

Lowfield House Limited

# Lowfield house Limited

## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out an inspection of Lowfield House Limited on 2 and 3 October 2017. The first day was unannounced.

Lowfield House Limited is located in the centre of Clitheroe in Lancashire. The service is registered to provide accommodation and personal care for up to 24 people. There were 24 people accommodated at the time of the inspection. Accommodation is provided over two floors linked by a passenger lift. All bedrooms are single occupancy and 21 have ensuite facilities.

At the previous inspection on 14 October 2016, we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to staff knowledge of safeguarding procedures, infection control practices and the systems in place to monitor the quality of the service. Following the inspection, we asked the provider to take action to make improvements and to send us an action plan.

During this inspection, we found there had been some improvements to the management of safeguarding procedures and infection control practices. However, we found there was limited progress to establish quality monitoring systems. We found four breaches of regulation in respect to the recruitment of new staff, staff training, the implementation of the Mental Capacity Act 2005 and the governance arrangements. You can see what action we told the provider to take at the back of the full version of the report. We also made a recommendation about ensuring people's care plans fully reflected their personal preferences and the care they were receiving.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and staff were kind and caring. Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse. We found some risks associated with people's health and safety had not been assessed and recorded. Whilst all people had an individual care plan, which was reviewed at regular intervals, we found the plans lacked detail about people's personal preferences.

There was no evidence to indicate people's mental capacity to make their own decisions had been assessed and recorded in line the requirements of the Mental Capacity Act 2005 and there had been no consideration given to the Deprivation of Liberty Safeguards.

We found there were systems in place to manage people's medicines.

The owner carried out all routine maintenance and undertook audits of the environment on a monthly basis. However, there were no checks in place to ensure safety certificates were in date and renewed. We

found the electrical safety certificate and fire system servicing certificate had both expired. Immediate arrangements were made for an engineer to visit the home during the inspection. We received copies of the safety certificates following the inspection.

Whilst there was a system in place to record accidents and incidents, we saw an analysis had not been carried out in order to identify any patterns and trends.

There were sufficient staff on duty at the time of the inspection and people's needs were met in a timely manner. A safe recruitment process had not always been followed and the recruitment and selection procedure did not cover all current regulatory requirements. The staff had completed a range of training and were appropriately supervised. However, staff had not completed moving and handling training for several years. This is important to ensure staff are aware of how to assist people's mobility safely.

There were appropriate arrangements in place to support people to have a varied and healthy diet. People had access to a GP and other health care professionals when they needed them.

Staff treated people in a respectful and dignified manner and people's privacy was respected. The registered manager and staff were observed to have positive relationships with people living in the home. People were relaxed in the company of staff and the home had a warm, friendly atmosphere. There were no restrictions placed on visiting.

There was a complaints process in place and people felt confident to raise concerns.

All people and staff spoken with had confidence in the management of the home and we received positive feedback about the registered manager. However, the systems used to monitor the quality of the service were not fully established and we found a number of shortfalls in all aspects of the operation of the home. We also found shortfalls in the maintenance of some records.

Following the inspection, the registered manager sent us copies of new documentation she intended to implement in the home. We were also sent copies of reports of work carried out by an electrical engineer.

## 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.

People told us they felt safe and secure in the home. The staff had completed appropriate safeguarding training and knew what action to take in the event of an alert.

There were sufficient staff to meet people's care and support needs. However, the provider had not always operated an effective recruitment procedure.

Not all risks had been assessed in line with people's needs and safety checks had not been carried out in a timely way on the electrical installations, fire systems and electrical lighting. We received copies of the safety certificates following the inspection.

There were arrangements in place to manage people's medicines.

All areas of the home seen were clean. However, there were no cleaning schedules or records.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Assessments of people's capacity to make decisions about their care and treatment were not undertaken in line with the Mental Capacity Act 2005.

Whilst staff were supported in their roles, they were not always provided with relevant training.

People were supported to have a sufficient amount to eat and drink. However, fluid and food intake charts had not been routinely totalled, in order to monitor the risks of dehydration.

People had access to appropriate healthcare services. However, people's healthcare needs were not always fully documented with their care plan and people did not have a specific oral health plan.

<p><b>Is the service caring?</b></p> <p>The service was caring.</p> <p>People were given care and support when needed. Staff knew people well and displayed kindness and compassion when providing care.</p> <p>People's privacy and dignity was respected and people were supported to express their views.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service responsive?</b></p> <p>The service was not consistently responsive.</p> <p>People's care plans were regularly reviewed, however, the plans were not always personalised and lacked detail about people's personal preferences.</p> <p>People had mixed views about the provision of activities. Daily activities were arranged on an informal basis based on people's preferences.</p> <p>People felt able to raise any concerns and there was a complaints policy in place.</p>	<p><b>Requires Improvement</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was not consistently well led.</p> <p>There were no effective systems to monitor the quality of the service.</p> <p>The registered manager was well respected and people had confidence in the management of the home.</p>	<p><b>Requires Improvement</b> ●</p>

# Lowfield house Limited

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

We visited Lowfield House Limited on 2 and 3 October 2017. The first day was unannounced. The inspection was carried out by one adult care inspector and an expert by experience on the first day and one adult care inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

In preparation for our visit, we contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the three staff, six people living in the home, four relatives, the deputy manager, the registered manager and the owner of Lowfield House Limited.

We looked at a sample of records including four people's care plans and other associated documentation, three staff recruitment files, staff rotas, training and supervision records, minutes from meetings, 24 medicines administration records, policies and procedures, service certificates and quality assurance records.

Following the inspection, the registered manager sent us copies of new documentation she intended to implement in the home. We spoke with the electrical engineer engaged by the provider who provided us with assurance that the electrical systems were safe. He also sent us copies of safety certificates relating to the electrical installations, the fire alarm and detection system and emergency lighting.

# Is the service safe?

## Our findings

At our last inspection, we found the provider had failed to ensure staff had knowledge of safeguarding procedures. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan, which set out the action they intended to take to meet the regulation. At this inspection, we found the necessary improvements had been made.

People living in the home told us they felt safe and were satisfied with the care and support they received. One person said, "I feel totally safe here. The staff are lovely and I feel very relaxed" and another person commented, "I feel safe because I know the staff wouldn't do anything wrong to me." During the inspection, we observed people were comfortable around staff and appeared happy when staff approached them.

We found there was a safeguarding adults' policy and procedure in place and information was displayed in the entrance hall. Since the last inspection, all staff had been issued with the policy and procedure. Staff spoken with understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff said they would report any incidents of abuse and were confident the registered manager would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff spoken with confirmed they had completed safeguarding training and the staff training records confirmed this. The registered manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

At our last inspection, we found the provider had failed to have appropriate systems in place to ensure the prevention and control of infection. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan, which set out the action they intended to take to meet the regulations. At this inspection, we found some improvements had been made.

People spoken with were satisfied with the level of cleanliness in the home and all areas seen during the inspection had a satisfactory standard of hygiene. Staff were provided with protective clothing such as aprons and gloves and we saw these in use during the inspection. Staff hand washing facilities, such as liquid soap and paper towels had been provided. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. There were contractual arrangements for the safe disposal of waste and we noted there was an infection prevention and control policy and procedure.

However, whilst all areas were clean and there was a list of additional cleaning duties for night staff, we noted there were no cleaning schedules and records. These are important to demonstrate when areas of the home have been cleaned. The registered manager assured us cleaning schedules and records would be devised and implemented.

Following the inspection, the registered manager sent us a copy of cleaning rotas for each area of the home. We will check the effectiveness of the rotas at our next inspection.

We looked at how the provider managed the recruitment and deployment of staff. We reviewed three members of staff files and found all staff had completed an application form and attended the home for an interview. We also noted three written references and an enhanced criminal records check had been obtained before staff commenced work in the home. However, we saw two applicants had not provided full details of their employment history. This was because the application form only requested candidates for details of their employment over the last five years. In addition, the recruitment and selection policy and procedure did not cover all current regulatory requirements. This meant there was the potential risk of employing future staff without all the essential checks.

The provider had failed to establish and operate an effective recruitment procedure. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager sent us a copy of the revised application form which she intended to use for new staff. We will check any improvements in the recruitment process at the next inspection.

People told us there was usually sufficient staff on duty to meet their needs in a timely way. For example, one person told us, "The staff are very efficient and come quickly whenever I press my buzzer" and another person commented, "Sometimes there are less staff on, but I always get the same attention. They do their best to get round to everybody." We observed there were enough staff to meet people's needs during the inspection.

We looked at the staffing rotas and found there were three care staff on duty during the waking day plus the management team. However, the registered manager acknowledged there were rare occasions when only two care staff were working in the evening. This meant there was the risk of insufficient staffing at busy times. The registered manager gave us assurances that a minimum of three care staff would be on duty in the evening across seven days. In addition to the care staff, the provider employed cleaning and cooking staff.

We considered how the provider managed risks to people's health and safety. We looked at four people's care files and saw that individual risks had been assessed in relation to nutrition, falls and restricted mobility. We saw evidence to indicate management strategies had been drawn up to minimise any identified risks and noted the risk assessments had been reviewed on a monthly basis. However, we also noted assessments had not been carried out to identify the risks of pressure ulcers and in relation to one person's behaviour, which challenged others and the service. Whilst there was no evidence to indicate this shortfall had impacted on people's care, this was important to ensure all risks to people's health and well-being were managed in a safe and consistent manner.

Service level risks such as fire safety and slips, trips and falls had been assessed, recorded and reviewed. However, there were no assessments seen on the risks associated with the control and use of hazardous substances and the control and prevention of infection. These are important to identify potential risks in the home for both staff and people using the service.

Arrangements were in place if an emergency evacuation of the home was needed. All people had personal emergency evacuation plans (PEEPs) which recorded information about their mobility and responsiveness in the event of a fire alarm.



We looked at records kept in relation to accidents and incidents that had occurred at the service. The registered manager informed us she checked and investigated all accident and incident records to make sure that any responses were effective and to see if any changes could be made to prevent incidents happening again. The registered manager told us she had made referrals as appropriate, for example to the GP and the district nursing team. However, at the time of the inspection there had been no analysis of the data to determine any patterns or trends.

Following the inspection, the registered manager sent us a copy of a template she intended to use to monitor falls every three months.

We checked the arrangements in place for the maintenance of the premises. We found the owner of Lowfield House Limited undertook all routine repairs and maintenance. Since the last inspection, the window restrictors had been replaced, door guards linked to the fire system had been fitted to doors and several bedrooms had been redecorated. We saw the owner undertook regular checks of the environment including water temperatures and the fire system. We also saw relevant documentation to indicate equipment had been serviced at regular intervals including the passenger lift and fire extinguishers.

Whilst we noted there was an up to date gas safety certificate, we found the electrical safety certificate had expired in 2013 and the fire detection and alarm service report had expired in March 2016. This meant the electrical installations and fire systems had not been tested in a timely manner and therefore people were exposed to potential risks to their health and safety. The owner was concerned about these oversights and made immediate arrangements for an electrical engineer to visit the home.

Following the inspection, the electrical engineer engaged by the provider sent us copy of the electrical installation certificate. The engineer confirmed all remedial work had been completed and the installations met with current safety standards. The engineer also sent us copies of the safety certificates for the fire detection and alarm system and the emergency lighting.

During our inspection, we heard call bells in use, and noted staff were responsive to these. However, the sound of the call bells in the lounge areas was piercing and uncomfortable. One person told us, "It's a terrible noise. You have to get used to it." We discussed this situation with the registered manager, who agreed to investigate further to see if the call bell system could be adjusted.

People were satisfied with the way their medicines were managed. For example, one person told us, "The staff always bring my tablets on time. They bring them in a little pot with a drink." We observed staff administered medicines safely, by checking each person's medicines with their individual records before administering them. The staff spoken with told us they had completed medicines management training and records seen confirmed this. However, we noted the registered manager and deputy manager had not refreshed their knowledge on the management of medicines for several years.

The provider operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medicines by placing tablets in separate compartments according to the time of day. As part of the inspection, we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medicines records were well presented and organised and staff had access to policies and procedures.

We found most directions were clear and there was written guidance for staff on the administration of medicines prescribed "as necessary." However, we saw the registered manager had put one person's medicines in a dosette box as a short term measure. This was because the person was new to the home and

their medicines had not been dispensed into blister packs. We also found some of the person's medicines did not have a prescription label because they had been dispensed in another country. The registered manager rectified this situation during the inspection.

At the time of the inspection, there were no audits carried out of the medicines systems. Following the inspection, the registered manager sent us a copy of an audit template she intended to use to carry out a monthly medicines audit.

## Is the service effective?

### Our findings

People felt the staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person said, "All the staff are very good at their jobs. They are more like my friends we get on so well" and another person commented, "The staff will do anything you ask them to do." Similarly a relative told us, "I definitely have confidence in the staff."

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We found staff had an awareness of the MCA and had completed appropriate training. However, on looking at people's care files we found there was limited evidence to demonstrate the relevant requirements of the MCA were being met. People's capacity to consent to their care and treatment was not adequately assessed and recorded in their care plans and there were no assessments seen to demonstrate people's capacity to make specific decisions about their care and support. This is important to ensure the MCA's code of practice is followed and people's rights and freedoms are respected.

Staff spoken with confirmed they routinely asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. This approach was reflected in people's comments, for instance one person told us the staff asked for consent before they helped them with personal care. We observed staff asking people for their consent when providing care and treatment, for example when administering medicines or supporting people with meals. However, consent to care and treatment was not recorded.

On looking at one person's care records, we noted the person was living with dementia. The staff had recorded that on occasion, they were disorientated in time and space and it was clear the person was not free to leave the home due to the risks to their health and safety, however, a DoLS application had not been submitted to the local authority for consideration.

Our findings showed the provider had failed to act in accordance with the MCA 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the provider trained and supported their staff. Members of staff spoken with told us they had been provided with appropriate training. Reflecting on this, a member of staff told us, "We have all been doing lots of training and we are all just getting up to date." At our last inspection, we found the training matrix was not up to date, which meant it was difficult to determine what training courses the staff

had completed. On this inspection, we noted the matrix had been revised and the information was up to date.

The registered manager explained there were arrangements in place for new staff to complete induction training, which included an initial orientation induction, the provider's mandatory training and the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. However, we found the initial orientation induction had not been recorded. This meant it was difficult to determine how new staff had been introduced into the home.

There was a programme of ongoing training available for all staff, which included, equality and diversity, safeguarding, health and safety, food hygiene, person centred approaches, infection control, first aid, medicines management, fire safety and MCA. However, from looking at the training matrix, we noted staff had not completed moving and handling training for several years. The registered manager was aware of this situation was in the process of sourcing appropriate training. We also noted the staff had not completed training in stoma and catheter care in line with the needs of people living in the home and the registered manager and deputy manager had not completed medicines management training for many years.

The provider had failed to ensure staff had received appropriate training to enable staff to carry out their duties. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoken with told us they were provided with one to one supervision and they were supported by the management team. Supervision provided staff with the opportunity to discuss their responsibilities and to develop their role. Staff spoken with confirmed they found the supervision process helpful to them in their work. We saw records of staff supervision during the inspection and noted a range of topics had been discussed. According to the records seen all staff received an annual appraisal of their work performance, which included the setting of objectives for the forthcoming year. At the time of the inspection, staff meetings were informal and there were no minutes made of the discussions. The registered manager agreed to make a record of all meetings in the future.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People spoken with made complimentary comments about the food provided. One person told us, "The food is beautiful and very varied. I like the fact we get plenty of fresh fruit and they always come round with seconds" and another person commented, "The meals are very good quality and well presented."

We observed the lunchtime arrangements on the first day of the inspection. We noted the atmosphere was relaxed and unhurried and people were given appropriate support to eat their meals. Staff ensured that people had drinks and that these were topped up when required. The tables were appropriately set with condiments and place settings. The menu was displayed on a board in the dining area and there were systems in place to ensure the cook was aware of people's dietary requirements.

People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. Food and fluid intake charts had been maintained in line with people's needs. However, we noted the amount of fluid intake recorded on the monitoring charts had not been totalled at the end of a 24 hour period. This is important to minimise the risks of dehydration and ensure people maintain their health.

People living in the home confirmed they had access to health professionals, such as the GP, optician and the district nursing team whenever necessary. For example, one person told us, "The nurse comes out to me regularly and the staff will always contact a doctor if I'm not well." Further to this, we noted a GP was called out to see a person during the inspection.

In non-emergency situations staff sought advice via Telemedicines. This system enabled staff and people to contact and talk to medical professionals at a hospital using a computer. We noted the staff maintained a record of all contact with healthcare professionals within people's care documentation. People's medical conditions were listed in their care plan and staff monitored people's healthcare needs. However, we noted people's health care needs were not always fully documented in their care plans. We also noted people had not got a specific oral healthcare care plan in line with NICE guidance published in July 2016. The aim of such plans is to maintain and improve oral health and ensure timely access to dental treatment.

Following the inspection, the registered manager sent us a sample copy of care plans for oral care and foot care. We will check the effectiveness of the plans at our next inspection.

## Is the service caring?

### Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. One person told us, "All the staff are very kind and quite honestly I am very happy living here" and another person commented, "The staff are absolutely marvellous. They are all friendly and kind." Relatives also gave us some positive feedback about the service. One relative commented, "[Family member] gets on very well with all the staff. They are always chatting to them and can't do enough to help."

Relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting at various times throughout the two days we were present in the home.

We noted staff respected people's privacy and dignity in their social interactions. People told us they could spend time alone if they wished. Staff were seen to knock on people's doors before entering and doors were closed when personal care was being delivered. We looked at a sample of care records and found staff wrote about people's needs and care in a respectful manner. There were policies and procedures for staff about caring for people in a dignified way and all staff were bound by contractual arrangements to respect people's confidentiality. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

We observed the home had a friendly and welcoming atmosphere. Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I love working here, especially being with the residents. It is such a rewarding job." Staff spoken with were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions, for instance where they wished to sit, what they wanted to eat and how they wished to spend their time.

The staff were committed to helping people to maintain their independence and to exercise as much control over their own lives as possible. In talking about their approach a member of staff commented, "It's important people can do as much for themselves as possible as it maintains their dignity." People were able to follow their own routines and lifestyles. For instance, one person told us, "They are so understanding of what I like to do. It's a service geared to me rather than any rules" and another person commented, "I can go out and about whenever I want. I like looking round the town."

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions.

We observed staff interacted in a caring and respectful manner with people living in the home. For example, support offered at meal times was carried out discreetly and at a pace that suited each person. We observed appropriate humour and warmth from staff towards people using the service. People appeared comfortable in the company of staff and had developed positive relationships with them.

People were encouraged to express their views as part of daily conversations. People had been invited to a residents' meeting, which had been held in February 2017. The registered manager assured us she had plans to increase the frequency of the meetings.

People were provided with information about the service in the form of a service user guide when they moved into the home. This presented an overview of the services and facilities available in the home as well as the aims and objectives.

Feedback received by the home highlighted the caring approach adopted by staff. We saw numerous cards complimenting the staff team. For instance, one person had written, "You are all very special. Thank you for all the love and kindness you showed to [family member]" and another person written, "Thank you for your kindness and understanding."

## Is the service responsive?

### Our findings

People were satisfied with the service and felt the staff were responsive to their needs and preferences. One person told us, "I always get immediate attention if I need help" and another person commented, "I've been in other homes and there is no comparison this is the best by far. The staff are wonderful." Relatives spoken with felt the staff were approachable and welcoming.

We looked at the arrangements in place to plan and deliver people's care. We found each person had an individual care plan, which was underpinned by a series of risk assessments. The plans were split into sections according to people's needs. However, we found the plans were not always personalised and lacked detail about people's personal preferences. For instance, one person's plan stated, "[Person's name] needs assistance to wash and dress." There were no details about the person's personal choices or how they wished to be assisted. This meant there were limited instructions for staff, which could result in care not being provided as needed. We also noted one person's care records indicated they experienced times of agitation, which manifested in behaviour that challenged the service. However, we found there was no plan of care in place to help staff manage this safely. This is important to ensure people's needs are met in a safe and consistent manner.

Two of the six people spoken with recalled discussing their care plans, however, we found there no evidence in the care plans looked at, to indicate people had been involved in the care planning process. We discussed this situation with the registered manager who showed us a care plan, which had been signed by a relative at the person's request. This meant people had limited opportunities to have control and influence over their care provision.

We recommend the service seek advice and guidance from a reputable source to ensure people's care plans are person centred and reflect the care they are receiving.

Before a person moved into the home, a detailed pre admission assessment was carried out to ensure their needs could be met. We looked at completed pre-admission assessments and noted they covered all aspects of people's needs, including people's likes and dislikes, preferred routines and personal preferences. People were encouraged and supported to spend time in the home before making the decision to move in. This enabled them to meet other people and experience life in the home.

We saw there were one page profiles on people's care files. The profile set out what was important to each person and how they could best be supported. We saw evidence to indicate the care plans had been reviewed and updated on a monthly basis or in line with changing needs.

Daily reports provided evidence to show people had received care and support. We noted the records were detailed and people's needs were described in respectful and sensitive terms. We also noted charts were completed as necessary for people who required aspects of their care monitoring, for example, personal hygiene.



The provider had systems in place to ensure they could respond to people's changing needs. For example, we saw the staff had a handover meeting at the start and end of each shift. During the meeting, staff discussed people's well-being and any concerns they had. This ensured staff were kept informed about the care of people living in the home.

We received mixed feedback about the provision of activities in the home. One person told us, "We have entertainment in the home sometimes, which I really enjoy" but another person commented, "I get a bit stuck and fed up. There's nothing to do apart from watching the television." A relative also told us they had not witnessed any activities and felt there was a lack of stimulation. The registered manager explained a monthly activity list was displayed in the home, which provided details of forthcoming events. Individual and group activities were arranged informally on a daily basis according to people's preferences. We saw some people participated in a game of dominoes during the second day of the inspection and a person told us about a going on a trip with the owner and registered manager to choose new chairs for the living room.

We looked at how the service managed complaints. People and their relatives told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. For example, one person told us, "If there's anything I didn't like, I would tell them. But I've not needed to as I've no complaints at all" and another person commented, "I can talk to the staff or [registered manager's name] anytime. They've always got time." Staff confirmed they knew what action to take should a person living in the home wish to make a complaint.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and contact numbers for other external organisations. We noted there was also information about the procedure in the service user guide. The registered manager confirmed she had not received any complaints since the last inspection.

## Is the service well-led?

### Our findings

At our last inspection, we found the provider had failed to operate effective quality assurance and auditing systems. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found a number of shortfalls during the inspection that had not been recognised or recorded. Following the inspection, the provider sent us an action plan and which set out the actions they intended to take to improve the service. During this inspection, we found there had been limited progress made to meet the regulation and a system to monitor the quality of the service had not been fully established.

Whilst the training matrix had been updated and there was close monitoring of staff supervisions and appraisals as well as regular checks of the environment, we noted shortfalls in many aspects the service. We found checks were not consistently carried out during the recruitment of new staff, there were no audits of the systems in place to manage medicines, there were no audits of the level of cleanliness or infection control measures, there were no cleaning schedules, there were no checks in place to ensure people were routinely involved in the care planning process, there was no system to check safety certificates and staff had not received up to date training in moving and handling and stoma and catheter care. Furthermore, we found there was no analysis of accidents and incidents in order to identify any patterns or trends.

Whilst people were informally asked for their views on the service during daily conversations, we saw the last satisfaction questionnaires were distributed to people living in the home in August 2016 and relatives in February 2016. We noted residents' meetings were held on an annual basis. This meant there were few opportunities for people and their families to provide formal feedback about the quality of the service.

We also found a number of shortfalls in respect to the maintenance of records. For instance individual and service level risks were not always assessed and recorded, there were no cleaning records, people's capacity to make their own decisions was not fully considered and recorded, people's consent to care and treatment was not recorded and food and fluid charts were not totalled and evaluated in order to monitor people's dietary input.

Our findings demonstrated the provider had failed to implement an effective quality assurance system and maintain accurate records. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager sent us a copy of templates she intended to use to audit falls and the medicines systems every three months. We will check the effectiveness of the audits on our next inspection. We were also sent copies of the electrical installation certificate, the fire detection and alarm system inspection and servicing report and the emergency lighting periodic inspection and testing certificate.

All people, relatives and staff spoken with made positive comments about the leadership and management of the home. For instance, one person told us, "The manager is absolutely wonderful. She is one of the nicest

and kindest people I have ever met" and another person commented, "The manager is lovely, kind and very helpful. I can talk to her about anything at any time." Similarly, a relative said, "The manager is excellent, efficient, friendly and capable" and a staff member told us, "The management are very organised and bob on with everything." The registered manager explained that she frequently worked alongside staff on the care rota, so she was aware of their skills, knowledge and abilities.

The manager was registered with the commission and had day to day responsibility for the operation of the home. The registered manager had a positive approach and told us she was committed to making improvements to the service. She described her priorities as improving the records, implementing and embedding the Mental Capacity Act principles in the care planning process, personalising people's care plans and ensuring staff completed appropriate training.

The registered manager was visible and active within the service. She was regularly seen around the home, and was observed to interact warmly and professionally with people, relatives and staff. People were relaxed in her company and it was clear she had built a good rapport with them. For example, we saw she greeted people by name and entered into a conversation on a topic of interest to them. The registered manager was able to answer all of our questions about the care provided to people showing that she had a good overview of people's needs and circumstances.

There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities. The registered manager was supported in her role by the owner who visited the home several times a week. The owner had provided the registered manager with the necessary resources to run the home.

The registered manager understood her responsibilities in relation to her registration with the commission and she was aware of the need to notify the commission and other agencies of any untoward incidents or events within the service. On checking our records, we found statutory notifications had been submitted to us in a timely manner.

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 11 HSCA RA Regulations 2014 Need for consent  The provider had failed to act in accordance with the MCA 2005. Regulation 11 (1) (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had failed to establish and operate an effective recruitment procedure. Regulation 19 (2) (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure staff had received appropriate training to enable staff to carry out their duties. Regulation 18 (2) (a)

This section is primarily information for the provider

## Enforcement actions

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

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 implement an effective quality assurance system and maintain appropriate records . Regulation 17 (1) (2) (a) (b) (c) and (f).</p>

**The enforcement action we took:**

Issued a warning notice.