and procedures.

The provider had not ensured there were appropriate arrangements in place to cover unplanned staff absences. The quality of the service was compromised by inadequate relief staff arrangements.

The provider did not operate an effective quality assurance monitoring system.

People's and staff records were not all kept securely. Information could not be located promptly when required. Information we requested from the provider was not available before or during our inspection.

### 5 January 2015

Where we had issued a warning notice, we found that action had been taken to improve.

The provider had revised and updated their quality monitoring system. Necessary repairs to the premises had been identified and completed.

The revised arrangements for vacancies and unplanned staff absences ensured that staff had the appropriate skills to maintain the quality of the service.

Requires improvement



## Summary of findings

We have revised the rating for this key question from 'Inadequate' to 'Requires improvement', because the provider understood the risks associated with not operating an effective quality monitoring system and some improvements have been made. We have not revised the rating to 'Good', because further improvements are still required to meet other Regulations.

We will review our rating for well led at our next comprehensive inspection.

# Haven House Residential Home

## Detailed findings

### Background to this inspection

This inspection report includes the findings of two inspections of Haven House Residential Home. We carried out both inspections under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspections checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The first was a comprehensive inspection of all aspects of the service and took place on 7 and 8 October 2014.

That inspection identified six breaches of the Regulations. The second inspection was undertaken on 5 January 2015 and focused on checking action was taken in relation to the warning notices we issued following our inspection on 7 and 8 October 2014. You can find full information about our findings in the detailed key question sections of this report.

#### **Comprehensive Inspection of 7 and 8 October 2014**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

We carried out this inspection on 7 and 8 October 2014. The inspection was unannounced.

The inspection team included two inspectors. Before the inspection we reviewed the information we held about the

service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. They had requested that we extend the deadline for submission of the PIR, but had still not submitted it at time of the inspection. We took this into account when we made the judgements in this report.

During our inspection we spoke with the provider, the registered manager, the deputy manager, four care staff and the head of care. The head of care was covering for the cook on the day of our inspection. We spoke with five people who lived at the home, one relative and a visiting health care professional. We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

## Detailed findings

We reviewed three people's care plans and checked the records of how they were cared for and supported. We reviewed seven staff files to check staff were recruited, trained and supported to deliver care and support appropriate to each person's needs. We reviewed management records of the checks the registered manager made to assure themselves people received a quality service.

After our inspection we asked the manager to send us a copy of their staff training and supervision policies. The manager sent the information we requested straight away, which enabled us to make our judgement.

### **Focused Inspection of 5 January 2015**

We undertook an unannounced, focused inspection on 5 January 2015. This inspection checked the provider had taken action in accordance with the timescales we set out

in our warning notices. We asked the provider to take action for Regulation 10 by the 19 December 2014 and to take action for Regulation 12 by 5 December 2014. These Regulations relate to two of the five questions we ask about service: is the service safe and is the service well led?

The inspection was undertaken by two inspectors. During our inspection we spoke with six people who lived at the home, the manager, the deputy manager, the cook and two care staff. We looked at the environment of the home and observed care and support being delivered in the communal areas.

We reviewed staff training plans, task lists for cleaning staff, risk assessments and action plans for the premises and equipment. We also looked at risk control records relating to food hygiene, records of the manager's audit checks, three care plans and the care plan review schedule.



# Is the service safe?

## Our findings

### Findings from our comprehensive inspection of 7 and 8 October 2014

Most of the people who lived at the home were not able to tell us whether the home was as clean as they would like because of their complex needs. During the inspection we saw that the kitchen was not clean. We saw dried up food spills, down the front of cupboards, in the hot trolley and in the cutlery drawer. The top of the cooker had burnt-on food debris. The kitchen was still not clean when we looked again with the provider in the afternoon.

The cook was absent due to sickness and the head of care was covering the cook's role. The head of care knew the regular cleaning schedule for the kitchen, but they could not find a copy in the kitchen. They were not able to check when the kitchen and equipment had last been cleaned. They were not able to show us confirmation that the temperature of the fridges and freezers had been recorded for the previous three months. The food temperature probe was not working on the day of our inspection and the most recent food temperature records available were dated May 2014. This meant no-one could be sure that food was stored safely and prepared in a hygienic environment.

A member of care staff told us, "The home could be a lot cleaner." We saw the toilets needed de-scaling, there were splashes of food and drinks on the walls in communal rooms and cobwebs on the back wall of the lounge. We asked the cleaner what instructions they received and who checked they had cleaned the home effectively, but they did not understand our questions. The manager told us the staff was new and did not speak English well. The manager showed us a schedule of cleaning tasks, but could not show us any evidence that they checked that cleaning tasks were carried out as per the guidance. The manager had not appointed a designated member of staff to lead on the prevention and control of infection so no-one was responsible for checking staff's practice. The manager told us they would appoint a member of staff immediately.

We looked in the laundry to see how infection control standards were maintained. We saw clean laundry in named baskets on top of the washing machine, in the sink and along the top of the draining board. This meant the sink could not be used. Damp washing was hung up on the grab rails along the hallway of the ground floor and around

the dining room and small lounge at the back of the house. Two care staff we spoke with told us that storing laundry in this way was usual practice because there was not enough space to store the clean laundry or to air dry clothes that could not be tumble dried. This meant the laundry system was not operated to prevent or control the risk of infection.

The clinical waste bin outside the laundry was overflowing and staff were working in the laundry without wearing personal protective equipment, such as gloves and aprons. We saw that the same staff, wearing the same clothes, then supported people to eat at lunch time, without gloves or aprons. There was a risk that infection could be transferred from the laundry to people in the dining room. Staff did not recognise their responsibilities for infection prevention and control. There was no signage in the laundry or above the hand basin in the kitchen to remind staff of good infection control practice.

Staff who were working in the laundry told us their training in infection prevention and control was out of date. After our inspection the manager sent us a list of all staff's training. We saw six out of 19 staff received training in infection prevention and control in 2011, but seven staff, including the staff working in the laundry on the day of our inspection, had never received training in infection prevention and control. The manager had not scheduled training for staff based on their needs.

This meant the provider's system for infection prevention and control was not in accordance with the Code of Practice for health and adult social care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We have shared our concerns with the relevant agencies.

During our inspection we identified several hazards. For example, in the front lounge, an electric extension lead and socket was hung over the radiator beside a person's chair. The floor covering of the three steps from the dining room to the small back lounge were worn and presented a trip hazard. The lift machinery cupboard door was not locked, despite a large warning sign that said, "This door should be kept locked."

There was a piece of wood hanging down from one skylight window in the kitchen, and the second skylight was permanently open, with dirt hanging from it. The provider and manager told us they had not known about the

## Is the service safe?

hazards we identified before we pointed them out. There was no plan in place to take action to minimise risks of these hazards. This meant the provider and manager had not completed an effective premises risk assessment.

Staff were unable to use the hand basin in the kitchen because it was inaccessible. A second oven had been installed, leaving inadequate space to reach the basin, and two dirty oven racks were on the floor in front of the hand basin, which prevented staff from reaching it. The grout and tiled surround of the hand basin needed replacing to ensure the surface could be cleaned effectively.

The wallpaper was coming away from the wall in several places along the hallway on the first floor. Water had leaked through the roof and run down the wall outside one person's bedroom, creating a damp patch. Two members of care staff told us they had reported the problem 'weeks ago', but there was not a maintenance log in place for staff to record when they reported the problem.

The manager and provider told us they were unaware that water had leaked through the roof. The manager could not tell us when they last conducted a premises risk assessment. The manager could not tell us when they last checked the premises for ongoing repair or maintenance requirements. This meant the provider had not ensured people were protected from unsafe or unsuitable premises. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We have shared our concerns with the relevant agencies.

We looked at seven staff files to see how the manager checked that staff were suitable to deliver personal care. Four staff files we looked at showed that the manager had employed those staff in accordance with the regulations. However, the provider, who was also the owner of the home, had recently recruited three new staff, but had not employed them in accordance with the regulations.

The provider had recruited a cook and a cleaner, but had not obtained references, full employment histories or checked whether the Disclosure and Barring Service (DBS) had any information about them before they started working at the home. (The DBS is a national agency that keeps records of criminal convictions). This meant the provider had not checked their suitability for the role. The provider told us the cook and the cleaner would both stop work straight away until the necessary suitability checks were completed.

The provider had also recently employed a night shift care staff. The provider had checked whether the DBS had any information about this member of staff, but they were not able to demonstrate they had obtained references or a full employment history for this person. The provider could not show us the person's application form or medical declaration. The person continued to work at the home after we pointed this out to the provider. The provider had employed the person based on a personal assessment of their suitability. The provider did not operate a safe recruitment procedure in accordance with Schedule 3 of the Act. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People we spoke with told us they felt safe living at the home. A relative told us they were confident that their relation was safe and felt safe at the home. We saw a poster in the hallway advising people, relatives and staff who they should contact if they had any concerns about people's safety. Care staff we spoke with told us they had training in safeguarding. They were able to describe different types of abuse and the signs to look for. One member of care staff explained, "It is making sure their needs are met and making sure they feel comfortable in the home and they can talk to me."

Two members of care staff told us if they had a concern they would, "Go straight to the manager" and "I could report it to Social Services." One member of care staff told us they had used the information they learned during their safeguarding training to raise concerns in the past. They told us the policy and procedure, "Were effective." The manager notified us when they made referrals to the local authority safeguarding team. They kept us informed with the outcome of the referral and actions they had taken. The manager took appropriate action to ensure staff were trained to protect people from the risk of abuse.

One person told us the staff were, "Okay, but not the night staff." The manager told us, three months prior to our inspection, the morning staff had raised concerns about how people were cared for during the night. The manager had investigated their concerns and made an unannounced check on night care. The manager had found people did not always receive the care they needed. They had taken appropriate disciplinary action to make sure

## Is the service safe?

people received care appropriate to their needs in future. The manager told us they planned to make more frequent unannounced checks on night care staff. This showed the provider's whistleblowing policy was effective.

People and relatives told us there were enough care staff to meet people's needs. The manager told us the number of staff on duty depended on people's needs. They told us they looked at people's care plans to identify how many people needed support with everyday activities, such as dressing, walking and eating, and whether people needed support from one or two staff. We saw the manager's needs assessment was effective. We saw people received the support they needed whether they spent time in the communal areas or alone in their bedrooms. Call bells were responded to promptly and there were enough staff to engage one-to-one with people during the afternoon.

The manager had identified risks to people's health and welfare when they assessed people's needs. In the three care plans we looked at, we saw the manager checked risks to people's personal hygiene, mobility and nutrition. Care plans described the equipment needed and how staff should support people to minimise their risks. For one person who was at risk of sore skin, we saw a physiotherapist and district nurse had visited and advised them on actions they could take to minimise the risks. The person told us they had declined to follow the health professionals' advice in full, but they had agreed to follow it in part. This meant people were given information to help them understand the risks, but maintained their freedom of choice.

Most people were not able to tell us whether they received their medicines when they needed them because of their complex needs. A relative told us there were, "No problems with medication". Care staff told us only trained staff administered medicines. They told us they had recently received updated training from their pharmacist and the manager observed their practice before they were signed off as competent.

Medicines were kept securely in a locked room at an appropriate temperature, in accordance with the regulations. Most of the medicines were delivered in blister packs, which were clearly marked with the day and time they should be given, so we could see whether they were administered as prescribed. However, some medicines were delivered in boxes, which needed to be counted in and counted out. For controlled drugs we saw staff kept a

stock balance by counting and recording the amount of medicines received, administered and returned to the pharmacy. Two staff signed all of those records, which showed that controlled drugs were managed safely.

However, for some other prescribed medicines, such as pain relief, which was administered, 'when required', no-one kept a count of the stocks. In one of the three medicines administration records (MAR) we reviewed there were a few gaps in the staff signatures so it was not clear whether the person always received their medicines. The manager was unable to check by counting, whether the medicines were administered as prescribed. The manager told us they would take a stock check and keep an ongoing record of pain relief medicines in future.

We saw one person administered their own inhaler and this was recorded on their MAR sheet. However, we could not see a risk assessment in the person's care plan to show relevant risks had been considered and plans in place to minimise risks to the person and other people. The manager told us they would make a record of the risk assessment they had undertaken when this plan had been written. Improvements were needed in the management of medicines.

### Findings from 5 January 2015 Focused inspection

We found that the provider had taken action to meet the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People we spoke with told us they were satisfied with the cleanliness of the home. One person told us, "I like my room, they keep it clean for me."

The provider had minimised risks to people's safety by implementing effective infection prevention and control procedures. The home was clean. The food splashes and cobwebs we had seen on our previous visit had been removed. The cleaning staff showed us their written instructions and the form they signed when each cleaning task was completed. The management team regularly checked that the home was clean and that the cleaning staff followed the agreed schedule of work. A member of care staff told us the home was cleaner since our previous inspection. They told us they had confidence in the cleaning staff to maintain the improved level of cleanliness. The member of care staff told us cleaning staff were observant and proactive at dealing with spillages as well as completing the routine tasks.

## Is the service safe?

The manager told us all staff had completed training in infection prevention and control. Staff we spoke with told us the training had been interesting and useful. Staff we spoke with told us the manager checked their practice and reminded them immediately if they did not follow the appropriate procedures. A member of care staff told us, "The manager said we must wear gloves and aprons in the laundry." We saw staff wearing gloves and aprons. There were signs around the home, reminding staff about good infection prevention and control practice.

A senior member of staff had been appointed as the lead for infection prevention and control, in accordance with the Department of Health Code of Practice. Other named staff were responsible for related, individual tasks, such as cleanliness of equipment and removal of waste. A member of staff told us this, "Worked well."

We saw staff's practice ensured people were protected from risks related to infection prevention and control. The laundry was clean, tidy and organised. Unnecessary items had been removed and stored separately, which enabled staff to separate clean and soiled laundry effectively. A member of staff we spoke with told us they appreciated the changes that had been made. They told us, "It is working better."

The hazards we identified during our previous inspection, which had presented risks to effective infection control, had been repaired or removed. Staff showed us the hand basin in the kitchen was repaired and accessible and unnecessary items had been removed from the kitchen. The kitchen was clean. The cook showed us records of the daily checks they made to ensure food was stored, cooked and served safely, which minimised risks to people's health.

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves.

Two people we spoke with told us they made their own decisions about how they would be cared for. However, most of the people who lived at the home were not able to talk with us about whether they made decisions, or who should make them in their best interests, so we looked at three care plans. One care plan was signed by the person to say they consented to being cared for and supported. However, two other care plans we looked at had not been dated or signed by the reviewer, the person or their representative. We could not tell whether the person had consented to care and treatment.

From the records that were available to us, the three care plans did not include mental capacity assessments so we could not tell whether the person or their representative was the appropriate person to sign their consent to care and treatment.

The manager told us they assessed people's capacity in accordance with the MCA before they moved into the home. However the records of the MCA assessments were not in the records available to us on the day of our inspection. Three staff we spoke with did not understand the term, Mental Capacity Act 2005. They told us they had not had training in the Act. Records showed that only six out of 19 staff had received MCA training in 2011.

The manager told us one person who lacked capacity did not have any relatives to make decisions on their behalf. The person had an advocate for financial decisions, but did not have advocate to make other decisions in their best interests. An advocate is an independent person who is appointed to support a person to make and communicate their decisions. The manager and staff made decisions on the person's behalf without following appropriate steps to check the person's preferences.

When we asked staff what they knew about best interest decisions, one member of staff said, "Quite a few people can't make decisions. Decisions are made by us", but the member of staff was not clear why staff made decisions for people. The manager told us they would obtain an

advocate for the person. From the limited records available to us and staff's lack of training, there was not enough evidence to demonstrate the manager had suitable arrangements to ensure people consented to their care and support. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

However, the manager understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS). The DoLS make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The manager told us they had recently obtained guidance from the local authority to confirm that the way one person was supported did not amount to a deprivation of their liberty. The manager had not needed to apply for a DoLS for anyone living at the home because no-one's freedom was restricted. The manager knew how to make an application for consideration to deprive a person of their liberty (DoLS). The manager told us no-one who lived at the home was deprived of their liberty.

All the people we spoke with were happy with the care and support from staff. People told us, "We get on fine" and "Staff are okay". A relative told us they were happy with the care their relation received."

All staff followed an induction programme when they started working at the home. Staff told us they shadowed experienced staff for a week, to get to know people's preferences, read the policies and procedures and had moving and handling and fire training. Staff told us, "I felt ready at the end of that" and "I felt confident. I know how they like it and how they don't like it." Staff told us their induction was effective.

We saw some staff supporting people to mobilise, but not using nationally recognised safe techniques. There was a risk people might not be supported to mobilise safely. The manager told us updated training in moving and handling was in progress for all staff and an external advisor was supporting the manager with this training. This would ensure all staff used the appropriate techniques and equipment.

However, staff we spoke with had mixed views about the effectiveness and appropriateness of their training. Some staff told us their training was not up to date. One member



## Is the service effective?

of care staff told us they did not always receive training they would like to be confident they supported people effectively according to their individual needs, for example, training in nutrition or diabetes.

Another member of care staff told us they had dementia awareness training, but had not felt supported to put this into practice effectively. We saw that staff understood how to engage people with dementia effectively on a one to one basis. However, there was no evidence that dementia awareness training had improved the environment for people with dementia through décor, signs, memorabilia or artefacts. We could not see, and people with dementia could not explain, how staff training in dementia awareness had improved the quality of their everyday living.

After our inspection the manager sent us a copy of their training matrix, which showed when staff had last received training. We saw that 12 out of 19 staff had obtained nationally recognised qualifications in health and social care. Two newly recruited staff had followed an induction programme and applied to study for nationally recognised qualifications. However, the training matrix showed that only four care staff had received training in food hygiene in 2010. Three care staff, who had worked at the home since at least 2011 and who did not have qualifications in health and social care, had never received training in food hygiene, according to the record of training. Improvements were needed in ensuring staff were appropriately skilled.

A member of staff told us they could not remember when they last had an appraisal. Records showed that staff attended one to one and group supervision meetings with the manager, in line with the provider's policy. However, in two of the staff files we looked at, we saw staff had not attended an annual one to one appraisal meeting to discuss their personal development since July 2011. Some staff told us they felt supported by the manager, but some staff told us they didn't feel supported because the agreed lines of responsibility and accountability were not followed by all the staff. Improvements were needed in supporting workers to ensure staff were suitably supported to understand their role and responsibilities.

People told us, "The food is very good. If we don't like anything we have something different" and "There isn't a choice, but you can have something else if you don't like it." One person told us they only found out what was for lunch if they asked. The head of care, who was working as the relief cook, told us they planned meals according to their

knowledge of people's preferences on a day to day basis. They told us they asked each person if they agreed with their suggested menu in the morning and that people made their own suggestion if they did not agree.

At lunchtime we saw that people who needed assistance or encouragement to eat were assisted by staff. Staff sat and ate their meal with people to encourage them to eat and to check how much people ate. We saw that two people who declined to eat the lunch time meal were offered an alternative, which they did eat. We saw one person only said, "Yes" in response to any question, but staff were attentive to their physical response. For example, the person said, "Yes" they would like the lunch meal, but did not eat it. Staff put a different meal in front of the person and they did eat it. This meant people had a choice of food according to their preferences.

The relief cook was not able to tell us what was on the menu for the following day. The manager could not show us a menu plan, but told us what they thought the menu plan was for the week. There was no written or picture menu visible to people who lived at the home. The relief cook had received guidance from the dietician for individual people identified as 'at risk' of poor nutrition, but had not received training in nutrition for menu planning. Without some prior planning there was a risk that people would not be offered a choice of suitable and nutritious food. Improvements were required in meeting people's nutritional needs.

Staff recorded people's weight and dietary intake if they were at risk of poor nutrition. However the amount one person had drunk was described by the number of 'cups' of liquid and their food intake was recorded as 'small meal'. This record did not measure the actual amount of fluid or the content of the meal so it would be difficult for staff to know what to change if the person continued to be at risk. We discussed this with the manager who told us they would introduce a more robust system for monitoring people's intake if they were at risk of poor nutrition.

A relative told us the home contacted them if their relation's care needs changed or if they had a hospital appointment. They told us, "Staff will always take [Person's name] if I can't. Staff keep on top of appointments." One person told us the physiotherapist visited them regularly and encouraged them to improve their mobility.

## Is the service effective?

We heard care staff talking with one person about their health. Staff asked the person how they were because they had recently had a flu jab and staff had noticed how this affected their health. A member of care staff told us they were kept informed about people's health needs and treatments at daily handover meetings. During handover, we heard staff sharing information about people's health needs. We heard staff explain that one person was, "Not their usual self" and asked the incoming staff to monitor them accordingly. Staff recorded their handover discussions in a communications book so they could check that people were supported with their health needs.

Records showed that staff monitored people's health needs and referred them to other health professionals, such as GPs and dieticians, appropriately. A visiting health professional we spoke with told us communication with the home was, "Excellent" and was satisfied the manager contacted her appropriately. This meant people were supported to maintain their health and they received ongoing health care.

# Is the service caring?

## Our findings

People we spoke with told us they could spend their time how they wanted to and staff respected their decisions. One person told us they liked to sit in the hallway where they could see everyone that went in and out. Another person told they got up at different times because, “Sometimes I like a lay in.” A relative told us they visited whenever they wanted to.

One person who chose to spend time in their own room told us the staff were, “Okay” and supported them in their choice. They told us staff came promptly when they rang the bell. The person confirmed they had been involved in discussing how they would be cared for and supported. They told us staff knew and respected their preferences. We saw staff had made a poster for their wardrobe door, to remind them of the plans they had made to go out later in the week. This showed that staff understood how to support the person according to their individual needs.

Care staff told us they were assigned to work with specific, named people, which gave them the opportunity to get to know people as individuals. Care staff told us they had time to get to know people. One member of staff told us they knew people’s individual preferred routines, hobbies, interests and spiritual beliefs because, “They are very good at telling us” and “Some people are able to tell you, or the family will if you can’t get it from them.” During the afternoon we saw a member of care staff played dominoes with one person. This meant people were supported by staff who knew them well.

We saw that care staff were always present in the communal areas and anticipated people’s individual

needs. We saw people responded positively to staff’s offers of support. When one person expressed some anxiety we saw care staff understood the cause of their anxiety. The care staff spoke comfortingly and involved the person in conversation and action, which relieved the person’s anxiety.

A member of care staff told us that supporting people to maintain their independence included making sure they were safe. They said that meant, “Making sure they don’t walk on their own. If they wanted to go and sit in the garden, I’d sit with them and keep them safe.” Another member of care staff told us, “In the care plan there’s a page you write what they’ve done. If they make a request we try and do things with them.” Another member of care staff told us, “It means how and when they want something doing. If someone declines personal care, we talk about it and follow their wishes.” This meant people were supported to maintain their independence.

A relative we spoke with told us they were involved in agreeing how their relation should be cared for and supported because their relation was not able to communicate their preferences. They told us they were happy with the care their relation received. They told us they were invited to ad-hoc meetings and care review meetings. They told us they, “Went through the care plans.”

People told us they had as much privacy as they wanted. We saw staff respected people’s privacy and dignity. Staff knocked on people’s bedroom doors and called out before entering. We saw staff understood the importance of small details, such as wrapping a blanket around one person when they supported them to mobilise. This meant people were treated with dignity and respect.



# Is the service responsive?

## Our findings

Everyone we spoke with told us they received the right care and support according to their needs. We saw care staff were aware of people's individual needs and checked they had the equipment they needed, such as an inhaler for one person who was able to administer this for themselves.

The care plans we looked at described people's needs and abilities and how staff should support them. We saw that the action staff took to support one person matched the care plan. For example, two staff supported one person to move from the lounge to the dining room at lunch time. One care plan we looked at had been reviewed and updated when the person's needs had changed, and two care plans were awaiting review following recent advice from external health professionals. Care staff told us they knew when people's needs changed because they regularly supported them and attended handover.

We saw staff kept daily records of the care they delivered and how people responded to care so they could monitor if their needs changed. We saw staff recorded people's weight if they were at risk of too rich a diet and reminded them of the dietician's advice. Staff told us that one person who was at risk of too rich a diet was able to make their own decisions and chose to order take-away food, despite the dietician's advice. This demonstrated that people were supported to have as much choice and control as possible.

One person we spoke with told us they knew who to speak with if they had any complaints. They told us, "I'm old enough to ask." A relative told us they did not need to raise a formal complaint because when they raised issues verbally they, "Tend to get resolved." They told us the manager was accessible and they felt happy to raise things with them.

A member of staff told us, "We try to put it right straight away. If someone told me (about a complaint) I would investigate. I would inform the manager. If it was a big complaint it would be documented."

Prior to our inspection, the manager had notified us of a complaint they had received. The manager kept us informed of the action they had taken to resolve the complaint. They had responded in writing to the complainant, explaining the action they had taken. The manager told us about their plans to minimise the risk of receiving similar complaints in future.

A member of staff told us all the staff were told about the outcome of the investigation and the action the manager had taken. The member of staff told us, "Improvements were made in ways staff work." This meant the manager used complaints as an opportunity to learn. The manager listened to people's concerns and took appropriate action to improve.

# Is the service well-led?

## Our findings

### Findings from our comprehensive inspection of 7 and 8 October 2014

The provider did not have an effective quality monitoring system. The provider and manager were not able to show us any premises' risk assessments, reviews or audits. The manager and provider told us they were unaware of several hazards we identified on the premises, and there was no maintenance log in place to demonstrate that risks were identified and managed appropriately. The provider did not have an effective system to make sure people were protected from the risks associated with the premises.

The manager was not able to show us the results of any checks they made in relation to their infection prevention and control policy and procedures. The manager could not tell us when they last checked that staff followed the infection prevention and control policy and procedures. Staff's practice was inadequate. The provider did not have an effective system to make sure people were protected from the risks associated with infections.

The food temperature probe was not working on the day of our inspection and the most recent food temperature records available were dated May 2014. The fridge and freezer temperatures had not been recorded since June 2014. The manager told us they did not know this. They had not investigated whether staff regularly checked the temperatures. The manager did not have an effective system to check that people's food had been stored safely or served appropriately.

The manager did not have an effective auditing or checking process. Water temperature checks completed on 15 September 2014 by a member of staff showed nine room results needed investigating, because the water was not running at an appropriate temperature. The 'checking sheets' did not give the person making the checks adequate guidance about when to bring issues to the manager's attention. The manager had not checked or investigated the results, so they did not know whether the records were accurate or whether any action should be taken. The provider did not have an effective system to make sure actions were taken to improve when maintenance issues were identified.

The manager told us they checked people's MAR sheets periodically to see whether staff had signed them. The

manager could not tell us when they last audited the system of medicines' management. The manager could not tell us how much medicine was kept in the home, because they had not kept a stock balance for medicines that were not in blister packs, excepting for controlled drugs. They did not know how much pain relief medicine was in the cupboard. The provider did not have an effective system in place to ensure pain relief medicines were always available when people needed them and not used inappropriately.

Accidents, incidents and falls were monitored for each individual person. Appropriate advice and support was obtained from other health professionals and actions were identified for staff to take to minimise risks to the individual person. However, daily records showed that one person had fallen in April, but this was not included in their subsequent falls risk assessment. This meant that analysis of the person's falls did not include all the relevant information.

Accidents, incidents and falls were not analysed by the location of the incident or time of day. The manager had not identified whether all of the people were at higher risk in a particular location or whether they needed more support from staff at a particular time of day. The provider did not have an effective system to ensure that risks were managed to minimise the reoccurrence of accidents or incidents. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider had not sent the information we requested prior to our inspection. The manager told us they had not started to complete the Provider Information Return (PIR) by the time we inspected the service. We took this into account when we made the judgements in this report.

We saw the manager and provider shared the office where people's care plans and staff files were all kept. The manager told us the office door was not kept locked when they were not in it as staff needed to access records kept in the office. The manager told us the cabinet where staff files were kept could not be kept locked all day as it contained other items or records that staff might need to access. The manager told us a whole staff file had recently, "Gone missing" but they were not able to tell us where it was at the time of our inspection. This meant staff records were not kept securely.

## Is the service well-led?

Care plans had recently been reviewed and reformatted. Some of people's initial risk assessments and needs' assessment records had been archived. The manager was not able to retrieve the records as they did not know where they had been archived. The manager told us, "One of the staff" had archived them, but did not know which staff. Some of the staff records we asked to see were not available on the day. The manager was not able to tell us where they were. This meant records could not be located promptly when required.

Information in one person's care plan was contradictory. Their 'summary of care' stated the person needed support from one member of staff and a walking stick, but the care plan said they needed support from two staff. We saw two staff supporting the person to mobilise, without a walking stick.

The person's care plan was due to be reviewed and updated in September 2014 by the deputy manager, but the deputy manager had been on annual leave. There were no arrangements in place to make sure people's care plans, including summary information, were regularly reviewed in the deputy's absence. This meant people's records were not accurate to ensure they were protected against the risks of inappropriate care. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

A relative told us they felt involved because, "The manager is accessible." However, they told us they had not been invited to families' meetings and couldn't remember being asked to take part in a survey.

The manager told us they had previously tried to arrange families' meetings, but relatives had said they didn't need them because they visited often and felt well informed. The manager told us they would explain to relatives that a meeting might be helpful for them to talk about how the whole home could improve, not just specifically about their relation.

We saw the manager had conducted a survey of people living at the home. The survey was in a picture and checkbox format which made it easy to understand. People had said they were happy with the service and no one had made any suggestions for improvements.

The manager told us they saw and talked with people every day so they could hear what they thought of the home first hand. People we spoke with were happy with this informal approach. We saw a member of staff explaining to one person the action they had taken to resolve an issue the person had had raised. The person was happy with the response and result. Two people told us they were happy with their care. They did not have any suggestions for improvements. This meant the manager's system of consulting with people about the quality of the service was effective for people who lived at the home.

We found there was an effective whistleblowing policy in place. Staff were encouraged to challenge each other's practice. A member of staff told us the manager had responded to their concerns and taken appropriate action to improve the care people received. Another member of care staff told us they raised their concerns with the head of care and, "They got to the bottom of it. I am happy with the outcome."

The manager had sent notifications to us appropriately about important events and incidents that occurred at the home. The manager shared information with the local safeguarding authority and kept us informed of the progress and the outcomes of their investigations. The manager took appropriate action to minimise the risks to people's health and wellbeing. This meant the manager understood their responsibilities.

There were sufficient care staff, but not enough support staff. For example, when the cook was off, the head of care covered the cook's role, but they were not supported to be effective in the role of cook. No menus were available, the kitchen was not clean and the head of care was not trained in nutrition. When the head of care worked in the kitchen, the manager covered the head of care duties, because there was not a full time deputy manager. The manager did not have time to manage the administrative responsibilities of a registered manager effectively.

On the day of our inspection the head of care was working in the kitchen and the deputy was not working. This meant the manager was guiding and advising care staff and administering medicines. We found this impacted on the time available to the manager to check staff's practice, to

## Is the service well-led?

conduct regular audits or to maintain appropriate records. The provider did not have appropriate arrangements in place to cover unplanned staff absences. Improvements were required in management and leadership.

### Findings from 5 January 2015 Focused inspection

We found that the provider had taken action to meet the requirements of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

All of the people we spoke with were happy with the service and the staff. One person told us, “It’s nice and comfy. Everything is okay.”

The provider had implemented a quality assurance system that checked the premises were appropriately maintained and that staff had the necessary skills to support people effectively. The specific hazards and omissions we had identified during our inspection in October 2014 had been repaired, removed or replaced. This showed the provider understood the importance of creating a safe and suitable environment for people who lived or worked at the home. We saw that premises’ risk assessments completed since our last inspection included agreed actions and the date they were completed. The manager told us they would continue to conduct regular risk assessments of the premises to minimise risks to the quality of the service.

The manager showed us the results of monthly management checks they had undertaken in November and December 2014. Records we looked at showed that

medicines were regularly counted, cleaning schedules were maintained, and water temperatures were maintained in accordance with health and safety requirements. The manager had recorded when issues were identified and actions taken to improve the quality of the service.

One person we spoke with told us, “They [the staff] are lovely people. I like them all.” The manager had employed agency staff to cover vacancies and unplanned absences to make sure staff on duty had the skills and experience they needed to maintain the quality of the service. We saw staff responded to people promptly and effectively.

The cook told us all the equipment they needed to ensure food was cooked and served safely was in good working order. The cook showed us all around the kitchen and explained the actions the provider had taken to improve the fixtures and fittings since our previous inspection. The cook told us, “It’s better now I can use the hand basin.”

A member of care staff told us the manager had discussed the findings of our previous inspection with the staff to ensure they were aware of the changes that needed to be made. Records showed the manager had observed all the care staff’s interaction with people who lived at the home. Where the manager had identified how staff could improve their practice, they had spoken with the relevant staff in one-to-one meetings. A member of care staff told us, “It’s better, a lot better,” because care staff were given clear guidance about their individual responsibilities.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>The registered person had not ensured people who use services and others were protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.</p> <p>Regulation 15(1)(c)(i)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>The registered person did not have suitable arrangements in place for obtaining and acting in accordance with the consent of service users in relation to the care and treatment provided for them.</p> <p>Regulation 18</p>

Regulated activity	Regulation
	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>The registered person had not maintained an accurate record of each service user or of persons employed by the service or of the management of the regulated activity. Regulation 20(1)(a) and 20(b)(i) and (ii)</p> <p>The registered person had not ensured records were kept securely and could be located promptly when required. Regulation 20(2)(a)</p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

The registered person did not operate effective recruitment procedures to ensure staff were of good character.

Regulation 21(a)

The registered person did not ensure that information specified in Schedule 3 was available in respect of persons employed for the purposes of carrying a regulated activity.

Regulation 21(b)