

St. Martin's Care Limited

# Woodside Grange Care Home

## Inspection report

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Date of inspection visit: 5, 11 and 20 August 2015

Date of publication: 12/10/2015

### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Requires improvement	

### Overall summary

We inspected Woodside Grange Care Home on 5, 11, and 20 August 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

At the last inspection on 6 December 2013 we found the Woodside Grange Care Home was meeting the requirements of five regulations.

Woodside Grange Care Home is a purpose built care home for up to 121 people, which provides nursing and personal care for both older people with dementia and

younger people with mental health needs. There are three floors to the building, each connected by two vertical passenger lifts. All bedrooms are lockable, spacious single rooms, with en-suite facilities. The building is surrounded with private grounds and has on site car parking facilities.

The home has not had a registered manager in post since June 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

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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. The provider has employed a new manager and they came into post in June 2015. At the time of the inspection the new manager was on holiday but the director of care confirmed the new manager intended to become the registered manager. To date the new manager has not yet to successfully completed an application to be the registered manager.

Not having a registered manager is a breach of the provider's registration conditions and we are dealing this matter with outside of the inspection process.

Albeit the provider had systems for monitoring and assessing the service over the last year these had been reviewed and changed. We found that staff struggled to implement these consistently and the system did not support staff to identify when actions such as notifying CQC of incidents should be taken. We made the provider aware that failure to notify CQC of incidents is a breach of the Care Quality Commission registration regulations. Subsequently the provider has sent us all of the relevant notifications.

The system also failed to identify that staff were working in silo so not using the resources effectively. Staff told us that manager and a separate team were responsible for the operation of the nursing service. We found that the units in the newly built nursing provisions were run as completely separate services and staff within the residential unit took no note of the service. Also we found that each floor of the home was run as a separate unit and staff could not tell us what happened on other units. We found that all of the information the management staff referred to such as staff rotas, staff training, safeguarding incidents, audits only dealt with what occurred in the residential service. Staff who worked in the nursing services could not produce information management documents for their service. Therefore it was unclear as to what systematic oversight was given to the nursing service.

People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. People who used the service and their relatives found the staff worked very hard and were always busy supporting people. However, people did note that there had been a marked turnover of staff in recent months and found this

disconcerting. We visited from the early hours of the morning and spent time with people in each of the units. We found that people required varying levels of support and to some extent the staffing levels reflected the different needs but at the time of the inspection there were staff shortages.

The home had a system in place for ordering, administering and obtaining medicines. However some improvements were needed in the way the staff managed medicines. We saw three people had been waiting to have a urine sample sent off for analysis with a suspected urine infection but as the home had run out of 'top hats' (the equipment needed for obtaining urine samples). Staff had waited until they arrived rather than asking community nurses to assist them or contacting the GP. Once these samples had been sent it was confirmed that the people had infections and antibiotics were prescribed for the three people. We looked at the care file for one person to determine when the antibiotics had been received but the daily notes only went up to mid-July 2015 and staff confirmed that no other information was available to confirm receipt.

Checks of the building and maintenance systems were undertaken. However we found that these checks had not ensured that cleaning materials were stored securely or that staff developed mechanisms to ensure all areas of the home were deep cleaned.

People told us they were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that people's preferences were catered for and people were supported to manage their weight and nutritional needs. We found that the provider was in the process of reviewing the catering budget and menu, as they had found these could be improved.

People we met were able to tell us their experiences of the service. They were complementary about the staff and found that the home met their needs. People told us that they felt the staff had their best interests at heart and if they ever had a problem staff helped them to sort this out. They told us that they made their own choices and decisions, which were respected by staff but they found staff provided really helpful advice.

People we spoke with told us they felt safe in the home and the staff made sure they were kept safe. Relatives

# Summary of findings

discussed incidents whereby they had raised concerns and felt that initially the management staff had been slow to respond but once these concerns had been taken to the director of care the issues were resolved.

We saw there were systems and processes in place to protect people from the risk of harm. Safeguarding alerts were appropriately sent to the local authority safeguarding team and fully investigated. However, in recent months the associated notifications had not been sent to CQC. We raised this matter with the director of care and they ensured this was rectified.

We saw that the provider had a system in place for dealing with people's concerns and complaints. The director of care ensured that concerns were thoroughly investigated. People we spoke with told us that they knew how to complain and although they were unclear about the identity of the new manager they felt the director of care would respond and take action to support them. People were extremely complimentary about the support the director of care provided and told us that they were always accessible and available to discuss any issues at the home.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained comprehensive and detailed information about how each person should be supported. We found that risk assessments were detailed. They contained person specific actions to reduce or prevent the highlighted risk.

People told us that they made their own choices and decisions, which were respected by staff. We observed that staff had developed positive relationships with the people who used the service. Where people had difficulty making decisions we saw that staff gently worked with them to find out what they felt was best.

Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards training and clearly understood the requirements of the Act which meant they were working within the law to support people who may lack capacity to make their own decisions. We found that action was taken to ensure the requirements of the act were adopted by the staff. The provider recognised that staff needed additional support to ensure they had the skills and knowledge to consistently work with the Mental Capacity Code of Practice.

The interactions between people and staff were jovial and supportive. Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Staff had received a wide range of training, which covered mandatory courses such as fire safety as well as condition specific training such as dementia and Parkinson's disease. We found that the provider not only ensured staff received refresher training on all training on an annual basis but routinely checked that staff understood how to put this training into practice.

Regular surveys, resident and relative meetings were held and we found that the information from these interactions were used to inform developments in the home such as the change in menus.

We found the provider was breaching one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the governance arrangements. You can see what action we took at the back of the full version of this report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to senior staff.

There were sufficient skilled and experienced staff on duty to meet people's needs. However these staff needed to be deployed more effectively across the home. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Appropriate systems were in place for the management and administration of medicines. Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



### Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

People were provided with a choice of nutritious food, which they chose at weekly meetings. People were supported to maintain good health and had access to healthcare professionals and services.

Good



### Is the service caring?

This service was caring.

People told us that they liked living at the home. We saw that the staff were very caring and discreetly supported people to deal with all aspects of their daily lives.

We saw that staff constantly engaged people in conversations and these were tailored to ensure each individual's communication needs were taken into consideration.

People were treated with respect and their independence, privacy and dignity were promoted. The staff were knowledgeable about people's support needs.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed and care plans were produced, which identified how to meet each person's needs. These plans were tailored to meet each person's individual requirements and reviewed on a regular basis.

Good



# Summary of findings

We saw people were encouraged and supported to take part in activities.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be looked into and reviewed in a timely way.

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

The service was not consistently well led.

No registered manager was in post. The provider had appointed a new manager but not ensured the previous manager or new manager successfully completed the appropriate registration application forms.

Staff and people who used the service told us they found the director of care to be very supportive and felt able to have open and transparent discussions with them. However they told us they did not have the same experience with the home management team.

There were systems in place to monitor and improve the quality of the service provided were not effective. Staff and the people we spoke with told us that since the previous registered manager had resigned the culture in the home was not as open, inclusive and positive.

**Requires improvement**



# Woodside Grange Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection team consisted of an adult social care inspector and three specialist advisors; one who was an occupational therapist; one who was a nurse; one who was a support worker for people with mental health needs and an expert by experience.

An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who formed a part of the team specialised in the care of older people.

The provider was asked to complete 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. They completed the PIR in a timely manner.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits.

During the inspection we spoke with 14 people who used the service and ten relatives. We also spoke with the director of care, the deputy manager, two nurses, six senior care, 12 care staff, the head cook, three domestic staff member and three activities coordinators.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We looked at twelve people's care records, ten recruitment records and the staff training records, as well as records relating to the management of the service.

We looked around the service and went into some people's bedrooms (with their permission), all of the bathrooms and the communal areas.

# Is the service safe?

## Our findings

We asked people who used the service what they thought about the home and staff. The majority of people told us that they liked living at the home but some found the lack of activity difficult. People said, “The staff are very good.” Relatives told us that they thought the staff provided care that met people’s needs and kept individuals safe. However they told us that there had been a lot of staff changes recently and found this difficult. Relatives said “There are new girls in every time I come.” And, “I often struggle to find staff as they are so busy.” And, “Everything is fine and the staff always go the extra mile.” And, “I can go home and sleep at night, knowing my relative is safe, clean and feed.”

We found that overnight there should have been one nurse, two senior care staff and nine care staff. At the time of our inspection one person was on sick leave and this gap had not been covered. The director of care explained that they had been available as they offered on call support. However we found that the staff practice was ineffectual at ensuring resources were effectively used. We found that staff worked in silos and this led to one nurse and one care worker working on the nursing unit for the six people who were living with dementia; one support worker for the person supported in the unit for younger adults with mental health needs; one senior care worker and a care worker for the 21 people using the downstairs residential unit; three care staff for the 27 people using the middle floor residential unit and one senior and two care staff for the 27 people using the residential dementia care unit. These staff did not work as a team and told us they did not contact staff on different floors or units if they needed support. We found this pattern of working in isolation meant there were insufficient staff on the ground floor residential unit to meet the individual’s needs.

Throughout the day the director of care, the deputy manager, a nurse, three senior care staff and 12 care staff were on duty. Three activities coordinators, three domestic staff, the head cook and an assistant cook were on duty. Again the staff worked as separate teams so if staff were unwell on one unit this was not covered on another unit. This practice led to one of the activities coordinators working as a care worker on the nursing unit they covered

because of staff sickness. We discussed this with the director of care who agreed more action was needed to improve the systems for monitoring and overseeing practices at the home.

We looked at the recruitment records for ten staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We found that the director of care actively recruited staff from abroad and had ensured they met the Home Office requirements. They had used this good practice and ensured all the systems operated in the home in line with Home Office requirements. We saw evidence to show they had attended interview, obtained information from referees. A Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

People who were identified to be at risk had appropriate plans of care in place such as plans for ensuring action was taken to manage pressure area care and safely assist people to eat. Charts used to document change of position; food and hydration were clearly and accurately maintained and reflected the care that we observed being given. This meant people were protected against the risk of harm because the provider had suitable arrangements in place. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis.

From our observations, staff took steps to ensure people living at the service were safe. We spoke with six members of staff about safeguarding and the steps they would take if they felt they witnessed abuse. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to senior managers and they knew how to take it further if need be. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation’s whistle blowing and safeguarding procedures.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed that the

## Is the service safe?

training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency. Staff were also able to explain how they would record incidents and accidents. A qualified first aider was on duty throughout the 24 hour period.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Accidents and incidents were managed appropriately. The operational director we met during a recent inspection of the sister home discussed how they were introducing new tools that would further assist the provider to analyse incidents to determine trends and how they intended to use this to assist the senior managers look at staff deployment.

All areas we observed were very clean and had a pleasant odour. Staff were observed to wash their hands at appropriate times and with an effective technique that followed national guidelines.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. We spoke with the housekeeper who told us they were able to get all the equipment they needed. We saw they had access to all the necessary control of hazardous substances to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working

order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits.

Adequate stocks of medicines were securely maintained to allow continuity of treatment. The medicines trolley was stored safely and at the correct temperatures.

We found that information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. We saw that this written guidance assisted staff to make sure the medicines were given appropriately and in a consistent way. However some improvements were needed in the way the staff managed medicines. We saw three people had been waiting to have a urine sample sent off for analysis with a suspected urine infection but as the home had run out of 'top hats'. Staff had waited until they arrived rather than asking community nurses to assist them or contacting the GP. Once these samples had been sent it was confirmed that the people had infections and antibiotics were prescribed for the three people. We looked at the care file for one person to determine when the antibiotics had been received but the daily notes only went up to mid-July 2015 and staff confirmed that no other information was available to confirm receipt.

# Is the service effective?

## Our findings

The people and relatives we spoke with told us they thought the staff were provided a service, which met their needs. We heard that relatives were on the whole confident that each person was effectively supported. They told us that the staff worked very closely with them and always kept them informed of any changes in their relative's condition.

People said, "I find the staff do know how to help me." And "Staff are around when I need a bit of help." And, "I find my relative is well cared for at the home."

All the staff we spoke with told us that they were supported in accessing a variety of training and learning opportunities. Staff said, "I get to do a wide range of training and I find it is all really useful." Staff were able to list a variety of training that they had received in the last few months such as moving and handling, infection control, meeting people's nutritional needs and safeguarding. Staff told us they felt able to approach the managers if they felt they had additional training needs and were confident that the provider would facilitate this additional training.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff received a wide range of training that was relevant to their role. Virtually all the staff were up to date with mandatory training and condition specific training such as working with people who were living with dementia. Plans were in place for the remaining staff to complete this training. We confirmed that all of the staff had also completed any necessary refresher training such as for first aid. We also found that the provider checked that staff applied the learning to their practice.

We found that most of the staff had completed an in-depth induction when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff. We found that plans were in place for the most recently recruited staff to complete the induction.

Staff we spoke with during the inspection told us they regularly received supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out

with all staff. We saw records to confirm that supervision and appraisal had taken place. We saw that competency checks had been completed with nurses and those staff who assisted people to eat.

The director of care and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Staff had been working hard to ensure capacity assessments were completed in line with the Mental Capacity Act 2005 code of practice. The director of care understood the principles of the MCA and 'best interest' decisions but recognised that not all of the staff were applying this legislation appropriately. They discussed the actions that were being taken to provide additional training and tools to assist staff appropriately applied the MCA principles. They and the management team recognised that they were still developing the skills needed to always complete these accurately and they needed to be clearer in their analysis of people's capacity.

The clinical lead told us that 35 people had DoLS authorisations in place. DoLS authorisations can only be used if the person has a mental disorder, lacks capacity to make decisions, if the choices they wish to make would put them at risk of harm, or if they cannot agree to their liberty being restricted. Some staff believed authorisations were needed, even for people with capacity if they used keypads to restrict access and exit from the service. We explained that the MCA requires that staff presume that people have the capacity to make decisions and they can agree to restriction unless an appropriate mental capacity assessment shows otherwise. Where people do not lack capacity a DoLS authorisation cannot be used.

The written records of the people using the service reflected that the staff had a good knowledge and understanding of people's care and nursing needs. The care plans showed evidence of risk assessments, assessed needs, plans of care that were underpinned with evidence based nursing; for example people who were at risk of losing weight had monthly assessments using a recognised screening tool. We saw that MUST tools, which are used to monitor whether people's weight is within healthy ranges

## Is the service effective?

were being accurately completed. Where people had lost weight staff were contacting the GPs and dieticians to ensure prompt action was taken to determine reasons for this and improve individual's dietary intake.

We observed that people received appropriate assistance to eat in most of the dining rooms and in their rooms. People were treated with gentleness, respect and were given opportunity to eat at their own pace. However on the ground floor unit staff were disorganised and failed to serve people in a timely manner. Also the senior care, against the home's policy completed the medicine round during the lunchtime meal. We discussed this with the director of care and on the second day of our visit we found that action had been taken to make the dining experience much more pleasurable on this unit.

Staff maintained accurate records of food and fluid intake and were seen to update these regularly. Individual needs were identified on these records; for example one person who has a catheter had a minimum fluid intake over 24 hours documented on the fluid chart.

Following a resident and relative survey it was identified that the menu needed to be amended. The operational director and director of care told us about the pilot that was being run across the provider's homes to determine that the new menu would better meet people's needs. They had also found that the catering budget was inadequate so were in the process of increasing this. The head cook discussed the current problem with the budget and how they were consistently over, however they and the director of care told us this was not posing a problem. The over spend was being accepted as necessary.

We saw records to confirm that people had health checks and were accompanied by staff to hospital appointments. We saw that people were regularly seen by their clinicians and when concerns were raised staff made contact with relevant healthcare professionals. For instance where people had lost weight, the staff had contacted the GP and dieticians who assisted staff to support people to maintain a healthy diet.

# Is the service caring?

## Our findings

All the people we spoke with said they were very happy with the care and support provided at the home. People said, “The staff are really kind and do care.” And, “It’s lovely - just like being at home.” And “The staff do genuinely care.” And “The staff on nights do care a lot about us.”

Every member of staff that we observed showed a caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke with great passion about their desire to deliver high quality support for people and were extremely empathetic. Staff were seen to use a wide range of techniques, such as humour and a clear communication style, to develop strong therapeutic relationships with people who used the service. We found the staff were warm, friendly and dedicated to delivering good, supportive care.

Observation of the staff showed that they knew the people very well and could anticipate needs very quickly; for example assisting people to eat their meals at a pace that suited them. The staff were skilled in communicating with people who experienced difficulties. Staff could readily interpret what people said and always checked that they had heard before moving away.

The director of care and staff that we spoke with showed genuine concern for people’s wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was a fundamental part of their role. We saw that staff knocked on people’s bedroom doors and waited to be invited in before opening the door. The service had policies and procedures in place to ensure that staff understand how to respect people’s privacy, dignity and human rights.

People were seen to be given opportunities to make decisions and choices during the day, for example, what to have for their meal, or where to sit in the lounge.

The environment was well-designed and supported people's privacy and dignity. All the bedrooms we went into contained personal items that belonged to the person such as photographs and pictures and lamps. The staff took care looking after peoples’ possessions as clothing was labelled and all toiletries in the bathroom were also labelled.

The staff also promoted people to be as independent as possible. The director of care discussed the action the provider was taking to refurbish the home and ensure it provided a more dementia-friendly setting. We saw that the new build was decorated in a manner that supported people who were living with dementia and the director of care told us by the end of the year this would be replicated in the residential unit for people living with dementia.

Throughout our visit we observed that staff and people who used the service engaged in general conversation and enjoy humorous interactions. From our discussions with people and observations we found that there was a very relaxed atmosphere.

# Is the service responsive?

## Our findings

People told us how the staff provided a service that aimed to meet their needs and people felt the home provided a personalised service. We saw that people were engaged in a variety of activities. From our discussion with the activity coordinators we found that the activities were tailored to each person. People told us that the activities coordinators were very good at their job and really brought the home to life.

People said, “The activities coordinators are great and always trying to make each day special.”

We found people on the residential units were engaged in meaningful occupation and the activity coordinators had assessed people and tailored the programme of activity to stimulate each person and entertain individuals. All of the activities coordinators were very enthusiastic and recorded information about which activities people enjoyed participating in. During the inspection we saw people engaged in artwork and activities in the community. However, on the first day of our visit the activity coordinator on the nursing unit was unable to undertake their role because of staff shortages. They told us that this was a relatively common occurrence. We discussed this with the director of care who agreed to review the staffing arrangements.

We saw that staff promptly responded to any indications that people were experiencing problems or their care needs had changed. We saw that the nurses actively contacted healthcare professionals such as speech and language therapists to ensure they followed best practice. We found that the provider had sourced a range of current guidance such as NICE guidelines. We found that they were critically reviewing current practices on the nursing unit to make sure they were in line with expectations and contacted various healthcare professionals to assist them in this work. We saw that the staff on the residential units

routinely contacted the GPs and district nurses when people’s health deteriorated. However we found that better systems needed to be in place for ordering stock such as sterile equipment for gathering samples.

The staff discussed how they had worked with people who used the service to make sure the placement remained suitable. They discussed the action the team took when people’s needs changed to make sure they did everything they could to make the home a supportive environment and ensure wherever possible the placement still met people’s needs.

We found that the care records did reflect people’s current care needs. Each person had a detailed assessment, which highlighted their needs. We found that as people’s needs changed on the whole their records were updated but did note that staff on the residential unit at times were not writing plans for people’s more complex needs. We found that the provider’s care records led to copious and repetitive care plans being generated. A number of these overlapped so we found four plans could be in place for the same issue such as personal care or mobility. We discussed with the operational director and director of care who agreed to look at the assessment and care plan tools.

Staff were able to explain what to do if they received a complaint but commented that they rarely received complaints. They were also able to show us the complaints policy which was in the office on all floors. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the director of care or staff. We saw that when complaints had been made in the last 12 months, which the director of care had thoroughly investigated and resolved. The people we spoke with were extremely complimentary about how the director of care dealt with their concerns.

# Is the service well-led?

## Our findings

The home did not have a registered manager in post. The previous registered manager left in June 2014. Since then another manager was appointed but left prior to being registered with CQC. A new manager came into post in April 2015 and had applied to be registered. However prior to completing the inspection we were informed that this manager has resigned.

It is a condition of the provider's registration to have a registered manager and this is a breach of that condition. To date the provider has not formally notified us of this change and this is a breach of regulation 15 of the Care Quality Commission (Registration) Regulations 2009. Both of these matters we will be dealing with outside of the inspection process.

We looked at the systems in place for monitoring the quality of the service. Albeit the provider had systems for monitoring and assessing the service this failed to identify that staff were working in silos so not using the resources effectively. Staff told us that manager and a separate team were responsible for the operation of the nursing service. We found that the units in the newly built nursing provisions were run as completely separate services and staff within the residential unit took no note of the service. Also we found that each floor of the home was run as a separate unit and staff could not tell us what happened on other units. We found that all of the information the management staff referred to such as staff rotas, staff training, safeguarding incidents, audits only dealt with what occurred in the residential service. Staff who worked in the nursing services could not produce information management documents for their service. Therefore it was unclear as to what systematic oversight was given to the nursing service.

We reviewed the dependency tool, we found this to be extremely difficult to use and were left unable to determine how staffing levels were calculated. The staff could not explain how they used the tool to calculate the number of staff needed for the whole home or each unit.

We found that the current system had not assisted staff on the residential unit to critically review the service or care documents. We found for the residential unit there were

gaps in the completion of generic care records so often saw staff had not filled in documents. We found that these were not needed but the system had not prompted staff to remove them.

We also saw that routine checks of the home were completed but this did not prevent staff from leaving combustible material in the electric cupboard or from leaving the domestic storage cupboards open. Both of these practices had the potential to pose risks and we raised this with the director of care who took immediate action.

We found that the new manager had been in post since June 2015 but none of the relatives who we spoke with knew the manager had changed. All of these people could not think of the name of the new manager. We also found that residential staff reported that the new manager seemed to spend most of their time in the office or the nursing units and was not keeping abreast developments in the service. We discussed this with the director of care who confirmed this had been a feature of discussions in recent staff meetings and they were taking action.

This was a breach of Regulation 17(1) (Good Governance), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted that on occasions the provider had not notified us of matters defined as requirements in the Care Quality Commission (Registration) Regulation 2009 such as safeguarding incidents, when the police were called and when the manager left. The director of care took immediate action to make sure we were appropriately notified of all relevant incidents.

People who used the service were complimentary about the director of care and the care staff. From the information the people shared we gained the impression that overall they thought the home met their needs.

We found that the director of care was very reflective and critically looked at how staff could tailor their practice to ensure the care delivered was completely person centred. We found that the director of care clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that they actively monitored the service and used the information they gathered to make improvements.

## Is the service well-led?

We saw that the provider held meetings with the people who used the service, relatives and staff, which provided a forum for people to share their views. We found that the director of care ran these meetings and they had developed a variety of techniques for encouraging people to share their views and opinions. People who used the service and relative told us that the director of care was extremely approachable and had given them their number. They told us the director of care was very happy to be contacted at any time and this gave them a great deal of reassurance.

We saw that the director of care had supported staff to review their practices and constantly looked for improvements that they could make to the service. The

staff had a detailed knowledge of people's needs and explained how they continually aimed to provide people with good quality care. The staff we spoke with had a pride in the home that they work in.

Staff said, 'I love working here. I get a real sense of worth because I am allowed and supported to do a good job.'

The staff we spoke with described how the director of care constantly looked to improve the service. They also told how the provider had visited the home and had encouraged staff to look at home they could improve the home. The meeting minutes and action plans were reviewed confirmed that staff consistently reflected on their practices and how these could be improved.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Treatment of disease, disorder or injury

**People who use services and others were not protected against the risks of inappropriate or unsafe care because an effective system for monitoring the service was not in place.**