

Larchwood Court Limited

# Copperfields Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This unannounced comprehensive inspection took place on 21 March 2018.

Copperfield's residential home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to provide care and support for up to 20 people. There were 15 people using the service at the time of our inspection, who were living with a range of health and support needs. These included diabetes and dementia. Some people had mobility difficulties, sensory impairments and one person received their care in bed. The accommodation was provided over three floors. A lift was available to take people between floors.

At our last inspection on 31 January 2017, the service was rated 'Good' in the Effective, Caring and Responsive domains and 'Requires improvement' in the Safe and Well Led domains. The overall judgement rating for the service was 'Requires Improvement' and we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 12 Safe care and treatment. This was because we found that the risks from fire were not adequately mitigated by the procedures and control measures in place within the service.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when, to improve the key question, safe, to at least good. We received an action plan dated 14 April 2017, which stated that the provider has met the regulation on 13 April 2017. At this inspection we found improvement had been made to this area. However, we identified other issues which needed to be addressed to protect people's health, safety and well-being.

At this inspection, we found the service remained 'Requires Improvement'.

There was 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'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's safety had been taken into account regarding fire safety. The service had been inspected by the Fire services and there was a fire risk assessment carried out. Fire fighting equipment was in place and regularly maintained.

There were no assessments about choking for people who were known to be at risk, and no guidance for staff about actions to take in the event of a choking incident. Assessments about other types of risk however, were detailed and offered staff advice about reducing the likelihood of them happening.

Recruitment procedures were not always followed in line with the provider's policy. This meant effective

checks were not completed before new staff began their employment.

People were not always supported by staff who had consistently received the necessary training to fulfil the role of the work they were employed to do.

Quality assurance processes had not picked up and addressed the issues we found during this inspection. The shortfalls identified during the inspection were not known to the registered provider as they had not identified them as part of their own monitoring systems.

Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. Staff recognised the signs of abuse and what to look out for. There were systems in place to support staff and people to stay safe.

People told us they received their medicines as prescribed and staff ensured that medicines were recorded as given at the time of administration.

There were enough staff to keep people safe. The registered manager had appropriate arrangements in place to ensure there were always enough staff on shift.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff supported people to maintain good health and access healthcare services when they needed to. They understood people's healthcare needs and knew when to refer them for specialist support. Relatives said staff kept them informed about their family members' health.

Staff displayed compassion and kindness, and were empathetic if people became anxious or distressed. They took the time to sit with people and chat to them about the things that were important to them such as their families and the things they liked to do.

People received care that was responsive to their needs. Staff worked in a flexible way in response to people's needs.

The registered manager carried out assessments prior to people coming to live at the service. Relatives and external professionals were involved so that important information was not missed.

Care plans were person-centred and identified people's abilities and preferences.

People told us that the food was good, they had a choice, and there was enough food available for them. Menus were based on healthy eating choices and people's dietary needs and preferences.

Mealtimes were relaxed and staff socialised with people while assisting them with their meals. Staff encouraged people to drink and remain hydrated.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

People told us that if they had any complaints they would tell one of the staff or the manager. The service's complaints procedure was displayed and people were also given a copy of this.

Relatives and visitors were welcomed at the service and were complimentary about the care their family member's received.

People and relatives told us the service was well led and the staff provided good quality care. Staff told us morale and communication was good, and teamwork effective. The atmosphere at the service was positive.

We found breaches in 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.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Individual risks to people had not always been assessed.

Safe recruitment procedures were not always followed.

Medicines were safely managed.

Staff knew how to recognise any potential abuse and help keep people safe.

There were enough staff deployed to meet people's needs.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

People were not consistently supported by staff that had up to date training and the skills to meet their needs.

People were supported well with their nutritional and hydration needs and the registered manager was acting in accordance with the requirements of the MCA 2005 and DoLS.

Staff had received regular supervisions.

People's healthcare needs were supported.

The premises were homely and had suitable signage to aid orientation.

### Is the service caring?

**Good** ●

The service was caring.

Staff showed kindness and compassion, and were respectful of people's dignity.

Staff communicated with people in a way that was accessible to them.

People's privacy, dignity and right to confidentiality were respected.

Staff encouraged people to be independent when they were able.

### Is the service responsive?

Good ●

The service was responsive.

People's care records reflected their individual needs.

People had the opportunity to participate in meaningful activities.

People who lived at the home and their relatives knew how to raise concerns.

The registered manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Quality assurance processes had failed to identify shortfalls within the service.

Communication systems were in place for people who lived at the home, their relatives and staff.

Meetings were facilitated to gain feedback.

Staff felt well supported in a positive and open culture.

The registered manager displayed a commitment to ensuring high quality care and was keen to continue developing the home and its care delivery.

# Copperfields Residential 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 21 March 2018 and was unannounced.

The inspection team consisted of one adult social care inspector 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.

Before the inspection, we reviewed the information we held about the service. We asked the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with six people using the service and three of their relatives. In addition, we spoke with the provider and four staff including the registered manager, two senior carers and one carer. We also spent time in communal areas observing the interactions between people and staff.

We looked at five care records including risk assessments, three staff recruitment records, training records, staff meetings minutes, safeguarding records, accident and incident logs, health and safety records, medicine administration records, policies and audits.

We asked the provider to send additional information after the inspection visit. The information we requested was sent to us in a timely manner.



# Is the service safe?

## Our findings

People and their relatives told us that they felt that they or their relative were receiving safe care at the service. One person said, "You know if you did need help, there would be somebody there." Another person said they felt safe because there is a buzzer which "gives you confidence." A relative commented, "I never felt [person] was in any danger, even when there was a high staff turnover."

At the last inspection in January 2017, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 12 Safe care and treatment. This was because we found that the risks from fire were not adequately mitigated by the procedures and control measures in place within the service. During this inspection we found improvements had been made in this area. However, at this inspection we identified concerns with the lack of assessment of risks to people's safety and recruitment practices. Therefore, the key question remains Requires Improvement.

There was a fire risk assessment in place. The service had been inspected by the Fire services and actions identified had been completed. Fire safety equipment such as extinguishers, emergency lighting and the fire alarm system had been routinely checked and maintained. Practice fire drills had been undertaken. Each person who lived at the service had a Personal Emergency Evacuation Plan (PEEP). A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency. Staff told us they felt confident of what action to take if there was an emergency situation and outlined the processes in place. Staff were clear on the procedure they should follow in such a circumstance.

Arrangements were in place should an emergency occur which included an out of hour's policy, which enabled serious incidents affecting people's care to be dealt with at any time. There was also an emergency accommodation plan in place should the premises be inaccessible. This ensured that people could continue to receive safe and continuous care in case of emergencies.

We found that some risks to people's safety had not been properly assessed or minimised. Some people's care plans documented that they were at risk of choking, but there were no individual risk assessments in place to show how the risk could be reduced. Neither was there any guidance for staff about how to manage choking. This meant that in the event of a choking incident, there could potentially be delays in actions taken by staff and this could put people at significant risk of harm. Another person's care plan documented that they could display behaviour that others may perceive as challenging. However, there were no risk assessments or further guidance in place for staff to refer to so they could support the person safely and minimise any distress to the person and other people living in the service. We discussed this with the provider and registered manager who confirmed this would be immediately rectified and also shared with the staff.

The failure to assess and minimise known risks to people is a breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other risk assessments were detailed and provided staff with a good level of information and guidance to enable them to support people safely. For example, some people had been assessed as being at risk of developing pressure ulcers. In these cases, the plans detailed any pressure relieving equipment in use, such as specialist cushions. When people needed to have their position changed regularly, in order to avoid skin soreness, the required frequency was documented. Position change charts showed that people had their positions changed in accordance with the care plans. On the day of the inspection we heard the registered manager reminding staff to complete the charts.

Risk assessments for people who were at risk of falls were seen within their care plans and staff were aware of these. These were regularly reviewed to ensure they contained up to date information. There was detailed guidance for staff on how to support the person in reducing the identified risks. For example, for one person their care plan guided staff in the mobility equipment to use and when this may be appropriate.

The service did not always follow an effective recruitment process before new staff began their employment. All stages of the recruitment process as outlined in the provider's policy had not been adhered to. For example, in one of the files we reviewed, a second reference had not been obtained. In other files we found gaps in employment had not been explored further or investigated at the interview. These had not been identified by the registered manager prior to the inspection.

Following the inspection, the provider confirmed that a second reference had been sought for the employee and this was now in place. The provider also confirmed that they had investigated the identified gaps in employment and recorded this in the staff files.

We found that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

During the inspection, we found there were sufficient numbers of staff to meet people's needs. Staff were visible throughout the day. Staff did not seem rushed and were able to attend to people's needs in a timely manner. The registered manager told us they took account of the level of care and support people required each day to plan the numbers of staff needed to support them safely. Rotas seen for the day of the inspection confirmed that the stated number of care staff were present in the service. People told us that they thought that there were enough staff on duty to support them safely. The registered manager informed us that they were in the process of recruiting more night staff to fill current vacancies. Records showed that the service had a low level of agency usage. This meant that people received continuity of care from staff they knew and recognised. This was especially important for people who were living with dementia who may have difficulty remembering new staff.

The provider had policies and procedures in place for safeguarding adults. Staff also had access to the updated local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area. It provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff were aware of the signs of abuse and the process to follow if they had any concerns. One staff member said, "I will raise any concerns immediately with the registered manager and contact the local authority or the Care Quality Commission if necessary." We looked at safeguarding records and found details were logged and appropriate action was taken in each instance, including full investigations. Referrals to the local authority and notifications to the Care Quality Commission were made as necessary.

Staff also said they felt able to raise any concerns about poor care. All were familiar with the term

"whistleblowing" and all knew how to report internally using the provider's procedures as well as knowing they could also contact the commission.

Medicines were managed safely and records showed that people had received their prescribed medicines and creams regularly and in line with GP directions. All medicines were kept in a locked trolley, which was stored in a locked medicine's room. The medicine's room was kept at a consistently appropriate temperature. The fridge for storing medication was locked and temperatures were recorded. An up to date photograph was included in people's medicines records. This enabled staff to recognise and visually check the medicines corresponded to the person. Protocols were in place in all records we reviewed for people's 'as required' medicines. These protocols described when a person may require the medicine and how this may be communicated to staff. Records were kept of why 'as required' medicines had been administered. This enabled the service to monitor and review the effectiveness of these medicines and for any emerging patterns or trends.

Staff administering medicines to people took their time and did not rush people. Staff checked people had a drink and ensured medicines had been swallowed before signing the medicine administration charts (MAR). They asked people if they needed any additional medicines, such as pain relief. Where people sometimes refused to take their medicines, this had been clearly documented and the GP made aware promptly so that any risks to people's health could be monitored and managed.

People were protected by staff following good practice to prevent and control potential infection. For example, hand washing was thorough and staff had access to personal protective equipment, such as gloves and aprons, to reduce any possibility of cross contamination. The service was clean and odour free. The registered manager completed infection control audits to ensure best practice guidelines were followed. Substances hazardous to health were kept securely within a locked cupboard in order to minimise the risk of people using them inappropriately.

## Is the service effective?

### Our findings

At our previous inspection in January 2017 we rated this key question as Good. Following this inspection this question is now rated as Requires Improvement.

We reviewed the staff training records and saw that staff received training in areas such as moving and handling, health and safety, fire safety and administering medicines. However, in some areas such as the Mental Capacity Act 2005 (MCA 2005), Deprivation of Liberty Safeguards and diversity and equality, over half the care staff had not completed any training in these subjects. In other areas such as first aid and safeguarding vulnerable adults staff had not received regular refresher or update training. This meant that legislation and guidance may have changed since the last time they received the training and staff may not be up to date in their skills and knowledge. The service was providing support to people with specific health needs such as behaviour that others may find challenging. However, staff had not received any training in this area, in exception of the registered manager who last completed the training in 2014.

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

Following the inspection, the provider confirmed that training sessions had been booked for staff to ensure that they receive the required updates in the areas identified.

New staff completed an induction process. We reviewed the induction staff completed. This introduced staff to systems and processes within the service, working with people in a respectful and dignified way and through the service's policies and procedures. All staff we spoke with had completed an induction. Staff spoke positively about the induction process. One staff member said, "The induction was good, it prepared me for the role." Other staff said, "The induction was thorough. I shadowed an experienced staff member" and "I found the induction was good, management and the team were supportive."

Staff received regular supervision and this covered topics such as recruitment, health and safety, annual leave and sickness, changes in people's needs and any personal matter staff wished to discuss. The registered manager told us that where practice fell short, this was discussed with the staff member and then reviewed to see if improvements had occurred. For example, where staff had made errors in administering medicines, this was discussed in their supervision, a plan of action was agreed and their performance was monitored and reviewed to check if improvements were made. Appropriate support was provided to the staff during this period.

The Mental Capacity Act 2005 (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 and hospitals 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 reviewed how the registered manager had ensured people's freedom was not restricted. We found applications had been made to the local authority as needed. The registered manager had a system in place to monitor and record applications which had been granted by the local authority and when these were due to expire.

Staff had an understanding of people's rights and the need to gain consent from people prior to them providing care and support. We saw staff obtaining consent before they provided care for people. For example, we heard staff seek permission before they entered people's rooms and when supporting them in activities or their meals. One staff told us, "I give people choices and I respect their choice and decisions. I give people time if they refuse."

The service was nicely decorated and felt homely. The dining room and lounges were decorated in a homely fashion with bright, cheerful colours and soft furnishings. All looked clean and tidy. The dining room had the feel of a tea shop with pretty china arranged on dressers, patterned table cloths, artificial flowers on tables and co-ordinating coloured napkins. There were signs in place to guide and orientate people to where they were within the service. There was a date board on display in the dining room which had the correct date, season and weather for the day.

Rooms were personalised and we saw people's wishes to have their rooms how they chose were respected. On the day of the inspection, one person was moving into another room. This was facilitated by staff and their furniture was being arranged as per their wish. Another person with advanced dementia had been moved to a downstairs room, by the front door where they could be more aware of people coming and going, including their family.

People were supported to have enough to eat and drink. Nutritional care plans were detailed and included information for staff on people's food and drink preferences and we observed staff followed this on the day. For example, one person needed help to have her food cut up and we saw staff did this for the person discreetly, enabling the person to then enjoy their meal independently. People's weight was monitored and when people lost weight they had been reviewed by the dietician. Some people were having fortified diets or had specialist dietary needs when required. Fortifying is when small quantities of everyday foods, such as cream, milk powder or butter are added to a food or meal to increase the nutritional content, without increasing the portion size. This means every mouthful the person eats will be more nourishing. Where people were having their food and fluid intake monitored the charts had been completed in full. One person needed full staff support to have their meals. We observed staff paused between mouthfuls to allow the person to swallow and waited until they opened their mouth again. This enabled the person to fully enjoy their meal.

The feedback about the food provided at the service was positive. One person said, "The food here is very good." Another person said, "The food is A1, they know what we like." A relative commented, "[Person] has lovely food." We observed that staff offered people choices at mealtimes and showed people options to support them in their decisions. People enjoyed their meals at their own pace and were seated in their preferred space. Staff members regularly offered people drinks. There were jugs of orange and blackcurrant in rooms and in the dining room.

Additional requests for food and drinks were accommodated. We saw a person directing a staff member to a drink trolley, indicating they wanted a drink. The staff immediately supported them to make a drink and the person smiled indicating they were happy. The food choice for the day looked and smelled appetising. In the morning, people were offered a piece of home-made chocolate or fruit cake, which also smelt delicious. Drinks were served in matching mugs.

People had access to medical professionals when this was required to ensure their health status was maintained. People told us staff were prompt to obtain medical assistance when it was required. A relative told us that staff were quick to pick up when [person] became ill and they contacted the GP quickly and the person was taken to hospital in good time. People's care records showed other healthcare professionals such as chiropodists and opticians had visited people. We also saw letters sent to people from hospitals for outpatient appointments.

Each person had a health care passport with information relevant to their support needs, should they require admission to hospital. A health care passport provides personalised information in an easy to follow format to inform others about the person's needs. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion. For example, staff identified that a person who was previously using a wheelchair to mobilise was more mobile than initially thought. A referral was made for a physiotherapy assessment. Following the assessment, it was outlined that the person was able to walk for 20 minutes when they were outdoor, hydrotherapy activities were introduced and staff were to encourage the person to mobilise without their wheelchair. We saw that the person was being supported and encouraged to achieve these goals.

People's needs were assessed in line with their health and social care needs. The registered manager told us that they undertook all assessments prior to people moving into the service. Records showed that people's family and external professionals were involved in the initial assessment. This ensured that important information was not missed. The registered manager told us that the assessment helped them to make a decision as to whether they could safely support the person based on their needs, the staffing levels and staff skills.

The service had implemented a transition plan for a person who had recently joined the service. The plan was designed to help the transition go as smoothly as possible. It included suggestions on things the person may need to have in place prior to the move, the hours of support needed, activities that they preferred, details of their circle of support, professional input needed, any specialist equipment such as, wheelchair, shower chair or walking frame, their religious and cultural needs.

The initial assessment and the transition plan formed the basis of a comprehensive care plan. Care plans contained information about what was important to people, their preferred methods of communication, their daily routines, where they like to spend their time and how staff should support them if they became anxious, for example, it was noted in one care plan that the person would like to be offered a cold drink and a biscuit when they became anxious. The care plans contained detailed information on people's personal care needs, nutritional needs, medicines management, communication, social and emotional needs, daily living choices, cultural needs and religious beliefs, for example, it was clearly identified if people needed support to attend the local Church or whether they preferred to have the priest come to the service every Sunday for communion.

## Is the service caring?

### Our findings

People told us they were supported by staff who were kind and caring. One person said, "Staff are good, kind and courteous." Another person said, "Staff are lovely, nice and friendly." Other comments included, "I am well looked after. I can't fault anything."

Relatives were equally positive. Their comments included, "Staff are lovely", "[Person] is always clean and shaved" and, "Staff are friendly and welcoming."

People told us they had good relationships with staff. They said, "People here are very understanding. They help us as much as they can" and "When we have a problem, we talk to them. They do their best to help us."

People were offered comfort and support when appropriate. We observed one person who became agitated and distressed when their family left after a visit. Staff supported the person to calm down. Staff spoke to the person in a soft and soothing voice. At the same time, they were discreet and protected the person's dignity. Staff approach helped to calm the person and reduce their anxieties. Staff proceeded to take the person to their room and offered them a cup of tea.

We observed staff showed appropriate care intervention skills such as bending down to talk to someone and speaking respectfully with people at all times. Each person was acknowledged by their name and staff clearly knew people well. They had knowledge of people's past profession and people who were important in their life. Staff had a good understanding of people's personal history and what was important to them.

The service acknowledged and supported people to celebrate their life's achievements. One person was awarded the Legion of Honour. The Legion of Honour is the highest French order of merit for military and civil merits awarded for excellent civil or military conduct delivered. Staff supported and helped the person's relative to organise a celebration in the service. Approximately 30 people attended and a buffet was also organised. The relative said, "The service was faultless and staff were absolutely brilliant."

Staff took their time with people who needed reassurance, they sat and held their hand and spoke with them in a calm reassuring manner. At no point did staff give any indication of how busy they were, but were patient and compassionate in their approach. One staff gently stroked the person's forearm to provide comfort and was very discreet in their discussion. The person visibly relaxed and became more settled during the conversation.

People were encouraged to maintain their independence. We observed at mealtimes that people were offered support but were encouraged to do things for themselves. Staff told us they always encouraged people to do what they could so they do not lose their skills and independence. For example, when supporting people with personal care, they said they would encourage them to do as much as they could for themselves, give them plenty of time and not rush them. They understood the importance of respecting people's individual rights and choices.



Family and friends could visit when they wished. There were no restrictions on visitors. Relatives said they were always welcomed when they visited and staff ensured they were spoken with. One relative told us, "We can turn up unannounced and we feel welcome." The registered manager told us that they had arranged to pick up one person's relative on Christmas day so that they could share the Christmas meal together. A relative told us that staff had supported a person to go out and choose a mother's day card, which they were very pleased with.

People were able to spend time in communal areas or in the privacy of their own room. We spoke to people who told us they enjoyed spending time together. People told us they were able to ask staff to take them back to their own room whenever they wanted. People felt involved in their care and believed they had the ability to say what they wanted to do and what they wanted to happen.

Some information about the service was made available to people in user-friendly formats, for example in large print, pictorially, or with the use of symbols. The registered manager told us that they were planning to have more information in accessible formats. We observed staff communicated with people in the way best suited to their needs. Staff used a variety of communication methods including touch, and spoken English. This helped to ensure people were kept informed about events at the service and able to play an active role in these if they wanted to. Records showed people, and their relatives where applicable, were involved in making decisions about care and support. Assessment and care planning documentation showed people were consulted about their wishes when they first came to the service and then on an on-going basis. Relatives told us staff contacted them if there were any changes to their family member's care or if any issues arose.



## Is the service responsive?

### Our findings

People and their relatives told us they were satisfied with the care they had received. One person told us they had not had cause to complain about anything. Another person told us they were confident the management would listen to them if they raised a concern. A further person told us, "When we have a problem, we talk to them."

People told us they felt they could say if they were not happy with their care and were aware of who to complain to. There was a suggestion box just inside the door with printed sheets of paper ready for use. The registered manager had displayed the provider's complaint procedure on the notice board so people were able to access this, including visitors. This procedure included the contact details of the Care Quality Commission. This meant people could access the provider's complaint procedure. However this was not in an accessible format to ensure it was available to everyone. We discussed this with the provider and registered manager and they informed us that they would ensure that this information is made available in accessible formats. We looked at the complaints file and saw there had been no complaints in the last 12 months.

People's care plans contained detailed and personalised information about their past lives. This had been sensitively prepared and gave good insights into people's individual achievements and personalities. There were information on people's family connections and relationships to help staff understand people's social backgrounds. Care plans contained current photographs of people and contained people's consent to their information being shared with relevant parties. The details in the care plans projected a clear picture of people's current needs.

We saw that staff followed people's care plan. For example, where people's care plan stated that they needed support when mobilising, we saw that staff provided this support by holding people's hands and walking at a pace that people were able to keep up with. Other people used equipment such as wheelchairs. Another person's care plan stated that they liked to be supported with a shower every day. We checked their daily records and found that they were provided with this support on a daily basis. Daily records reflected accurately what support a person had been offered and if there were any concerns. Although most were task-based, entries did indicate where people had made their own choices and had their preferences met.

People's care plans included details of people's preferred routines for getting up and going to bed. One person told us, "You can choose when to get up and when to go to bed" and another person said, "It's no hassle to get up or go to bed." People's preferences in relation to their food and drink were also documented. One person said, "I like my cup of tea and they make it how I like it." Personal hygiene plans contained the level of support people required and we saw this was reflected in the daily records that we checked. Care plans contained details of people's social preferences. In one person's plan it was documented that they enjoyed attending church services with staff support and in other plans we saw people preferred to attend services in the service.

At the beginning of each shift, there was a staff handover. The registered manager told us they attended the

morning handover and staff confirmed this. At every shift change, the senior staff held a handover meeting to discuss the care of people or if there were any problems with the running of the service to keep the registered manager up to date. Staff confirmed they attended handovers.

The provider employed a senior staff who was allocated to support people with activities and provided 1:1 time for people. Other senior and care staff would step in to cover the 1:1 staff when they were on leave or unavailable. This ensured that people could continue to have meaningful activities at all times. There was a varied activity programme, which was split between communal activities and 1:1 time for people. There was an activity board just inside the dining room with photographs of recent events that took place in the service. Activities on offer included Zoo Lab (Zoo Lab offered animal handling experiences and provided sensory experiences for people), art and craft, outings and day trips, music motivation sessions, finger nail painting, quizzes, restaurants, swimming, bowling and daily walks in the local community.

The service also had access to a wheelchair accessible minibus which was used for day trips and outings. There appeared to be a lot of emphasis and time spent doing 1:1. The registered manager told us that people enjoyed spending time with the 1:1 staff and other care staff. This ensured that no one was isolated if they chose to stay in their room or not participate in the group activities. We saw people chatting to each other or with staff coming into the room and they shared a paper.

## Is the service well-led?

### Our findings

People, relatives and staff we spoke with during the inspection visit told us the registered manager was accessible and they felt able to approach them about any issues or concern. One person said, "The manager is approachable. [Registered manager] always does things for me." A relative said, "The registered manager is fine. They always come to see us when we visit if they are around."

At our previous inspection in January 2017 we rated this question as requires improvement. Following this inspection, this question remains as Requires Improvement.

The rating at the time of the previous inspection was due in part to the provider not having a registered manager in post. At that time the manager was in post however they had not registered with the Care Quality Commission (CQC). At this inspection, there was a registered manager in post.

The provider had an audit programme which included accidents and incidents, safeguarding, complaints, training plans, medicines, recruitment, care plans and risk assessments. However, these quality assurance processes had not been sufficiently robust to consistently identify and resolve shortfalls in the quality and safety of the service. This meant that areas of the service that we found during this inspection that presented risks to people and the failure to meet regulations were not identified.

Risk assessments had not been undertaken where people were known to be at risk of choking and behaviours that others may find challenging. This meant that no actions to reduce those risks had been documented and there was not clear guidance in place for staff to follow in the event of a choking incident. The omission of a second reference and gaps in employment were not identified by the registered manager. The provider's systems were not effective in identifying the shortfalls and gaps in training. For example, training needs in some areas, such as Mental Capacity Act 2005, diversity and equality and positive behaviour support had not been recognised or addressed. Training updates and refreshers in areas such as safeguarding adults, health and safety and first aid had not been offered in a timely manner. This meant that legislation and guidance may have changed since the last time they received the training and staff skills and knowledge may not be up to date.

All of the above constitutes a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

We asked the registered manager what their vision for the service was and they said they wanted the service to be truly person centred and to reflect a homely and friendly environment. They told us they felt supported by the provider who was also present at the time of the inspection.

Staff we spoke with were confident with the care provided and told us they liked working at the service. One staff told us, "The registered manager is always helpful and very supportive." Another staff said, "The registered manager is very supportive; I can ring them at any time if I need support." Other staff said, "I feel able to speak up and ask for feedback, advice and guidance when necessary" and, "Management is

approachable and listens."

Records showed that staff meetings took place regularly. Staff we spoke with confirmed these had taken place and said they felt able to raise any matters they wished. Staff meetings were used as a forum to discuss any significant issues or events in the service, including learning from any safeguarding incidents or accidents, good practice in key areas such as medication and infection control and clear direction given to all staff about expectations around care delivery and conduct. Staff told us they received regular supervision with the registered manager and felt well supported in their work.

Feedback had been sought from people and their relatives about their experiences of care at the service through meetings, reviews and regular conversations. A relative told us that there were regular family meetings with the service. We saw that there was a joint family meeting scheduled on the following day. The registered manager told us they were working on ways to increase people and their relative's involvement in the service.

The service had developed good links with the local school. Children from the school visited the service for high tea with the people living in the service and participated in activities. There were pictures of the event displayed in the dining room area. A few people from the service then went on to watch a play at the school, which they told us they enjoyed. The local school children came at Christmas time to sing Christmas carols for the people at the service.

Accident and incident forms were reviewed by the registered manager in order to look for any trends to help in reducing similar incidents and reduce risks to people's safety and welfare. Accident records were completed and highlighted the incident and the action that was taken to prevent similarly incidents.

The registered manager understood their responsibilities around meeting their legal obligations for example, by sending notifications to CQC. Notifications are information about specific events that the service is legally required to send us. This ensured that people could raise issues about their safety and the right actions would be taken.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the entrance to the service and on their website.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Known risks were not always assessed and minimised.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality monitoring systems were not fully effective.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured that staff had completed or had regular training to be effective in their role.