

S.J. Care Homes (Wallasey) Limited

Sun Hill Private Residential Care Home

Inspection report

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Burnley
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Tel: 01282422500

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09 August 2016

10 August 2016

17 August 2016

26 August 2016

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We carried out an unannounced inspection of Sun Hill Private Residential Care Home on the 9, 10, 17 and 26 August 2016. The first day was unannounced.

Sun Hill Private Residential Care Home provides accommodation and personal care for up to 22 people living with dementia or mental ill health. The home is an extended older type property situated in its own gardens in a residential area of Burnley. Public transport is easily accessible and the town centre is within walking distance. There were 22 people accommodated in the home at the time of the inspection.

At the previous inspection on 12 September 2014 we found the service was meeting all the standards assessed.

During this inspection we found fourteen breaches of the current regulations relating to the management of medicines, assessment and management of risks, infection control practices, care planning and meeting nutritional needs, maintaining people's dignity and personal appearance, environment, staff training, complaints processes, Deprivation of Liberty processes, recruitment processes, staffing numbers, induction and supervision and quality assurance systems.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timescale.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The service was managed by 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 2008 and associated Regulations about how the service is run.

Whilst people and their visitors told us they did not have any concerns about the way they or their relatives were cared for, this was contrary to our findings during the inspection.

Staff were aware of the action they would take if they witnessed or suspected any abusive or neglectful practice. However, not all staff had completed training on safeguarding vulnerable adults.

We saw people being asked to give their consent to care and staff were aware of people's capacity to make choices and decisions about their lives. However, this was not always clearly recorded in the care plans. The registered manager had an awareness of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards although procedures had not always been followed at all times.

Significant improvements were needed to ensure people's medicines were managed safely. Risks to people's health, safety and welfare had not always been recognised or recorded. This meant staff may not respond quickly to any increased risks or changes to people's health.

People told us they were happy with the facilities available in the home. However, we found some areas of the home had a unsatisfactory level of cleanliness. We noted some improvements had been undertaken but other areas were in need of maintenance and redecoration.

The service had recruitment and selection policies and procedures which needed to be reviewed to reflect current guidance. Staff had not always been recruited safely and had not received the training and support they needed to help them look after people properly.

We received mixed views about the availability of staff. People and visitors to the home told us there were sufficient numbers of staff available whilst staff told us there were insufficient staff at times. At the time of our inspection, we found staff were responsible for additional duties and were not always available to respond to people's needs. Staff told us they had a stable team and they worked well with each other.

People told us they enjoyed the meals. We noted the mealtimes were relaxed with chatter throughout the meal. People's dietary preferences and nutritional risks were not always recorded. Professional advice and support had been sought when needed but for one person this had not been done in a timely manner.

People told us they had no complaints and were aware of how to raise their concerns if they needed to. The information available to people and the process of managing people's concerns needed to be improved.

Whilst people told us they were happy with the care and support provided and they felt safe and comfortable, the information in people's care plans was not sufficiently detailed about their likes, dislikes and preferences and routines. Some people told us they were kept up to date and involved in decisions about care and support.

The number of shortfalls we found indicated the quality assurance and auditing processes had not been effective as matters needing attention had not always been recognised and addressed. This meant the provider had not identified risks to make sure the service ran smoothly. Adequate financial resources were not available to the registered manager and there was no improvement or business plan in place to address the issues identified at the home. As a result people's health, safety and welfare was placed at risk of significant harm.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Risks to the health, safety and wellbeing of people who used the service were not always assessed and planned for. There was a lack of guidance for staff regarding how to support people in a safe manner.

We received mixed views about the availability of staff. Staffing rotas showed there were at times insufficient numbers of staff available.

People told us they felt safe. Staff were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice.

We found significant concerns about how people's medicines were managed.

Staff were not always recruited in line with safe procedures.

Is the service effective?

Inadequate ●

The service was not effective.

Staff had not been provided with appropriate support, training, professional development and supervision.

Whilst improvements had been made we found a number of areas in need of attention to ensure the environment was safe and comfortable for people to live in.

People told us they enjoyed the meals and were offered meal choices. We found some people's nutritional and hydration needs were not being met.

The registered manager had an understanding of best interest's decisions and the MCA 2005 legislation. Restrictions were not always clearly documented and safe processes had not consistently been followed.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People told us they were happy living in the home and with the approach taken by staff. We observed good relationships between people and the staff.

We observed examples of staff being respectful of people's privacy. However, we also noted a lack of awareness and sensitivity in respect of supporting some people to maintain their clothing and appearance.

People told us they were happy with the care and support they received. Some people were able to make decisions and choices about their daily lives and said there were no rigid routines imposed on them.

People told us communication was good. However, staff did not feel they were kept up to date with people's changing needs.

Is the service responsive?

The service was not always responsive.

People told us they had no complaints about the service and could raise their concerns with staff if needed. The information to support people to raise their concerns was out of date and there were no systems in place for the management of minor concerns.

People were supported to take part in a range of suitable activities of their choice. People were supported to be as independent as possible

Each person had a care plan. However, we found the information was not sufficiently detailed to ensure they received care and support in a way they wanted and needed. Some people were involved in the review of their care

Requires Improvement ●

Is the service well-led?

The service was not well led.

The registered manager was visible and active within the service. People told us they were happy with the way the service was managed and made positive comments about the registered manager and the staff team.

The number of shortfalls we found indicated quality assurance and auditing processes were not effective. Checks on systems

Inadequate ●

and practices had been completed but matters needing attention had not been recognised.

Staff told us they were happy working at the home but had not been provided with job descriptions or contracts of employment to support them with their work. Policies and procedures needed to be reviewed to reflect current and safe practice.

Sun Hill Private Residential Care Home

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 9, 10, 17 and 26 August 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector who was accompanied by a pharmacy inspector on the third day.

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.

Prior to the inspection visit we received some concerning information relating to staffing, care practices, reporting processes, medicines management and the environment. We also reviewed the information we held about the service such as notifications, complaints and safeguarding information. We contacted the local authority contract monitoring team and safeguarding team 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 registered manager, four care staff, the maintenance person and the cook, five people living in the home and with three family members. We also spoke with the nominated individual and four health and social care professionals on the telephone. We observed care and support in the communal and dining room areas and spoke with people in their bedrooms during the visit.

We looked at a sample of records including four 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 also looked at the most recent report from the local authority contracts monitoring team.

Is the service safe?

Our findings

People living in the home told us they did not have any concerns about the way they were cared for. They said, "I feel safe and secure here. I am comfortable and this is my home" and "I'm not frightened here the staff make sure I am safe." Visitors told us, "My [relative] is safe here. They are so good with my [relative]" and "I am confident [relative] is looked after properly. I visit at different times and I know [my relative] is settled." During the inspection we observed people were comfortable around staff and seemed happy when staff approached them.

We looked at how the service managed people's medicines. We looked at medication and records for ten people living at Sun Hill and found concerns relating to medicines for all those people.

Medicines and keys to medicines cabinets were not stored securely or safely. We saw supplies of creams and other external products kept on windowsills and open shelving and there was a large quantity of lancets and needles stored on top of a cabinet in a communal lounge area. This meant that medicines were accessible to people living in the home, visitors and care workers who were not authorised to handle them. The main medicines storage area was disorganised and untidy. There was no system in place to ensure that medicines, other than those stored in the fridge, were kept at the correct temperature. Medicines can spoil or become unfit for use if not stored correctly. The health and wellbeing of people living at the service is at risk of harm when medicines are not kept safely and in appropriate conditions.

We saw that arrangements for dealing with waste medication were not safe or effective. Supplies of currently prescribed creams were found in the 'returns' box, yet out of date tablets, creams and urine testing equipment were still in the store cupboard. Waste medicines were not stored securely in accordance with NICE Guidance 'Managing Medicines in Social Care' (March 2014). We found supplies of strong painkillers had been kept for staff use instead of being sent back to the pharmacy for safe disposal. Medication cannot be taken or given to anyone other than the person for whom it was originally prescribed.

People sometimes missed being given their medicines, particularly creams and other external products. We saw that records for one person, prescribed medicated toothpaste to be used twice a day, showed it had only been used twice in the last 7 days. One person frequently refused some or all of their medicines, but there was no care plan in place to guide staff in the best way to encourage the person to take their medicines as prescribed and no record of advice having been taken from the prescriber. Other people regularly spent time away from the home, but there were no effective arrangements in place for people to be given their medication whilst away from the home or to be given it on their return.

All of the people in the sample we looked at were prescribed one or more medicines or creams that were to be taken when required (e.g. painkillers, emollient and barrier creams and medicines for anxiety or challenging behaviour). We found that care staff did not have enough detailed information available to give these medicines safely, consistently and in a way that met people's individual needs and preferences. We found there was no information recorded to guide staff which dose to give when a variable dose (e.g. one or two tablets) was prescribed. It is important that this information is recorded to ensure people are given their

medicines safely and consistently at all times.

Not all care staff who supported people with their medicines had completed medication administration training. The registered manager had only undertaken assessments of competence with 4 of these care staff in order to ensure they could carry out these tasks safely. In order to reduce this risk, the registered manager had booked some additional training, however it was unclear what would be covered in the training and whether this would meet the needs of the service.

There was no effective auditing system in place. This meant that no audits (checks) had been done on the medicines management systems, records and stock since April 2016. Errors and discrepancies are likely to be missed and not challenged if robust audits are not completed regularly. The provider had failed to protect people against the risks associated with the unsafe use and management of medicines.

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

We looked at how the service managed risk. People's care plans included individual assessments of the potential risks associated with nutrition, skin integrity, personal care, falls and mobility. However, we noted some risks had not been assessed, recorded or reviewed. For example, one person had been assessed as being at risk of developing pressure sores. We observed the person had been provided with appropriate pressure relieving equipment and was given 'bed rest' in the afternoon but information about this was not recorded in the care records. We noted another person was at risk of choking. We saw incidents had been recorded in the daily record over a three month period and care records showed appropriate changes to one to one supervision at meal times and meal consistency. However, the risk had not been assessed or recorded in a clear and timely manner. This meant there was insufficient information to guide staff on how to manage the risks in a consistent manner. We discussed our findings with the registered manager and by the third day of our inspection we found the risk assessments were being updated.

Prior to the inspection we were told that incidents were not being reported. We looked at records kept in relation to any accidents or incidents that had occurred at the service. We saw a monthly analysis of the records was carried out on a regular basis in order to identify any patterns or trends. The records showed what type of incidents had occurred and any reasons for an increase in any incidents. However, we noted that not all recent incidents had been recorded and a recent incident had been recorded but the information was inconsistent about the action taken in respect of other records. There was no evidence to support accident and incident records were routinely checked or investigated where necessary by the registered manager to make sure that staff responses were effective and to see if any changes could be made to help minimise the risk of the same occurrence in the future. The provider had therefore failed to ensure people were protected against the risks to their health, safety and wellbeing.

This was a breach of Regulation 12 (1) (2) (a) (b) 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 however we found some areas of the home were not clean. We found dusty extractor and desk fans, overflowing waste bins, the stairway carpet was dirty, a soiled commode seat, a commode with dirty wheels, the basement freezer and food store was dusty, the office flooring was torn, the kitchen ceiling tiles were flaking, sealant around sinks and baths needed reapplying, the bath hoist and toilet rails were rusted and the hoist base was dirty. Whilst we found the laundry was well equipped, the walls and flooring were dusty and not easy to clean and there was damaged plaster covering the walls. All of these issues presented a risk

of infection.

We discussed our findings with the registered manager. We were told the domestic staff member was on long term leave and care staff were covering this task as part of their daily duties. We found the cleaning schedules had not been completed since 12 July 2016. We were shown an audit that included checks on the availability and use of personal protective equipment and hand gels, the sluice and the kitchen. The audit had not identified the areas of concern noted during our inspection and was being undertaken by a member of staff who had not received any additional infection control training to support them with this.

Infection control policies and procedures were available although needed updating in line with Department of Health guidance. The training matrix showed only nine of 17 staff had received infection control training although further training had been booked for this month. There was no designated infection control lead who would take responsibility for conducting checks on staff infection control practice and keeping staff up to date. 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.

We noted staff hand washing facilities, such as liquid soap and paper towels were available in areas of the home. 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. One person told us, "My room is very clean, they do their very best." On the third day of our visit we noted slight improvements to the levels of cleanliness following action taken by the maintenance person, the care staff and one of the people living at the home. We were told a member of staff had been designated additional cleaning hours.

Prior to our inspection visit, we were told there were insufficient staff and staff were working long hours. We were also told inexperienced staff were taking charge of the home. We looked at the staffing rotas. There were two care staff and one identified senior care staff on duty all day with two care staff available at night. There was also an activity person, a cook and a maintenance person available throughout the week. Administrative support had recently been reduced from five to one day per week. In addition the registered manager was available five days a week and was on call for any emergencies; however this was not recorded on the rota. We were told the domestic person and a care staff were currently on long term sickness leave. The registered manager told us she had two care staff vacancies and was currently recruiting.

Records showed planned leave or long term sickness was covered by existing staff or agency staff. We were told the agency staff used had previous experience of working at the home. This ensured people were looked after by staff who were familiar with their needs. However, agency staff were not clearly named on the rota; the registered manager assured us this would be addressed. From the staffing rotas and from time sheets we noted inexperienced staff had at times taken a senior role in the home. We discussed this with the registered manager who told us inexperienced staff would be supervised by other senior staff who were on duty. Staff told us they worked well with each other.

People had mixed opinions about the staffing levels. People living in the home and their visitors told us there were sufficient numbers of staff to meet their needs in a safe way. They said, "There are always enough staff around when I come. They are always busy doing things." Staff told us, "It can be very hard in the mornings trying to make sure everybody is looked after and has what they need", "We do our best; some days are better than others", "[The registered manager] often has to help us in the morning and that means

she can't do her job" and "Three of us in the morning is not enough." Health and social care professionals also had varied opinions about the staffing levels. They told us, "There always seem enough staff around when I visit" and "Staff are very busy but are available in the lounge areas."

We noted care staff were responsible for caring and laundry duties and providing breakfasts until the cook arrived at 9:00am. The care staff were also currently responsible for cleaning duties in the absence of the domestic. This meant staff were not always available to meet people's care needs. Following the inspection we were told the provider had authorised additional staff hours in the morning.

We noted people's age range and needs varied considerably. Some people had complex care needs whilst others only required prompting or encouragement from staff. Some people were physically able whilst others were fully dependent on staff. At times during the inspection we noted staff were not available to respond to people's needs although call bells were promptly responded to. We noted one person was left alone for long periods of time and two people's clothing was left stained following their meals, whilst other people remained in the same chair watching TV for the duration of our visit. We also noted kind interactions and saw staff sitting with people whilst they wrote their daily records. We discussed our findings with the registered manager who told us they did not use any recognised staffing tools to determine the appropriate numbers of staff. The provider had failed to deploy sufficient numbers of suitably qualified and experienced staff to meet people's needs.

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

The service had recruitment and selection policies and procedures which needed review to reflect current legislation. 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, we noted a DBS check for one member of staff who did not provide personal care had only been obtained following them starting work at the home. The registered manager told us at that time they urgently needed a cook and considered the person would have limited contact with people living in the home. In addition 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 not been maintained to support a fair process, offer of employment letters had not been sent, there were no photographs as a means of identification, the references did not clearly record who had provided the reference and the applicant had not recorded reasons for leaving previous employment. There were no contracts of employment or job descriptions on all of the three files; this meant there was a risk staff did not have clear awareness of their role and responsibilities. The provider had failed to operate safe and robust recruitment and selection processes.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted agency 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.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adults procedures provided staff with guidance to

help them protect vulnerable people from abuse and the risk of abuse.

Records showed only nine out of 17 staff had received safeguarding vulnerable adults training. This meant there was a risk that not all staff would be aware how to raise their concerns. However, staff spoken with were able to describe the action they would take if they witnessed or suspected any abusive, poor or neglectful practice and told us they knew how to report suspected poor practice to external agencies. The management team told us they were clear about their responsibilities for reporting safeguarding concerns to other agencies.

We spoke with the maintenance person and saw records of the health and safety checks carried out. We saw equipment was safe and had been serviced. We noted 12 staff had received training to deal with emergencies such as fire evacuation and additional training was booked for this month. 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 a fire risk assessment was available but had not recently been reviewed to determine whether an update was needed.

Records showed only eight staff had received training to support them with the safe movement of people. We were told only one person was currently needing to be moved with a hoist. The registered manager told us further training was being arranged although had not yet been booked.

There was a key code access to leave the home and visitors were asked to sign in and out of the home. This helped keep people safe from unwanted visitors. Some people living in the home were aware of the key code and were able to move freely in and out of the home.

CCTV was in operation in the front and rear gardens and corridors. The system did not operate in communal areas or in people's rooms. The registered manager told us the system helped them to monitor people's safety. However, there was no information about this in the service user guide or records to show that appropriate discussions had taken place with visitors and people using the service. The registered manager told us this would be reviewed.

In 2015 the environmental health officer had given the service a five star rating for food safety and hygiene.

Is the service effective?

Our findings

People told us, "They are the best here. Staff know what they are doing" and "They are really good here they give me the support when I need it. When I fall they make sure I am not hurt." Staff told us, "I get the training I need every year. I am up to date", "I have been given the support to develop myself and my skills" and "I feel supported as we are a good team." Social care professionals told us, "They manage changes well and involve all the right people" and "The staff have worked hard with my client. They have turned [person living in the home] around completely."

We looked at how the provider trained and supported their staff. From talking with staff and the registered manager and from looking at records we found not all staff had received training to help them meet people's needs effectively. Records showed training included safeguarding vulnerable adults, moving and handling, fire safety, infection control, first aid, health and safety and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Records did not show that staff had been provided with recent mental health awareness training, end of life training or dementia training.

The training matrix indicated significant gaps in the provision of training and the information in the Provider Information Return (PIR) was incorrect with regards to training. This meant staff may not have the appropriate skills and knowledge and could place people at risk of inappropriate care. Records showed 14 staff had achieved a recognised qualification in care and two other staff were due to start the training. Additional training updates had been booked to take place in August and September 2016 for food hygiene, fire safety, medicines management and infection control.

Records showed new staff completed induction training when they commenced work in the home. This included an initial orientation induction on the policies and procedures and the general operation of home. There was no evidence to support new staff completed a period of shadowing more experienced staff to become familiar with people and their needs or worked a probationary period to enable their work performance to be reviewed. We noted new staff had not started 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. We discussed this with the registered manager who told us she had registered with a training organisation, but had not yet downloaded the pack.

Records showed agency care staff were used at times. We were told the home would use the same agency staff to provide continuity of care. There were no records to support whether agency staff had received a formal induction to the home or to the layout of the building which could place people at risk in the event of an emergency. We spoke with one agency carer who told us they had been shown around the home on their first visit. The registered manager assured us induction training records would be available for any new agency staff used.

Staff told us they felt supported by the registered manager and by other members of the team. They told us they had not received one to one meetings. Records showed there were gaps in the provision of formal one to one supervision sessions. This meant shortfalls in staff practice and the need for any additional training

and support may not be identified. 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.

Sun Hill Residential Care Home is an extended detached older property which has retained a number of original features. It is located within easy access to Burnley town centre and is on a main bus route. Shops, pubs, churches, the park, the library and other amenities are within walking distance. Accommodation is provided on two floors. On the ground floor there are two lounges, a sensory room and a dining area.

People told us, "The home is a bit tired and in need of attention", "It's okay for me", "It's a bit rough and ready" and "It could do with brightening up in places; it needs a touch of paint." We looked around the home and found some areas that had been decorated whilst others were in need of improvement. We found damaged and worn furniture, scuffed paintwork, a window wedged open with a tin, damaged window panes and stained carpets. We saw walking frames, commodes and waste bins had been abandoned in the rear yard. We looked at the petty cash records. Petty cash was used to pay for some invoices and day to day items. We found clear records and receipts had been maintained. However, the records showed insufficient funds were available and it was therefore unclear how items were being purchased. We discussed this with the registered manager and other staff. Following the inspection, we met with the provider to discuss this further. There was no formal development plan to improve the environment which meant it was difficult to determine what improvements would be made, the resources available and the expected timescales for completion.

A maintenance person was employed and there was a system of reporting required repairs and maintenance in place. However, we were told their hours had been reduced recently which would impact on ongoing maintenance and re-decoration. The provider had failed to provide a safe and properly maintained environment for people to live in.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found some improvements had been made including interesting pictures and photographs displayed along the corridors, people's bedrooms decorated in colours of their choice, bedroom doors painted in different colours with personal items or photographs displayed on some and bright and colourful toilet seats had been provided. A safe and pleasant patio area had been developed for people to use in the warmer months. The patio was also used as a smoking area.

People told us they were happy with their bedrooms and some had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments. People told us they had been involved in the colour choices for their bedrooms. 18 bedrooms were single occupancy and two were shared rooms with privacy screens available. Bathrooms and toilets were located within easy access of communal areas and bedrooms or commodes provided where necessary. Aids and adaptations had been provided to help maintain people's safety, independence and comfort.

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, "They sort me out as I am on a special diet. The cook tries to make it tastier and gets things in for me to try", "The food is good. Always hot and tasty. There isn't anything I don't like" and "The meals are grand. I can't complain about the food at all." Staff said, "The

meals are good. People can have what they want even during the night." A visitor said, "The meals look and smell very good."

The menus and records of meals served indicated people were offered meal choices and also alternatives to the menu had been provided on request. During our visit we observed breakfast and lunch being served. We noted there was no set breakfast time and people could have their breakfast when they wanted. We were told staff would prepare and serve people's breakfasts until the cook arrived at 9am. The training records showed 10 care staff had received up to date food hygiene training. We noted the records of breakfast served were not always clearly maintained by care staff; the cook told us she would follow this up.

The dining tables were appropriately set and condiments and drinks were made available. The meals looked appetising and hot and the portions were ample; people were offered second helpings. The atmosphere was relaxed with chatter throughout the meal. People were able to dine in other areas of the home such as the lounges if they preferred. A visitor said, "My [relative] chooses to eat on her own and she can do this." We saw staff were available throughout the meal times to offer people encouragement and observed drinks and snacks were offered throughout the day.

However, we saw one person was not provided with appropriate or sensitive support. The person had not eaten any of their lunch which had been left to go cold and alternatives were discussed but not provided by staff. We discussed this with the registered manager who ensured diet and fluids were provided to this person. We were concerned that without our intervention this person would have had no lunch.

Information about people's dietary preferences was not recorded in the care plans. Any risks associated with their nutritional needs were assessed but not always clearly documented in the care plans. We spoke with the cook who told us staff made her aware of people who required special diets. We saw people's weight had been checked and recorded and appropriate professionals had been involved in some people's care. However records showed one person's weight had not been recorded despite documented requests from a healthcare professional. There was no reason recorded for this in the care plan. Also another person had not been referred in a timely manner to speech and language therapists despite the daily records showing they had problems with choking. The provider had failed to ensure people's nutritional and hydration needs were met at all times.

This was a breach of Regulation 14 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act (MCA) 2005 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 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider did not have policies and procedures on the MCA and training records showed only five staff had received appropriate training. At the time of the inspection two authorisations were in place. We looked at one

person's record and found the restrictions in place were not clearly documented in the care plan and additional restrictions that had recently been put in place for the person's safety had not yet been authorised. We discussed this with the registered manager who immediately informed the DoLS team of this change.

During our visit we observed people being asked to give their consent to care and treatment by staff. Staff spoken with were aware of people's capacity to make choices and decisions about their lives although this was not always clearly recorded in the care plans. People's consent or wishes had not been recorded in areas such as information sharing, care being provided in line with their care plan, gender preferences and medicine management. This meant people may not receive the help and support they needed and wanted. The registered manager assured us she would review the care documentation to include this. The provider had failed to act in accordance with the Deprivation of Liberty Safeguards.

This was a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how people were supported with their health. We saw good evidence of staff supporting and encouraging people to attend specialist clinics to improve and maintain their health. We found the service had links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. Records had been made of healthcare visits, including GPs, district nurses, speech and language therapist and the chiropodist. A health care professional told us, "The staff are very accepting of our help, they follow instructions and are willing to work with us."

We observed people being accompanied by a member of staff when attending health care appointments. One person said, "Staff come with me because sometimes I don't understand what is being said or I forget. I appreciate their help." A visitor said, "The staff responded very well to an infection my [relative] had; the doctor was called and medicines were ordered."

Is the service caring?

Our findings

People told us they were happy with the care and support they received. They told us staff were caring and friendly. Visitors said, "My [relative] is well looked after and well cared for. They never lose sight of who my [relative] is as a person", "Staff are always friendly, and they are like family. They look after me too", "The staff bend over backwards to do everything they can" and "The care is 110%. [My relative] is looked after and cared for very well." Health and social care professionals said, "They think about the person and they care about people" and "The place is a bit tired but the care is there." Visitors confirmed they were made welcome in the home and were treated in a friendly and respectful way.

People considered staff treated them with dignity and respect. Staff spoke about people and to them in a respectful and friendly way. We observed examples of staff being respectful of people's privacy. Staff were seen to knock on people's doors before entering and doors were closed when personal care was being delivered. We looked at records and found staff wrote about people in a respectful manner. There were policies and procedures for staff which helped staff to understand how they should respect people's privacy and dignity in a care setting. We saw people were dressed appropriately in suitable clothing of their choice and we overheard staff complimenting people on their clothing. However over the three days of our inspection visit we also noted a lack of awareness and sensitivity in respect of supporting some people to maintain their clothing and appearance. We discussed this with the registered manager at the time of the inspection who gave assurances she would monitor this. The registered manager told us some people would visit the hairdressers or barbers independently. However we were told there were no arrangements for a hairdresser to visit the home regularly for other people living in the home. The provider had failed to maintain people's dignity.

This was a breach of Regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed staff responding to people with care and good humour. We could see people had good relationships with the staff and it was clear from our discussions and observations that staff were knowledgeable about their individual preferences and personalities. We noted that people in their bedrooms were comfortable and we observed staff checking on their welfare. There was a keyworker system in place which meant particular members of staff were linked to people who took some responsibility to provide their support.

People and their visitors told us communication was good. However, staff told us they did not feel they were kept fully up to date with people's changing needs. Some staff were not aware of recent serious incidents that had taken place and of the strategies in place to meet people's needs. Information in the care plans about some people's personal preferences, needs and choices was basic and had not been fully completed, this indicated people's needs and choices may not be fully considered.

Some people told us they were able to make choices and determined their own day. They said there were no rigid routines imposed on them that they were expected to follow. They said, "I go out when I like", "I

have my own routine and staff work around me" and "I do what I like as long as I'm safe." 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. People were offered support and encouragement to do as much as possible for themselves and to maintain their independence.

People were encouraged to express their views during day to day conversations with staff and management. Resident's meetings had been held in the past and had helped keep people informed of proposed events and make shared decisions. The people who we spoke with were aware of events and occurrences in the home; they told us they were kept up to date from their day to day conversations with staff. Visitors told us they were kept up to date with any changes to their relative's health or well-being.

There was an information guide available for people which included key information about the home and about the service people could expect. We noted that some of the information was not accurate. The registered manager assured us this would be reviewed.

There was information about advocacy services. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members. Some people received help from specialist advocates who would speak up on their behalf.

Is the service responsive?

Our findings

People told us they were happy with the service provided and felt they could raise their concerns with staff if needed. People said, "I have no complaints; I have been very happy here so far but I would say if I wasn't" and "They listen to me so I suppose they would sort anything out there and then." Visitors said, "I am happy but if not I would speak to the staff. They are friendly enough and I'm sure they would sort it out", "I have no complaints whatsoever" and "I have spoken up before to the manager and things were sorted out. I can speak to the manager anytime."

The service had a policy and procedure for dealing with any complaints or concerns. However, the procedure did not specify how people's complaints would be managed and responded to, the expected time-scales for the investigation and response or the up to date contact details for external organisations such as the local authority or the local government ombudsman. We noted the complaints procedure displayed in some people's bedrooms was not up to date. Records showed the service had not received any complaints in the last 12 months. We found there were no systems in place for the management of minor concerns. This meant complaints and concerns had not been identified, taken seriously and responded to proactively. 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 had failed to establish and operate an effective system for responding to people's concerns and complaints.

This was a breach of Regulation 16 (2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection the local authority told us the care records were not detailed or up to date. We were told an action plan to support improvement was in place but that this had not yet been returned to them.

We looked at the arrangements in place to plan and deliver people's care. Each person had an individual care plan. However we found the information was not sufficiently detailed about their likes, dislikes, preferences and routines to help ensure the person received personalised care and support in a way they both wanted and needed. For example one person's records did not include any information about how they liked to be supported, what they liked to eat or drink or about their routines. Another person's care plan had not been updated following recent incidents. We found care plans were lacking in details and instructions for care workers to follow. Daily records were maintained of how each person had spent their day. We found these were written in a respectful way.

We saw evidence to indicate the care plans had been reviewed. Where possible people or their visitors had been involved in this process. Visitors said, "I was involved in the set up of the plan and they keep me up to date" and "I am involved with my [relative's] care planning. They are interested in what I think." However, we found examples where the records had not been reviewed in a timely way in response to risk or new information and did not reflect the changes to people's care and support needs.

Staff told us handover meetings, handover records and communication diaries were available to keep them up to date about people's changing needs and the support they needed. However we found staff were only responsible for completion of the daily diaries and did not use the care plans on a daily basis. From our discussions with staff we found not all of them had received updated information about recent serious incidents and were unaware to changes in people's care and support needs. For example one member of staff was unaware of the restrictions in place relating to supervision whilst outside of the home. Another member of staff was unaware of the need to monitor one person as there was a risk of self harm. This meant communication was not effective and there was a risk staff did not have a good understanding of people's needs. The provider had failed to have suitable arrangements in place for planning people's care and support, in a way that met their individual needs and preferences.

This was a breach of Regulation 9 (1) (b)(c) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There had been no recent admissions to the home. We reviewed the process of pre-admission assessment. We found before people moved into the home an experienced member of staff carried out a detailed assessment of their needs. Information was gathered about all aspects of the person's needs. Where possible people would be encouraged to visit the home and meet with staff and other people living in the home before making any decision to move in. This allowed people to experience the service and make the right choice.

When people were transferred between services they were accompanied by a record containing a summary of their essential details, information about their medicines and a member of staff or a family member. In this way people's needs were known and taken into account.

Prior to the inspection we were told there were no activities. From our observations and discussions and from looking at records we found people were able to participate in a range of suitable activities. An activity person was employed and supported people with their chosen activities. Some people were independent of staff and would go shopping meet with friends, go for a meal and attend their GP surgery or clinics. Others were involved in group or one to one activities. People said, "It's alright here I get out and about to places such as the community centre" and "I like the weekly market and get chance to go. Staff take me in my wheelchair and we usually stop off for a cup of tea." Another person told us about the one to one shopping trips they enjoyed with staff. We observed some people were involved in domestic tasks around the house and others watched TV in their bedrooms or in the lounges.

Is the service well-led?

Our findings

People living in the home and their visitors told us they were happy with the way the service was managed. People living in the home said, "[The registered manager] has helped me a lot" and "[The registered manager] is very nice good she is fantastic." Visitors said, "This place is absolutely amazing; everyone is very honest with me", "I have confidence in the manager and the staff" and "The home is a lot better than it was. It went off for a while but has improved."

Staff told us, "The manager is very good, she has improved things. People can have what they want which is how it should be. She makes sure of that", "I have no issues with the manager, she works hard and works on the floor when she is needed" and "The manager works hard and is passionate about the people here." People told us the registered manager was 'approachable' and would often work alongside staff delivering care and support.

The registered manager had been registered with the commission since August 2014. The registered manager had responsibility for the day to day operation of the service and was visible and active within the service. We observed her interacting warmly and professionally with people living in the home, visitors and with staff. People were relaxed in the company of the registered manager and it was clear she had built a good rapport with them.

We were told the nominated individual visited the home regularly but did not routinely speak with staff, people living in the home or with their visitors. There were no records of the provider's visits and we saw no evidence that the registered manager was supported in the management and development of the service. The registered manager told us she provided a report each week for the provider to keep them up to date with any changes in the service. The registered manager was able to describe some of the improvements needed although there was no business and development plan available to support this.

From the records we looked at we were concerned the necessary resources were not available to achieve and maintain appropriate standards of care and safety at the home. We were told the registered manager was purchasing items from her own finances as there were insufficient 'petty cash' funds available to her. Following the inspection we met with the nominated individual to discuss our findings. We were told new systems would be put in place to ensure adequate financial resources would be available to the registered manager.

The local authority had some concerns about the service following monitoring visits undertaken in January and July of this year. Concerns included shortfalls related to risk management and care planning, infection control and training and knowledge around DoLS and safeguarding. An action plan was in place and had been agreed with the local authority and the registered manager to support improvement. We discussed the findings of the local authority action plan with the registered manager as we had found similar issues during our inspection. The registered manager told us she had been unable to open the report and had been unable to address the recent outstanding issues. We advised the registered manager to request another copy of the report. We also contacted the local authority monitoring officer to discuss our concerns and to

ensure a further report was sent to the registered manager for action.

Prior to the inspection the registered manager sent us a Provider Information Return (PIR). This provided us with key information about the service and of any improvements planned. However, we found that some of the information in the PIR was not accurate particularly in relation to training and supervision. We discussed this with the registered manager.

Staff had access to a range of policies and procedures although these needed review as they were not up to date. Staff had not been provided with job descriptions or contracts of employment to support them with their work. This meant they may not understand their roles and responsibilities within the organisation. They told us they were kept up to date and able to share their views and opinions with the registered manager. However there had not been any formal staff meetings since 2014. Staff told us they felt they would benefit from regular meetings and felt they would help improve communication.

Staff opinions about communication varied. Some told us there was good communication at the home and they were well supported. Other staff told us communication particularly for staff on reduced hours needed to be improved. Staff felt they could raise their concerns with the registered manager and were confident appropriate action would be taken. One member of staff said, "If I had concerns I would speak to [the manager] and she would do the right thing." There was a stable staff team and the majority of staff had worked at the home for a number of years. Staff spoken with told us they were happy working at the home. They said, "I love working here" and "I like it here."

Staff were aware of who to contact in the event of any emergency or concerns. There was always a senior member of staff on duty with designated responsibilities and the registered manager could be contacted in an emergency.

People told us they felt involved in the running of the home and were kept up to date with any changes. However, we saw resident's meetings had last been held in August 2015 and it was unclear when the last customer satisfaction survey had been undertaken. This meant there were no formal systems to ask people about their views on the service.

Ineffective systems were in place to assess and monitor the quality of the service in all areas. Throughout our inspection we found shortfalls in a number of areas that had not been identified and addressed as a result of any internal governance or monitoring systems. During this inspection we found fourteen breaches relating to the management of medicines, assessment and management of risks, infection control practices, care planning and meeting nutritional needs, environment, staff training, complaints processes, Deprivation of Liberty processes, recruitment processes, staffing numbers, induction and supervision and quality assurance systems. This meant the provider's quality monitoring systems were not effective. The provider failed to have suitable systems or processes in place, to ensure the service was operated effectively.

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

We also found shortfalls in the way the service managed people's care and support records and records relating to the management of the service. We found people's records were incomplete which meant people were at risk of inappropriate care. The provider failed to maintain accurate, complete records in respect of each person and of records in relation to the management of the service.

This was a breach of Regulation 17 (1) (2) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

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