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# The Old Rectory

## Inspection report

45 Sandwich Road  
Ash  
Canterbury  
Kent  
CT3 2AF

Tel: 01304813128

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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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection was carried out on the 5 January 2017 and was unannounced.

The Old Rectory provides accommodation and personal care for up to 40 people who have physical disabilities and learning disabilities. People's needs varied and some people needed support with communication and their healthcare needs. Some people were living with autism and some people needed support with behaviours that challenged. On the day of our inspection there were 36 people living at the service.

We last inspected this service in June 2016. We found significant shortfalls and the service was rated inadequate and placed into special measures. The provider had not ensured that care and treatment was being provided in a safe way. Staff had not ensured the proper and safe management of medicines. People did not receive the support they needed to eat and drink safely. Staff had not received appropriate support and training to enable them to carry out their duties. The provider had not ensured that the systems and processes that were in operation to assess, monitor and improve the quality and safety of the service. The provider had failed to maintain accurate and complete records in respect of each person. The provider had failed to meet the conditions on their registration and had failed to display their rating.

We took enforcement action and required the provider to make improvements. This service was placed in special measures. Services that are in special measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. The provider sent us regular information and records about actions taken to make improvements following our inspection. At this inspection we found that improvements had been made in many areas. There were still areas where improvements were required.

The provider told us they were in day to day charge of running of the service. The provider is a registered person. 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.

Staff were attentive to people, but due to the large number of people present and their varying range of needs they did not always receive person-centred care. Staff had not identified goals for people to work towards and some people required more support to be as independent as possible. There were enough staff to meet people's needs, however, they were not always deployed effectively. People sometimes had to wait to receive the care they needed and on two occasions, we had to alert staff that people needed support.

Records were not always clear and up to date and information relevant to people's care and support was not always shared amongst the staff team. One person had lost weight and staff had not recorded the conversation with the person's doctor. The person had continued to lose weight and no consideration had been given to ways of reducing this risk. Incident forms were not always completed when incidents occurred. When accidents and incidents did occur they were not collated and analysed to look for any

themes or patterns that may reduce the likelihood of them happening again.

Risks relating to people's care and support had been assessed but guidance was not always available for staff on how to manage these risks. Some people had a catheter in place to assist them passing urine. Their care plan stated they were at risk of 'urine infections' and directed staff to liaise with health care professionals with regards to 'any abnormalities such as blockage, no output etc.' There was no guidance in place for staff about how the person may present if they were unwell, or what other 'abnormalities' may occur.

A new system of auditing was being introduced by the provider and they felt this would help rectify some of the issues identified at this inspection.

People were relaxed in the company of staff and everyone told us that staff were kind and caring. Staff knew people well and had built up strong relationships with them. People were treated with dignity and respect. People took part in a range of activities, both inside and outside of the service. On the morning of the inspection, some people took part in an arts and crafts activity.

People's medicines were managed safely. There were appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines. Staff had sought advice and guidance from a variety of healthcare professionals to ensure people received the best care possible. People were supported with their health care needs effectively.

People were supported to eat and drink safely. They were offered a choice of different food at meal times, and meals appeared home cooked and appetising.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there were any restrictions to their freedom and liberty, these had been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body and renewed in line with guidance.

Staff were checked before they started working with people to ensure they were of good character and had the necessary skills and experience to support people effectively. They received induction, training, and supervision to support people effectively. There was an on going training programme to ensure that staff had the skills and knowledge to meet people's needs. Staff knew how to recognise and respond to abuse. The provider and deputy manager were aware of their responsibilities regarding safeguarding and staff were confident the management team would act if any concerns were reported to them.

Regular health and safety checks were undertaken to ensure the environment was safe and equipment worked as required. Regular fire drills were completed.

People, their relatives and staff all commented on the approachability of the provider and told us that they felt the service was well-led. The CQC had been informed of any important events that occurred at the service, in line with current legislation.

People's relatives, staff and other stakeholders were regularly surveyed to gain their thoughts on the service. There was a complaints policy in place and people and their relatives said they knew how to complain if they needed.

As this service is no longer rated as inadequate, it will be taken out of special measures. Although we acknowledge that this is an improving service, there are still areas, which need to be addressed to ensure people's health, safety and well-being is protected. We identified a number of continued breaches of Regulations. We will continue to monitor The Old Rectory to check that improvements continue and are sustained.

## 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.

Staff were not always deployed effectively to keep people safe.  
Staff were checked before they started working with people.

Risks had been assessed but guidance was not always available for staff on how to manage these risks.

Regular checks were carried out on the environment and equipment to ensure it was safe and fit for use.

Staff had received training and knew how to recognise and respond to different types of abuse.

Medicines were managed safely.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

When people lost weight staff did not always respond quickly.

People had a choice of meals and were supported to eat and drink safely.

One person had a DoLS in place and the provider had applied to have this renewed. Staff had an understanding of the Mental Capacity Act.

People and their relatives told us they were supported to manage their healthcare needs effectively.

### Is the service caring?

**Good** ●

The service was caring.

People were relaxed in the company of staff and everyone said staff were kind and caring.

People took part in regular meetings where their views were used to plan activities out and menus for the months ahead.

Staff treated people with respect and dignity. They knocked on doors before entering and people were given the assistance they needed in a discreet manner.

### **Is the service responsive?**

The service was not consistently responsive.

Staff were attentive to people, but due to the large number of people present and their varying range of needs they did not always receive person-centred care.

People took part in a range of activities, both inside and outside of the service.

Complaints were documented and responded to in line with the provider's policy.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well-led.

Records were not always clear and robust which meant important information was not always shared with the entire staff team.

A new audit tool was being introduced, which the provider hoped would pick up on the issues identified at this inspection.

People, their relatives and other stakeholders had been asked their views on the service. These responses were in the process of being collated and analysed.

People, their relatives and staff all commented on the approachability of the provider and told us that they felt the service was well-led.

**Requires Improvement** ●

# The Old Rectory

## 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 5 January 2017 and was unannounced. It was carried out by three inspectors.

The provider completed 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 the inspection we reviewed all the information we held about the service, we looked at the PIR, the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the provider and the deputy manager. We spoke with four members of staff. We looked at six people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

We observed how people were supported and the activities they were engaged in. Some people were unable to tell us about their experience of care at the service so 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.

During the inspection we spoke with one relative.

We last inspected this service in June 2016. Breaches in the regulations were identified at this inspection.

# Is the service safe?

## Our findings

At our last inspection in June 2016 the provider had failed to make sure that risks to people, staff and others had been managed to protect people from harm and ensure their safety, and had failed to make sure that care and treatment was provided in a safe way. We took enforcement action against the provider. The provider sent us an action plan telling us how they were going to improve.

At this inspection overall we found improvements had been made in keeping people safe. People told us and indicated that they felt safe living at the service. They were relaxed in the company of staff. One relative told us, "I couldn't wish for anything better. [My loved one] is safe."

At the previous inspection risks relating to people choking had not been managed safely. At this inspection improvements had been made. When people were at risk of choking there were clear guidelines in place on how they should be supported to eat and drink safely. The risks relating to people choking were clearly documented and there was guidance in place for staff to follow if a person began to choke. All staff were aware of people's eating and drinking guidelines and people were supported to eat and drink safely.

At the previous inspection people's behaviour was not managed safely. At this inspection improvements had been made. There was information to show staff what may trigger behaviour and staff were aware of the strategies to minimise any future occurrence. One person became distressed and began to bite their hand. They pushed a table and staff intervened immediately. They approached the person calmly, bent down and placed their hand in a reassuring manner on the person's arm. They used sign language and asked the person if they would like a cup of tea as a distraction. The person walked off with the member of staff and we saw them later with their tea, visibly smiling and relaxed.

At the previous inspection two people did not have a care plan in place to provide guidance to staff about how to safely provide their care and support. One person who moved in recently did not have any risk assessments relating to risks such as fire, moving and handling and dangers from the environment. At this inspection improvements had been made and staff had completed risk assessments for each person. The risks that had been identified were transferred into the care plan. However, the guidance needed to mitigate these risks and say what action staff were to take if the risk occurred, was not always in place.

One person needed support with their catheter care. Their care plan stated, 'I may become sore and have urine infections' and 'Care staff to liaise with district nurse for changing of my catheter and also any abnormalities such as blockage, no output etc.' However, there was no guidance in place for staff about how the person may present if they were unwell, or what other 'abnormalities' may occur. There was a risk people may get inconsistent support from staff with regards to their catheter care. We discussed this with the deputy manager and the provider and they agreed that more detail would be beneficial.

Staff did not have the guidance needed to ensure people received consistent support with their catheter care. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



At the previous inspection medicines were not managed safely. At this inspection improvements had been made. There were now appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines. Some medicines had specific storage requirements and these were stored safely.

Staff were trained in how to manage medicines safely and were observed by senior staff a number of times administering medicines before being signed off as competent. Medication Administration Records (MARs) were fully completed, showing people received their medicines as and when they needed it. People now received all of the medicines they needed, including blood thinning drugs such as warfarin. Two members of staff now checked and signed if any changes or amendments were made to people's MARs, in line with current guidance.

Some people had medicines on an as and when basis (PRN). There was clear guidance in place so staff knew when people might need these medicines and how much they should take. There was now accurate guidance in place so staff knew where to apply people's creams. Bottles of medicines and creams were routinely dated when they were first opened. Staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when they were going out of date.

Fridge and room temperatures were now taken each day to ensure medicines were stored at a safe temperature. Staff now checked people's medicines when they left the service to visit friends and family. When they returned they checked again to ensure people had taken the right amount of medicine whilst they were away from the service.

There were enough staff to keep people safe, however they were not always deployed effectively. During lunch time there were 21 people in the conservatory eating their meal. Staff were around and in and out of the dining room during the mealtime, but there was no obvious organisation for this to support people and care details were missed. One person spilt custard down their front and they were pointing at their chest and pulling at their top. Staff only became aware of this when we highlighted the person's distress. Another person was sitting in a side lounge and scratching at their leg. They scratched so hard that their skin began to bleed. We sat in the side lounge for 15 minutes and although several staff members walked through, no one stopped to look at the person's leg. We asked a member of staff to assist the person and the person's leg was then cleaned and dressed.

We discussed these incidents with the provider and they agreed that staff deployment should be reviewed.

There was not a sufficient number of staff successfully deployed to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with the people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out

the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

Staff knew how to recognise and report different types of abuse. They had received safeguarding training and information about abuse. Staff told us they would report any concerns to the registered manager. Staff were confident that the deputy manager and the provider would act on any concerns that were raised. The provider and deputy manager was aware of their safeguarding responsibilities. Referrals had been made to the local safeguarding authority when required and action had been taken to reduce the risks of incidents happening again.

# Is the service effective?

## Our findings

At our previous inspection in June 2016 the provider was failing to ensure that people had suitable food and drink to keep them healthy and well. We took enforcement action against the provider. The provider sent us an action plan telling us how they were going to improve.

At this inspection we found that on the whole improvements had been made. People were supported to eat and drink safely and action was taken if they required additional support. Relatives told us they felt people received the support they needed. One relative said, "They are brilliant. I cannot fault them. It is the best place, I am so glad [my loved one] is here."

At the previous inspection, people's weights had not been monitored consistently. At this inspection some improvements had been made. However, action taken had not been consistently documented and information from healthcare professionals had not been shared with the entire staff team. One person had lost 5kg between January and June. Staff had written that they would 'mention to GP at annual review.' The outcome of this meeting had not been documented and the person had lost a further 3.8kg between June and December. We asked the deputy manager about this and they were unable to tell us if this had been raised with staff or what action staff had been advised to take. They spoke with a member of staff who confirmed they had spoken to the person's GP and been informed that the weight loss was, "Part and parcel of the person's dementia." No thought had been given to ways to encourage the person's weight to stabilise and this information had not been shared with the wider staff team.

Other people's weights were monitored carefully. When other people had lost weight they were encouraged to eat a fortified diet, and staff added full fat cream and other high calorie foods to their meals to help them maintain a healthy weight.

People's weight loss was not always managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection staff did not have up to date guidance to support people to receive the food and drink that they needed. We observed staff supporting one person in an unsafe manner. At this inspection improvements had been made. A speech and language therapist had assessed each person that required support with eating and drinking and clear guidance was in place for staff to follow. The provider had ensured that the guidance was easily available and displayed in the kitchen for all staff to see. The chef told us, "With the people who need food blended, one needs it fork soft and the others have it pureed. We blend each item individually so they can see the different colours on the plate and know what flavour it should be." Throughout the day people received drinks of the correct consistency and staff supported them to eat and drink safely.

At the previous inspection people did not always get the support they needed to manage their diet in line with their diabetes. At this inspection improvements had been made. The provider had referred one person to a learning disability nurse who had explained the importance of eating healthily and what would happen

if the person continued to eat high sugar foods. The person had been assessed as understanding this information and what would happen if they did not follow a healthy eating plan. Records showed that the person was continuing to eat food that was high in sugar, but was offered diabetic alternatives wherever possible.

At the previous inspection people were not always given a choice about what they wanted to eat and drink. At this inspection improvements had been made. People were asked what they wanted to eat at regular meetings where notes were taken, and menus seen reflected their choices. On the day of the inspection staff asked people if they would prefer steak and kidney pie or chicken and people were able to choose between mash or roast potatoes. When people did not like the main dishes offered they were able to have an alternative of their choosing. The chef told us, "Some people chose to have something different for example [one person] had soup at lunch, if I can do it I will, sometimes they want things I don't have or that are frozen so we compromise."

People told us that they enjoyed the food and that it tasted good. One person said, "That was very nice." Another person said, "I have eaten all of mine up." A relative told us, "Oh, the food. I eat too much when I am here! It is just excellent."

At the last inspection staff had not received the training they needed to make sure they were suitably qualified, competent, skilled and experienced to work with people. Specialist training relating to people's health care needs such as diabetes and epilepsy had not been provided. Staff had not received training in how to support people with any behaviour that may challenge.

At this inspection improvements had been made. Staff had now received specialist training relating to people's health care needs. Staff had been trained to support people with behaviour that may challenge. Staff had also completed basic training on topics such as safeguarding and first aid.

Staff put their training into practice and gave people the support they needed. One person became distressed and staff gave them reassurance in a calm manner. Staff moved people safely and let them know what was happening before they moved them. Staff spoke to us about people's needs with knowledge and understanding.

New staff worked through induction training which included working alongside established staff. New staff completed the Care Certificate as part of their induction, which is an identified set of standards that social care workers work through based on their competency.

Staff received support during formal one to one meetings with the management team. They discussed issues that had happened in the service and reflected on their practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

One person had a DoLS authorisation in place. Staff had completed capacity assessments for this person and their relatives and other professionals had been involved in best interest meetings. Daily records showed that people made choices about their life such as declining meals and accessing activities outside of the service.

People were supported with their healthcare needs. Relatives told us that they felt people's health was managed well. One relative said, "If someone is poorly they are so good. If they are in hospital there is always someone there and if someone is in their room as they are unwell they are always in and out." And, "They take [my relative] along for their flu jab. [My loved one] is always really healthy."

Prompt referrals had been made to professionals such as district nurses and speech and language therapists to ensure that staff had up to date advice and guidance on how to support people effectively.

Staff assisted people to attend a variety of healthcare appointments and check-ups. Some people were unable to communicate verbally but staff said they knew when people were unwell. The outcome of all appointments was recorded clearly and risk assessments and associated documents were updated regularly as a result. One relative told us, "When [my relative] goes to the dentist or has other appointments they always tell me what has happened." People had health action plans in place detailing their health needs and the support they needed.

## Is the service caring?

### Our findings

People were relaxed in the company of staff and approached them throughout the inspection. One relative told us, "They are all so friendly. Even I am treated like part of the family." People told us that staff were kind and caring. One person said, "All the staff are lovely." Throughout the inspection, there were comments, conversation and laughter amongst people and staff.

People had been living at the service for many years and there was a stable staff team who had worked there for a long time. Staff had built up strong relationships with people and knew them extremely well. Staff knew people's likes and dislikes, and what was important to them. One person loved Christmas. The provider told us, "It is Christmas all year round for [the person]." Throughout the inspection the person was wearing a Christmas hat, and they were supported to paint a Christmas tree during an art session. Another person loved cars and had a large collection that they displayed and used in their activities. Staff recognised the importance attached to these and were helping the person repair some of the particularly well loved ones.

Some people were supported to help in the upkeep of the service. The conservatory was being cleaned and staff had cleared the floor by placing chairs on all of the tables. Once the floor had been swept and vacuumed one person helped to take all of the chairs back down. Staff encouraged the person whilst they were doing this, giving them lots of praise, and joking about all of their hard work. The person was laughing and smiling whilst they were doing their job.

Another person helped to vacuum the hallway outside of their bedroom. The person's music was playing in their room and the door was open so they could still hear it. The person told us that they liked helping and felt they were doing a good job. Later on that day the person was going to clean their room and they were visibly proud of this work, standing tall and smiling broadly.

When people were able to access the community independently staff gently prompted them to ensure they remained safe. One person approached the provider and told them that they were going to go to the pub. The provider said that was great, and asked the person what coat they were going to wear. The person sighed and replied, "The yellow one." The provider explained that the pub was down a country lane so the person had a bright yellow coat to ensure they were more visible in the dark, to keep them safe.

People were supported to take part in regular meetings to help make their views known. People discussed a range of topics at these meetings such as what activities they would like to take part in, in house and where they would like to go for trips out.

People personalised their rooms in line with their particular likes and preferences. One person offered to show us their room. They proudly pointed out the pictures and photographs that they had chosen. They showed us their bedspread and said that they had gone shopping with staff to choose it. Another person showed us the pictures of their loved ones displayed all around their bed.

Staff were attentive to people's needs. One person told us they had a headache and they had chosen to remain in their bedroom as they were having a 'duvet day.' Staff checked on the person regularly throughout the day to ensure they had everything they needed. They told us, "It is fine for [the person] to stay in their room, if that is what they want, we just want to make sure they are ok."

People were treated with respect and dignity. Staff knocked on people's doors before entering, and told us they always respected people's privacy. One person's support plan said that they needed to be prompted to go to the bathroom. A member of staff knelt down and asked the person in a quiet voice, "Do you need to go to the bathroom?" The person smiled and said yes and left the room with the member of staff. They were given the assistance they needed in a discreet manner.

People talked about the routines of the day and how they liked to spend their time. They spoke about the routines confidently as if these routines gave them some control. One person told us the mealtimes, "Breakfast at 9 o'clock, dinner at 1 o'clock and tea at 5 o'clock". People said they could get up and go to bed when they wanted and had routine times for this that suited them.

People were supported to stay in touch with their friends and relatives and visitors were always welcome at the service. Relatives told us that they were able to visit whenever they wished and that staff kept them informed of any changes to their loved one's care.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.

## Is the service responsive?

### Our findings

Most people had lived at the service for many years and were comfortable with staff and the care they received. The service was large and up to 40 people could reside there at any one time. Staff were attentive to people, but due to the large number of people present and their varying range of needs they did not always receive person-centred care. Some people were able to come and go as they pleased and assisted with the upkeep of the service. Other people required more support to be independent. People knew where to find staff if they wanted something. It was more difficult for people who were unable to verbally communicate or people who were less outgoing to gain the staff's attention outside of the routine times. The provider agreed that this was an area for improvement.

Goals were not formalised and as a result, people were not consistently working towards achieving new things or increasing their independence. We discussed this with the provider and the deputy manager and they agreed this would be beneficial for people. After the inspection they sent us a sample care plan, that included goals for a person. They had identified that it was important for this person to travel, and this was now something they were actively working towards.

Some people required assistance to communicate verbally. Although care plans directed staff to 'actively listen' to people and 'give them time to express themselves', there was a lack of visual prompts around the service to assist people to make their needs known. A menu was written on the whiteboard in the conservatory, although not everyone at the service was able to read. We discussed this with the provider and they agreed they would explore using pictures to assist people's understanding of what was for lunch and dinner.

We recommend that the provider seeks advice from a reputable source on ways to increase people's independence and ensure that communication is fully supported.

People took part in a range of activities both inside and outside of the service. On the morning of the inspection an arts and crafts session was being held by a visiting activities person. We sat and chatted to people and staff throughout this session. Different art and craft materials were out for people to choose from. Lots of people came and joined in with this session at different times. People were laughing and chatting and showing us what they were doing. Another two people came in and joined the group. One person said pointing to the other, "This is my best friend." They spent time talking and drawing and said they really liked doing this. Another person was drawing really fast and looked quite anxious. Left unattended this person grabbed the paper and pens and threw them. The person was directed to another activity of threading beads onto different pipe cleaners. During this activity they calmed and really concentrated on the task for much longer but there was a lack of staff support to maintain this. With the right support people could develop their skills and interests and this was an area for improvement.

Other in house activities included music sessions, aromatherapy sessions and keep fit sessions. People regularly attended social clubs and went swimming and horse riding. People spoke to us excitedly about the variety of Christmas events that had been organised recently. They had enjoyed participating in Christmas



parties and festivities, and told us they enjoyed when 'the bar was open' and 'they had a party tea.'

At the previous inspection people's needs were not always assessed before they moved in. One person had moved in since our last inspection. The deputy manager told us that the person had moved in the weekend before our inspection, at short notice. Information about the person had been provided by their care manager and their previous service. Staff were using this information until they got to know the person and were able to write a more detailed care plan.

The provider had a complaints policy in place that was available to staff and people. One complaint had been received since the last inspection. This had been documented and responded to in line with the policy. People told us that they would speak to staff if they had any issues. One person said, "If I have a problem then I go to the staff." Relatives told us that they found the provider approachable and had never felt the need to complain.

## Is the service well-led?

### Our findings

At our previous inspection in June 2016 we found that accurate and complete records had not been kept for each person. The provider had breached the conditions of their registration by having too many people living at the service and had failed to display their rating. The issues identified at the previous inspection had not been identified by the provider. We took enforcement action against the provider. The provider sent us an action plan telling us how they were going to improve. On the whole we found that improvements had been made, however there was still a variation in the quality of records that were kept.

Relatives told us that the provider was approachable and they felt the service was well-led. One relative said, "The provider is very genuine, they are very warm." And, "To me it is like a second home." People approached the provider throughout the inspection and greeted them warmly. One person gave the provider 'a thumbs up' each time that they walked into the room.

At the last inspection we found that records were not always clear and robust. People's daily notes had not been completed accurately, one person's health action plan was missing and feedback from healthcare professionals had not always been recorded fully. Some improvements had been made, however important information relating to people's care was not always documented accurately or shared amongst the staff team.

We reviewed people's daily notes and one person's read, '[The person] was very spiteful with another resident. When asked to stop they threw a knife, punched a member of staff and spat at them.' We asked the deputy manager about this incident and they were unaware that it had happened. An incident form had not been completed about the person's behaviour and no further action had been taken to identify triggers for the behaviour to ensure that it did not happen again. Staff confirmed that no-one had been hurt when the knife had been thrown.

Another entry in a person's daily notes had read, 'Had a fit, lasted about six minutes and took 20 minutes to come around.' We spoke with the deputy manager and they said this information was inaccurate, as medical attention would have been sought if a seizure had lasted that long. Staff confirmed that the seizure had ended when they used emergency medicine and the person had suffered no ill effects from their seizure. There was a risk that inaccurate information could be shared with the person's epilepsy nurse or doctor as it had been recorded incorrectly.

When accidents and incidents were documented they were reviewed by the deputy manager and appropriate action was taken. However, these were not currently collated or analysed to identify why they had occurred and if anything could be changed to prevent them from happening again.

One person required turning every two hours to support them to keep their skin healthy. A chart was in place to record when they were turned, however, this was only completed intermittently. It had never been completed at night time, although staff should have been completing this throughout the night and some days was not completed at all. The person did not currently have any pressure areas, however, there was a

risk that staff may not have been turning them as often as they should have.

The provider showed us a new audit tool that they were in the process of implementing. This included weekly checks on people's daily notes and staff handover sheets. Both the provider and deputy manager felt this would help rectify some of the issues identified at this inspection.

The provider had failed to maintain accurate and complete records. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection the provider had breached the conditions of their registration by having too many people living at the service and had failed to display their rating. The provider was now meeting all of the conditions of their registration and had not exceeded the number of people able to reside at the service. The rating was clearly displayed in a frame in a downstairs meeting room and was visible from the front door via a large glass window.

Many people had lived at the service for a number of years and appeared relaxed and happy in their environment. The provider was organising a party to celebrate the 35th anniversary of the service. People, their relatives and previous staff were being invited to celebrate the service's history. The provider, staff and relatives all described the service as having a 'family feel.' People's needs were met and improvements were being made, however, due to the size, layout and varying needs of people it was sometimes difficult for staff to provide person-centred care. Staff knew people well, however there was a lack of visual aids to ensure that people who needed support with their communication were able to make their needs known. This was an area for improvement.

The local authority commissioning team told us that the provider was seeking support and guidance when needed and was fully engaging with them. They met regularly with the provider and confirmed that any actions they had been asked to complete had been done so promptly. The provider had sought support from the local medicines management team and people now received their medicines safely.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

People and their relatives, staff and other stakeholders were asked for their feedback about the service on a yearly basis. The most recent surveys were in the process of being collated and analysed. Previously feedback had been read and considered and the provider had acted to address any issues that were raised. Most of the feedback seen was positive, and included comments such as, 'Management are always approachable and empathetic.' And, 'My daughter is so happy living there. I am grateful for the peace of mind I have knowing she is safe and happy.'

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Staff did not have the guidance needed to ensure people received consistent support with their catheter care.</p> <p>People's weight loss was not always managed safely.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to maintain accurate and complete records.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>There was not a sufficient number of staff successfully deployed to meet people's needs.</p>