

Trinity Merchants Limited

# Victoria Residential Care Home

## Inspection report

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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



### Overall summary

We carried out an inspection of this service on 24 February 2015. The inspection was unannounced. This means the service did not know when we would be undertaking an inspection.

The home was last inspected in January 2014 and was found compliant with the regulations at that time.

Victoria Residential Care Home is a two storey detached property in a residential area of Sale. The home provides residential care and support for up to 17 people. The home was full on the day of the inspection with one person temporarily in hospital. Most people are

accommodated on the ground floor of the building with only those who are more mobile using the rooms to the first floor. The first floor is accessible by stairs with a fitted seat lift. All communal areas including two lounges and a dining room are situated on the ground floor. The kitchen is at the centre of the home with laundry facilities accessible to the rear of the property.

The home had a registered manager in post. 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'.

# Summary of findings

Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The current registered manager has been in post under a year.

At this inspection we found a number of breaches to the regulations.

We looked in six people's care plans and reviewed the information in relation to managing individuals' risks. We looked particularly at records relating to falls. We found that information was not consistently recorded over different assessments. If information is not recorded and used consistently there is a risk of inaccurate assessments that may not meet people's individual needs.

We found the home did not have systems in place to support people in the event of an emergency. It is the provider's responsibility to ensure the safety of all people living at the home which includes ensuring the safe evacuation of all people in the event of the building becoming temporarily uninhabitable.

We found that ineffective assessment and a lack of information to support people in the event of an emergency were a breach of regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that all equipment used in the home was serviced at regular intervals to make sure it was safe to use.

We were told by people we spoke with who lived in the home they were kept safe. One person said, "They (staff) look after us and make sure we are safe."

On the day of the inspection we saw a number of risk assessments dated 2006 were displayed on the notice boards. The manager told us they did not have any up to date risk assessments to replace these. The lack of up to date risk assessments for the building and environment leave people who use the building at risk. This is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When looking at recruitment records we found the information was not available to assure us all the staff in post were suitable for the role for which they were employed. A lack of available information to determine if people were suitable for employment is a breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.HSCA 2008

Records we reviewed for the safe administration of medicines were clear and included a care plan for medicines that were to be taken as required. Records included details of medicines to be disposed of following refusal. The medicines trolley was locked when not in use and secured to the wall.

There was not a risk assessment to manage the identified risks within the laundry room which was also used as a sluice and storage for cleaning equipment. If clinical waste and dirty cleaning equipment is not segregated from normal washing facilities there is a risk of cross contamination.

We found that a lack of clear systems to assess and manage risks associated with infection prevention control and health care associated infections left a risk to people living and working within the home. This is a breach of regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the day of the inspection we found little evidence to support staff had received appropriate and relevant training. We also found there was not enough staff to cover the rota. We observed a number of welfare needs were not proactively met, for example we saw people expressing pain and discomfort and no action being taken. This is a breach of regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found staff had not received supervision for up to a year and three staff records we looked at contained no relevant training information. The lack of available supervision and support for staff did not enable them to

# Summary of findings

fulfil their responsibilities of delivering care to an appropriate standard and left a risk of people not being supported effectively is a breach of regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found applications for depriving someone of their liberty were made without appropriate assessment and decision making. Without this there is a risk of decisions and applications not being appropriate and being potentially unlawful.

The ineffective use of capacity assessments, inappropriate or lack of use of best interest decisions and the lack of consents for restrictive practice are a breach of regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the day of the inspection there was only one choice of meal at lunch time.

We were told if people didn't like what was offered the chef would prepare something else. One person requested soup and this was provided. We observed people who needed support with their food who did not receive it. We saw records kept to ensure people received enough nutrition and hydration were either left blank or not reflective of the nutrition and hydration people had taken. We found a lack of appropriate support to enable people to receive enough nutrition and hydration left people at risk of malnutrition. This is a breach of regulation 14 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with people who lived in the home and their relatives about the relationships between staff and residents and their families. We were told "The people are friendly here." And "The nurses are marvellous."

We saw staff reassuring a person who was unsettled. It was clear the staff member knew the person well and was able to settle the person by talking to them and offering a hot drink which helped.

People living in the home did not have opportunities to feedback their thoughts on how their care was provided. People were not actively involved with developing their care plan. We found the provider had not taken steps to ensure people who lived in the home could influence the way their care was provided. The provider had not sought the views of people living in the home nor taken steps to support people with understanding their choices. This is a breach of regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had recently developed new care plans. We found they did not include much of the information from the 'This is what I would like you to do' records, which identified people's choices and preferences; nor did they reflect a review of this information. The new care plans seemed to be stand-alone documents that were not inclusive of either pre-assessment information or needs assessments. Reviews of assessments undertaken in February had not resulted in changes to care plans even when they had identified changes in risk or support needs.

Upon reviewing the personal care records we saw that people had waited up to seven hours between visits to the toilet and support with their personal care needs. We had received information of concern around people at the home not receiving support with personal care as frequently as required. Records reviewed on the day of the inspection supported this concern.

The lack of appropriate assessment, followed by effective care planning leaves people at risk of receiving care and treatment that is inappropriate or unsafe. The planning and delivery of care was not always meeting the individual persons' needs. This is a breach of regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had told us senior carers' meetings were held monthly and minutes were kept. We requested the last three months meeting minutes and they were not received. We also asked for training records and the contingency plan and neither were received.

# Summary of findings

The staff we spoke with were able to identify their direct line manager and knew who to go with concerns including whistleblowing. Staff we spoke with said they felt supported in their role.

During the inspection we found many monitoring systems had not been used for some time and the manager had not implemented new systems for quality assurance. There were no systems in place to monitor accidents and incidents, complaints or feedback from people living in the home.

The registered manager or area team did not audit; medication, infection control or care plans within the home. Some of these had been completed by commissioning teams in the last 12 months.

Commissioning teams undertake certain inspections as part of monitoring the contract the local authority has with the home for supporting people they place there. Actions identified on these audits had not been completed sometime after the audit had taken place.

If providers do not have systems to regularly assess and monitor the quality of services provided it is a breach of regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

# 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?

The service was not safe.

Information was not available to support safe recruitment practices.

The home had not risk assessed issues associated with the laundry, sluice and cleaning equipment being held and undertaken within the same room.

The home was visibly dirty.

The service did not have contingency plans and personal emergency evacuation plans to support people in the event of an emergency.

Inadequate



### Is the service effective?

The service was not effective.

We found people were not effectively supported with their needs to ensure they received enough hydration and nutrition.

Staff did not understand what constituted restrictive practices in terms of limiting people's freedom to make choices in order to keep them safe and were not clear about the legal responsibilities they had to ensure that people were appropriately protected in this regard.

It was unclear if staff were suitably qualified and competent to fulfil their role, there was no available evidence to support they had received appropriate training.

Inadequate



### Is the service caring?

Some aspects of the service were not caring.

People we spoke with told us, staff were very good to them.

We saw staff treating people with respect throughout the day.

We did not speak with anyone who had been involved with planning their own care.

Requires Improvement



### Is the service responsive?

Some aspects of the service were not responsive.

The provider had not sought the views of people living in the home nor taken steps to support people with understanding their choices.

The home did not keep records of complaints or actions taken to resolve issues.

The home did not have dedicated staff to undertake activities with the people living in the home.

Requires Improvement



# Summary of findings

## Is the service well-led?

The service was not well led

The home did not use audits or monitoring tools to review and improve service provision.

Action plans were not reviewed following external audit to ensure the actions had been completed.

Not all notifications had been sent to CQC in line with registration requirements.

# Victoria 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 24 February 2015 and was unannounced. The inspection team included two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of older people services.

We did not request a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection, we reviewed the information we held about the home, requested information from Trafford Council and sourced information from other professionals

who worked with the home. During the inspection we spoke with seven staff including the registered manager, senior carers and carers. We also spoke with the chef and the laundry and domestic staff and one visiting professional who was a nurse from the dementia crisis team. We spoke with 14 people who lived in the home and four visitors. We observed how staff and people living in the home interacted and we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed support provided; in the communal areas including the dining room and lounges during lunch, during the medication round and when people were in their own room. We looked in the kitchen, laundry and staff office and in all other areas of the home.

We reviewed six people's care files and looked at care monitoring records for personal care, nutrition and hydration records and body maps used to monitor injuries. We reviewed medication records, risk assessments and management information used to monitor and improve service provision. We also looked at meeting minutes where available and seven personnel files.



# Is the service safe?

## Our findings

People we spoke with who lived in the home all said they were kept safe. One person said, “They (staff) look after us and make sure we are safe.” Another said, “I am among friends and feel safe here.”

There were policies and procedures in place to protect people from abuse which included policies on safeguarding adults and whistleblowing. The staff we spoke with were able to identify the various types of abuse and how they would report concerns. Staff told us they had received safeguarding training and could identify if a person was being abused. Staff told us they would report concerns to the manager and were confident they would be dealt with appropriately.

We looked in six people’s care plans and reviewed the information in relation to managing individuals’ risks. We looked particularly at records relating to falls. We found that information was not consistently recorded over different assessments. For example in one person’s moving and handling assessment, the last three months’ reviews showed the person had fallen three times since moving into the home. When we looked at their falls log it recorded seven falls since moving into at the home. We also saw some records of falls in this person’s file that were not recorded on the falls log or considered within the moving and handling assessment. If information is not recorded and used consistently there is a risk of completing inaccurate assessments that may not meet people’s individual needs. The home referred people to the falls team when they felt more support was required in this area.

We asked staff how they managed risk on a day to day basis and were told information was shared during handover. Risks and the action required to minimise risk was not recorded or monitored this left a risk of staff not having access to the most up to date information.

None of the six care files we looked at included any Personal Emergency Evacuation Plans (PEEP). It is the provider’s responsibility to ensure the safety of all people living at the home which includes ensuring the safe evacuation of all people when necessary. We asked if the provider had any contingency plans to deal with unexpected events including a fire, loss of equipment and

electrical failure. We were told by the registered manager that they had not seen one but would ask and forward the information to us if found. We did not receive any information following the inspection.

If information is not recorded accurately and used effectively when assessing someone’s needs there is a risk of people not receiving the support they need. If systems and procedures have not been developed and shared to deal with emergencies there is a risk staff would not be equipped to manage an emergency safely. This type of risk constitutes a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the maintenance records and found equipment used in the home was serviced at regular intervals to make sure it was safe to use. The main entrance door was locked and the key was locked in a key safe affixed to the wall next to the door. We asked staff if people who lived at the home had access to the key and were told they did not have the code to the key safe but that staff would open the door if asked. We did however see on two occasions the key safe was open and the key was accessible. This left a risk of people being able to potentially leave the building without staff being aware.

We looked at how risk was managed within the home. We saw a number of risk assessments were displayed on the notice boards around the home. This included a fire risk assessment, a kitchen risk assessment and a general risk assessment for the environment that included the gas supply, windows and infection control. All of the assessments were dated 2006. The fire risk assessment had the date crossed out and the year 2010 put in its place. We asked the registered manager if the home had any up to date risk assessments for the building and environment. We were told they did not. We looked at the information within these assessments to determine if the information was still relevant and found the building had altered including the installation of a new kitchen. We also found the risk assessment for the environment clearly identified that food should not be stored on the floor and we found most dry and tinned food was kept in the cupboard under the stairs on the floor and on dedicated shelving. The lack of up to date risk assessments for the building and environment leave people who use the building, at risk, as risks associated with the health, welfare and safety of



## Is the service safe?

people using the building has not been assessed or monitored. This is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the personnel files for seven staff. We found the files did not contain all the evidence to demonstrate safe recruitment practices had been undertaken. Only two of the seven files contained a contract and only four of the seven included an application form; none of the seven included any interview notes. Only three of the seven included any references. Four of the seven contained some information to suggest checks had been made to determine someone's suitability for employment that included a DBS (Disclosure and Barring Service) check being completed prior to recruitment. Four of the seven files contained photographic identification to support the person's eligibility to work in the UK. We were told some information was kept at head office but the registered manager had not seen recruitment information for the staff in their employment. We were told the registered manager could see the information if they requested to do so. Information to support that staff are suitably qualified, are of good character, are not barred from working with vulnerable groups and are eligible to work within the UK is required to be available for inspection. A lack of available information to determine if people were suitable for employment is a breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 19 of the Health and Social Care Act SCA 2008 (Regulated Activities) Regulations 2014.

We were told by the registered manager that the home currently had three carer vacancies and that staff worked to cover the rota and this included the registered manager frequently stepping in. Agency staff would be used if the rota could not be covered with overtime by the staff team. We asked the registered manager how staffing was agreed. The registered manager told us that head office told them how many staff they could have. The registered manager did not how staff numbers were calculated but had not sent head office any information based on the needs of people living in the home that had altered staffing levels. The Care Quality Commission had received concerns that staff were working very long hours to cover the rota. The registered manager told us they were in the process of

recruiting the three vacancies. On the day of the inspection the rota identified two senior carers and three carers should have been working. We were told two senior carers were on shift, the registered manager was covering one carer role, one other carer was working and one person had called in sick. One of the staff due to work from 2pm came in early to support staff over the lunch period.

Our observations showed there were not enough staff to meet the needs of people living in the home. This is a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 19 of the Health and Social Care Act SCA 2008 (Regulated Activities) Regulations 2014.

We observed the lunch time medication round and reviewed a selection of Medicine Administration Records (MARs). There was a clear record of each person's medication and how it should be taken. We observed staff offered people their medication and said what it was for. People had the opportunity to refuse medication and if this happened it was recorded. Each MAR had the resident's picture on it to avoid mistaken identity and a list of any known allergies. Body maps were used for the application of topical creams clearly showing where the cream should be applied.

Medication records were clear and included a care plan for medicines that could be taken as required. Records included details of how medicines were to be disposed of following refusal. The medicines trolley was locked when not in use and secured to the wall outside the registered manager's office. We saw the range for safe storage temperature was recorded for the medicines fridge but not the actual temperature was recorded. We were told by the senior carer that a column would be added for the actual temperature. The fridge was within the correct temperature range. Controlled drugs were kept secure and records were kept in line with best practice guidelines (The Controlled Drugs (Supervision of Management and Use) Regulations 2013 (SI 2013/373))

We had received concerning information around the control of clinical waste and reviewed the facilities in the home. The laundry and cleaning for the home were completed by one person. This person could not speak English so a further staff member was called to translate our questions and their responses. However it was clear some care staff were doing some laundry related tasks and it was not very clear who was responsible for what. The

## Is the service safe?

staff member told us they do what they can and mainly only wash towels and bedding. We were told they will wash clothes if they have the time. We saw people's clean laundry was held in a blue washing bin until it was returned to people's rooms. Many items were not named and we were told if it was unclear whose clothing was whose the staff would help identify the owner. There was not a clear system for washing people's laundry and returning items. The laundry room was off the main corridor and accessible by turning a latch. There was not a laundry procedure or a risk assessment. As systems were ambiguous for the management of laundry and communication was an issue it was difficult to ascertain whose responsibility it was when things went wrong.

There was not any Personal Protective Equipment (PPE) in the laundry room for staff to use when dealing with either laundry or clinical waste. We did see accessible PPE at different points around the home including the kitchen and in one of the bathrooms. We also saw sanitising hand gel around the home and witnessed staff changing gloves between tasks. The availability of accessible PPE allows staff and people living in the home to be protected from the risk of infection.

The home did not have a separate sluice room and we were told clinical waste equipment would be cleaned either in resident bathrooms where available or in the Belfast sink in the laundry room. We saw cleaning equipment and products were easily accessible within the laundry as products were stored on a shelf and equipment including mops and buckets were on the floor. There was no separation from the laundry to the cleaning/sluice area. We were assured after the inspection that cleaning products had been locked away safely following the inspection. There was not a risk assessment to manage the identified risks within the laundry room which was also used as a sluice and storage for cleaning equipment. If clinical waste and dirty cleaning equipment is not segregated from normal washing facilities there is a risk of cross contamination.

We looked at facilities for storing clinical waste and the general cleanliness within the home. The first floor did not have anywhere for the disposal of clinical waste and we were told a foot operated bin was on order. One of the bathrooms on the ground floor had a foot operated clinical waste bin.

The building overall not very clean. Laminate flooring was sticky to foot and door handles were visibly dirty. A number of bedrooms remained uncleaned by 10.30am. We saw a cleaning programme but the last completed copy was dated October 2014. Bathrooms were in need of refurbishment, paint and woodwork was chipped. Toilets and baths were visibly dirty around areas difficult to clean including around the base of taps, toilet seat joints and seals. The seat of the downstairs bathroom toilet was also dirty. There was a fabric cover to a seat and a fabric mat in use in one of the bathrooms. When bathrooms are used by many people it is recommended fabrics are not used. Fabrics can become wet with bodily fluids and pose a risk of both bacteria and cross infection.

We saw a copy of the Department of Health Infection Prevention and Control (IPC) guidelines but no one was accountable for their implementation within the home. We were told there was an IPC lead for the company. The lack of clear systems and accountable person to assess and manage risks associated with infection prevention and control and health care associated infections left a risk to people living and working within the home. Failure to maintain premises to an appropriate standard of cleanliness and hygiene was a breach of regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Is the service effective?

## Our findings

We reviewed the personnel files for seven members of staff including senior carers, carers and the chef. We found evidence to support that two of the caring staff had a care specific NVQ (National Vocational Qualification) and the chef a catering qualification. Four of the caring staff had not completed an induction and for three of the care staff there was no record of any training. We were told some records were kept by the regional office. We asked the manager to forward copies of training information to us within 48 hours of the inspection but nothing was received. We did not see any evidence of appraisals in any of the personnel files we looked in. Four of the seven staff had one record of supervision in 2014 but there were no records for supervisions in 2015. The lack of available supervision and support for staff did not enable them to fulfil their responsibilities of delivering care to an appropriate standard and left a risk of people not being supported effectively is a breach of regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was not registered with Skills for Care and we discussed the benefits of this with the registered manager. Staff we spoke with told us they had received training and could request training if they felt they needed anything additional. One staff member told us they were working towards a care specific NVQ. We were told each staff member had a staff handbook which included policies and procedures. The registered manager told us there were senior carers meetings and they were about to commence whole team meetings. During the inspection we asked for copies of the last three senior carers meeting minutes to be forwarded to us within 48 hours of the inspection but nothing was received. Regular team meetings allow the whole team to be kept updated with any changes that may affect the home or any of the people living in it. They are also important to share any resulting changes in practice.

On the day of the inspection we observed how staff interacted with people living in the home. We saw people were mostly withdrawn and just sat in their chairs with little stimulation. We also saw people getting occasionally frustrated. One person was asking for pain relief and did not receive any. We talked to the senior carer about this and were told the person had received their medications

and could not have anything more at that time. We discussed possible causes for the person's discomfort and were told by the senior carer that they would call the GP. The GP had not attended before the end of our inspection. The following day we asked if the GP had been called for this person and the registered manager did not know. Another person was complaining of sore gums and telling staff their teeth were sore. Staff reassured this person but did not take any action. We saw when this person nodded off that their dentures fell out. If action is not taken when people complain of discomfort or pain there is a risk that the person's welfare needs may not be met. We discussed this with the registered manager who assured us they would take action.

The Care Quality Commission has a statutory duty to monitor the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA). The aim is to make sure that people in care homes, hospitals and supported living who lack the capacity to make decisions for themselves are looked after in a way that does not inappropriately restrict their choices.

Victoria Residential Care Home predominantly supported people who lived with varying degrees of dementia. We looked at records of how the home supported people who may lack capacity to make their own decisions. We reviewed how the home worked within the MCA and the Deprivation of Liberty Safeguards. We looked at how the home recorded and implemented decisions made in someone's best interest when the person had been assessed as lacking the capacity to make an informed decision for themselves.

Staff we spoke with had a basic understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Comments included: "It is to keep people safe." "I have had the training and there was a recent update." And "It is about making the best decision for the person." Training records showed MCA training had taken place in 2009 and two of the staff from the seven personnel files reviewed had attended the training. Further training around DoLS had not yet been scheduled.

We reviewed six people's files and looked at the detail included about people's capacity to make decisions and give consent. We looked for information to support people's needs under the MCA. The registered manager

## Is the service effective?

told us DoLS applications had been submitted to the local authority for the majority of people living at the home. Due to the backlog of applications the registered manager told us they had been asked by the local authority to carry out the assessments to support the applications. One of the files we looked at had only a capacity test checklist and two others contained no assessment information in line with the MCA.

We looked at one of these applications in detail with the registered manager. We found the manager had used the Trafford 'My Way' assessments for capacity and best interest. It was unclear of the rationale for the application. We were told it was for receipt of personal care. If people were constantly refusing to be supported with personal care then potentially a DoLS could be applied for to ensure people received the support they needed to stay well and reduce risk of infections. The registered manager told us this was not the case. We reviewed the capacity assessment and best interest decision to support the application. Both had been completed by the registered manager in isolation. There had not been a best interest decision meeting to support the decision to apply for the DoLS. We would anticipate the rationale for an application to deprive someone of their liberty would be supported by other professionals who knew the person the application was to be made for. Other professionals and either the person's next of kin or a suitable advocate had not been included in the decision. The application had been made retrospectively and included a comment 'the care plan had been reviewed by the local authority and the placement was appropriate.' When applications for depriving someone of their liberty are made they must be supported by appropriate assessment and decision making. Without this there is a risk of decisions and applications not being appropriate and potentially unlawful.

We looked in people's care files to ascertain what consents had been given for restrictive practice. Each file we looked in had a care plan stating the home had chosen not to use physical restraint. It was clear whoever had completed the care plans did not understand the definition of restraint under the MCA. We were told by the registered manager some people had bed rails and one person used a lap belt on their wheel chair. We were also aware the stair lift had a lap belt used to keep people safe when using the lift. We did not see consents in any of the files we looked at for restrictive practice. Restrictive practice needs to take place

with the consent of people living in the home. If people are unable to give their consent to restrictive practice than assessment and best interest decisions should be made. There was no available evidence to say this was the case.

We were told one person received their medication covertly. When people lack the capacity to understand the importance of their medicine and refuse to take medicines they need to keep them well, a best interest decision can be made in line with the MCA to place a medicine in something the person likes for example to ensure the medicine is taken. We looked in this person's care file. The capacity assessment referred to the person understanding their care plan. There was no specific care plan or assessment for the administration of covert medication. There was no record of a best interest decision meeting. There was no record or consent for the administering of covert medication in the care file. We asked a staff member about this and were told the GP had agreed to this action. Decisions to administer medicines covertly should be supported by effective assessment and decision making. Without this there is a risk the action is not the most appropriate and potentially unlawful.

We asked the registered manager what training they had received in the MCA and DoLS. We were told they had read through information. We were also told that if they were ever unsure about any paperwork they would send it for review by the regional team for the home. The registered person must 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. The ineffective use of capacity assessments, inappropriate or lack of use of best interest decisions and the lack of consents for restrictive practice were a breach of regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked in people's care files and reviewed the available information to support people with their nutrition and hydration needs. We saw people were weighed weekly and if they had lost weight for three consecutive weeks they were referred to the dietician. We looked at two care plans for nutrition and hydration. One said the person needed

## Is the service effective?

support with cutting their food and the other person may need prompting to eat sufficient amounts. When people's care plans are an accurate reflection of people's needs the risk of them not receiving the support they need decreases.

The people we spoke with made positive comments about the meals provided in the home. Comments included, "It is very nice." "I am happy with the meals." And "The food is lovely."

We observed the lunch time routine and saw staff did not seem to notice when people needed additional support with their meal. We looked to see if the two people whose care plans we had looked at received the support in line with their plan. None were offered the support suggested. We had seen a mid-morning drink provided to each person living in the home. We saw one person having difficulty with drinking it. At lunchtime the person was given a plate of food with a fork. The person struggled to take a couple of mouthfuls. A staff member then provided the person with a spoon but this had no effect. Approximately 45 minutes later the food was removed and replaced with a dessert. The person was not able to feed themselves. The dessert was removed along with the mid-morning drink and replaced with juice which did not get drunk. A record was not made of the amount this person had eaten or had to drink. If people are not eating their meals or drinking their drinks they may be at risk of not receiving enough nutrition or hydration. If staff are not monitoring this and acting accordingly, people may be at risk of malnutrition. We saw a number of other people who would have benefited from additional support who did not receive it. We did not see anyone using adaptive cutlery or plate guards which may have enabled some people to eat better independently. We discussed this with the registered manager who assured us they were waiting on supplies of adaptive cutlery. We were also assured the person who had not eaten would be better supported to have something to eat and drink.

We were told there were records kept of how much food and fluid people had taken each day. We reviewed these records for the previous month and found large gaps in them. On the day of the inspection these records were reviewed at 4pm and no entries had been made for the

day. We found this was the case on a number of other days including the 21 and 23 February 2015. Records that had been made mostly said the person ate and drank everything. Inaccurate or incomplete records did not allow the service to monitor people's intake of food and fluids and thus identify if they were at an increased risk.

We found a lack of appropriate support to enable people to receive enough nutrition and hydration left people at risk of malnutrition. This is a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 14 and 9 (3) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the chef about menus and information they had around people's dietary requirements. The chef was able to tell us which people were diabetic and there was a food plan on the wall for one person. The plan did not identify the risks associated with certain foods but identified foods to avoid in line with their dietary requirements. The chef told us they would speak to new people and their families to determine what they liked and would watch what they left at meal times to determine what people liked. There was not a dedicated menu in place at the time of the inspection but we were told the chef was waiting for one. The chef currently completed weekly menus from the available stock. We saw fresh vegetables were used and the food looked and tasted acceptable.

When reviewing people's care files we saw records were kept of visiting professionals. People were registered with local GP's and there was documentary evidence to show people had access to a variety of health and social care professionals such as district nurses and chiropodists.

On the day of the inspection we saw a visiting specialist nurse who worked with people with dementia. We were told the home were willing to action advice the nurse gave on how to better support people.

We saw there was a disabled entrance to the building with ramped access for use by people using wheelchairs.



# Is the service caring?

## Our findings

We spoke with people who lived in the home and their relatives about the relationships between staff and residents and their families. We were told “The people are friendly here.” And “The nurses are marvellous.” One relative told us, “You could not ask for better care.”

We observed staff reassuring a person who was unsettled. It was clear the staff member knew the person well and was able to settle the person by talking to them and offering a hot drink which helped. We saw staff consistently asking people if they were ok and if people requested or needed something it was provided.

We did not see any documentary evidence to demonstrate that people or their representatives had been involved in the care planning and review process. We saw family members had signed some care plans to say they agreed with them but people we spoke with had not been involved with developing them. We did not see any care plans where the person living in the home had signed them or an assessment to determine why they could not. We spoke with three relatives who told us they were informed if things changed and were confident their family member was cared for. They told us: “I am very satisfied with the care (my relative) receives here.” “The girls are always popping in and out to make sure (my relative) is alright.”

We looked around the home and saw people’s rooms were decorated with personal possessions and photographs. We saw people were nicely dressed, the ladies’ nails were done and a hairdresser visited once a week. We were told people had picked their own clothing for the day. We saw one person had not been shaved and asked them if it had been their choice not to have a shave. We were told they were

waiting for staff to shave them. Staff told us this person’s shaver had broken and they were waiting for their family to replace or repair it. The person had not been asked if they would like to be shaved using a different method.

We were told by both staff and people who lived in the home that there were no residents’ meetings or forums for people to discuss issues that affect them within the home. The registered manager told us people could come to them if they had concerns and they would follow them through. It is important for people and their representatives to have a forum to voice concerns and share thoughts and ideas on how the home could be improved. We asked if there was a survey for people living in the home or their relatives to complete and were told not. In some of the care plans we could see some surveys had been completed in 2013 but nothing had been done since. The registered manager told us they would introduce surveys again.

There was no available information on the use of advocates. We discussed with the registered manager if they used advocates when assessing people who may lack the capacity to make their own decisions. Advocacy services are used when people may not have family members or representatives available to discuss decisions about their care and support needs. The registered manager had not used advocacy services to date.

We saw staff were respectful when communicating with people and knocked on people’s doors before entering their room. People told us staff treated them with respect. One person said, “They (staff) are very good with (my relative), they respect (my relative’s) privacy and dignity and they are kind and gentle.” The relatives we spoke with confirmed that they were able to visit the home whenever they wanted and were welcomed by the staff.

# Is the service responsive?

## Our findings

On the day of the inspection we saw one staff member playing cards with individuals. We were told the home had regular entertainers who visited, but the home did not have a dedicated activities coordinator. Day to day activities were undertaken by care staff if they had the time. People who lived in the home told us they did not have enough to do. One person said, "There is not much to do here." Another said; "I am retired and now just have to sit here, the TV is boring but that is all there is."

We saw people's care plans contained sections titled; 'This is what I would like you to call me' 'My life so far' 'This is what I would like you to do' and 'This is what I look like'. These records were not fully completed to inform staff of people's preferences and enable them to work within a person centred approach to care. However the staff we spoke with were knowledgeable about people's care needs that lived in the home. We saw that care plan assessments were reviewed on a monthly basis or as support needs changed and evaluation sheets were used to record day to day activity.

New care plans had been written for everybody living in the home in January 2015. It was difficult to ascertain what information had been used to inform the care plans. The care files were very large and included a lot of historic information. New care plans did not include information from the 'This is what I would like you to do' records nor did they reflect a review of this information. The new care plans seemed to be stand-alone documents that were not inclusive of either pre-assessment information or needs assessments. Reviews undertaken in February 2015 had not resulted in changes to care plans even when they had identified changes in risk or support needs. In one person's file we saw two moving and handling assessments, one stated the person was independent and the other stated they were at a high risk and required the support of carers. There were no records between these two assessments to identify how the person's needs had changed. This means that records of people's needs were ambiguous and staff could be left unclear as to what support people needed and why.

Two people we spoke with were not aware the home had care plans for them and would have been interested to see them. One person was very hard of hearing and when we

asked if they had a hearing aid, we were told they had never been asked if they would like one. If people are not involved with their care or asked what they need there is a risk that people will not receive the support required.

We reviewed the personal care records kept for monitoring how people's needs were met. This included the records for monitoring when people had baths, showers or their hair washed, when people received support with their personal care needs, what and when people had eaten or had to drink and location charts used to observe where people were and what they were doing during the day and through the night. Upon reviewing these records we saw that people went up to seven hours between visits to the toilet and support with their personal care needs. We had received information of concern around people at the home not receiving support with personal care as frequently as required. Records reviewed on the day of the inspection supported this concern. By lunch time one of the lounges had a moderate malodour. Records for the day of the inspection had not been completed to show people had received appropriate support with their personal care needs.

The lack of appropriate assessment, followed by effective care planning leaves people at risk of receiving care and treatment that is inappropriate or unsafe. The planning and delivery of care was not always meeting the individual person's needs. This is a breach of regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Throughout the day we observed what choices were given to people who lived in the home. At lunch time people were asked where they would like to sit. Salt and pepper was available on the tables if people choose to use them. There was only one choice of meal but if people didn't like what was offered we were told the chef would prepare something else. One person requested soup and this was provided.

There was a policy and procedure in place for responding to complaints and concerns. People who lived at the home knew who to speak with if they had a complaint or concern. A notice in the hallway stated people could complain to the Care Quality Commission but this is no longer part of our remit. We spoke with the registered manager about complaints and were told them the CQC do not investigate individual complaints. We were told all written complaints



## Is the service responsive?

go to head office. We asked what feedback the home received from these complaints and were told none. We asked about other complaints made verbally to the home and were told the registered manager dealt with them. We asked if they were recorded and monitored to ascertain if any improvements could be made and was told they were not. Verbal complaints were recorded in the person's evaluation records and kept in their care file. If the provider does not share information from complaints with the registered manager and the associated staff then improvements required could not be implemented. As the registered manager did not keep a record of verbal complaints and any action taken they would not be able to ascertain if complaints of a specific risk or concerns reduced following any improvements made.

Services which do not have regard to any complaints due to holding ineffective records and action plans pose a risk to providing inappropriate and unsafe care. This is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff we spoke with told us they encouraged people to make day-to-day choices such as; choosing clothing they would like to wear, how to spend their day and what they would like to eat. This showed us the staff were aware of the choices available to people living in the home.

# Is the service well-led?

## Our findings

The current registered manager has been in post approximately a year and is registered with the Care Quality Commission. The home has been part of the provider's portfolio since November 2013 and has had two registered managers to date.

On the day of the inspection a number of documents were requested from the home to support the findings of the inspection. We were told these would be forwarded to the CQC inspector within 48 hours of the inspection. None of these items were received. Staff had told us there had not been a staff meeting for a number of months. The manager had told us senior carers meetings were held monthly and minutes were kept. We requested the last three months' meeting minutes and they were not received. We also asked for training records and the contingency plan and neither were received.

The staff we spoke with were able to identify their direct line manager and knew who to go to with concerns including whistleblowing. Staff we spoke with said they felt supported in their role.

The registered manager did not have any systems in place to monitor and improve practice. Staff were not held accountable when they did not implement changes in practice requests from the registered manager including requests to complete the extra care monitoring such as food and fluid charts in a timely way. There were no records to determine who had been given what information to support accountability.

We discussed the systems the home had in place to monitor quality and the safety of service provision. Many monitoring systems had not been used for some time and the registered manager had not implemented new systems for quality assurance. There was a quality audit file identifying the essential standards of quality and safety and the system the home had in place to meet the standards. The file had not been updated since 2010. There were no systems in place to monitor accidents and incidents, complaints or feedback from people living in the home. Accident records were retained in the care plan describing the event and any injury but these were not collated or analysed to identify any themes or trends. When

information of this kind is not reviewed it is difficult to implement changes in practice to help reduce recurrences of similar negative events or reinforce reoccurrences of similar positive events.

The registered manager or area team did not audit medication, infection control or care plans within the home. Some of these had been completed by the Local Authority (LA) as part of the contract monitoring of services that support people who the LA pay care fees for. These audits had been undertaken in the last 12 months. Actions identified from these audits had not been completed sometime after the audit had taken place. This included the labelling and dating of medicines including creams and liquids upon opening. This was identified in a medicines audit completed by the LA in October 2014. A care plan audit completed by the LA in June 2014 recommended the introduction of a one page profile to the front of care files which had not been introduced by the time of our inspection.

The lack of systems to regularly assess and monitor the quality of services provided is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had not received a number of notifications from the home around accidents and incidents which we had been informed about by the local safeguarding team. We discussed with the manager the need to submit notifications to CQC for serious injuries and situations of potential abuse. It is important for all relevant incidents to be shared with both commissioning teams and the CQC to ensure providers receive the appropriate support, are transparent and accountable for incidents. Not submitting notifications of these incidents is a breach of regulation 18 HSCA 2008 (Registration Regulations)

The home had three vacancies at the time of the inspection and the registered manager found themselves regularly covering the rota. This meant that management responsibilities including audits, monitoring and staff appraisals were not being undertaken. The registered manager acknowledged there had been some concerns with staffing and was hopeful to recruit to the posts in the coming weeks. If a registered manager is unable to undertake managerial responsibilities then standards can fall and risks to the service may increase.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

People were not fully protected from the risks of inadequate nutrition and dehydration.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The Provider 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.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare. This had the potential to place people at risk.

### Regulated activity

### Regulation

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 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not have effective systems to protect people using the building from the risk of exposure to a health care associated infection.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not have information available to support that staff were suitable for the post for which they were employed.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There were not enough suitably trained and qualified staff to meet the needs of people living in the home.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 CQC (Registration) Regulations 2009  
Notification of other incidents

Notification of other incidents were not always reported to the Care Quality Commission

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.