

S.J. Care Homes (Wallasey) Limited

# Sun Hill Private Residential Care Home

## Inspection report

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Date of inspection visit:  
12 April 2017  
13 April 2017

Date of publication:  
17 May 2017

## 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 Sun Hill Private Residential Home on the 12 and 13 April 2017. The first day was unannounced.

Sun Hill Private Residential Care Home provides accommodation and personal care for up to 22 people living with dementia or mental ill health. The home is an extended older type property situated in its own gardens in a residential area of Burnley. Public transport is easily accessible and the town centre is within walking distance. There were 17 people accommodated in the home at the time of the inspection.

The service did not have a registered manager in post. The previous registered manager left the service in November 2016 following enforcement action being taken by the Commission. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The recent manager had been in post since 3 April 2017 and an application to register her with the CQC had been downloaded.

At the previous comprehensive inspection on the 9, 10, 17 and 26 August 2016. We found the provider was not meeting fourteen regulations. We asked the provider to take action in relation to the management of medicines, assessment and management of risks, infection control practices, care planning and meeting nutritional needs, maintaining people's dignity and personal appearance, environment, staff training, complaints processes, Deprivation of Liberty processes, recruitment processes, staffing numbers, induction and supervision and quality assurance systems.

At the previous comprehensive inspection on the 9, 10, 17 and 26 August 2016 the overall rating for this service was 'Inadequate' and the service was placed in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timescale.

Following the inspection, the provider sent us an action plan which set out the actions they intended to take to improve the service.

On 7 December 2016 we undertook a focused inspection of the service to check on the provider's progress. At that time the local authority management team were supporting managers and staff at the home and we found a number of improvements were ongoing. However many of these changes were in their infancy and needed to be embedded into practice at the home. We therefore could not improve the rating for safe from inadequate because to do so requires consistent good practice over time.

From September 2016 regular quality improvement meetings had been held with the registered persons,

CQC, the police, the safeguarding team, the police and commissioners of services. Following the inspection of 9, 10, 17 and 26 August 2016 the provider voluntarily suspended any further admissions to the home until commissioners and CQC were satisfied that significant improvements had been made. The medicines management team, infection control team and local authority commissioners and managers worked with the provider, managers and staff to support them with improving the service. A further quality improvement meeting was held in April 2017. Feedback from the meeting was positive regarding improvements made so far and an action plan was available to support further improvements. The local authority suspension on admissions was lifted. At the time of this inspection investigations by the local authority safeguarding team and the police were ongoing.

During this inspection we found improvements had been made and new systems had been introduced to make sure people were safe. However, due to the previous lack of clear leadership and changes in the management team there had been limited progress made in some areas. We found continuing shortfalls with regards to the assessment and management of risks, care planning, environment, Deprivation of Liberty processes, recruitment processes and quality assurance systems. The manager had already identified these areas for improvement. You can see what action we told the provider to take at the back of the full version of the report.

People told us they were happy living in the home and they felt safe. They said staff were kind and caring. We observed that staff promoted people's independence and choices and valued and respected them as individuals.

Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse. We were aware safeguarding investigations were ongoing at the time of our visit. A representative from the safeguarding team told us the management team was fully cooperating with the investigation.

Whilst some risks had been assessed and documented, we found the assessments had not always been updated in line with changing needs. We found people's care plans had not been kept up to date and people were not routinely involved in the development and review of their plans.

Since our last visit the management of people's medicines had improved and additional systems to improve safety had been introduced.

The accident and incident recording had improved although there was no clear analysis undertaken in order to identify any patterns and trends.

There were sufficient staff on duty to meet people's needs, however, we found shortfalls in the recruitment of new staff and noted essential checks had not always been carried out.

Staff had received appropriate training although the records were not accurate or reflective of the training that had taken place. The manager was in the process of ensuring all staff received a regular one to one supervision. All staff were able to attend meetings and provide feedback on the service. Staff spoken with told us they were well supported and had full confidence in the manager.

Appropriate Deprivation of Liberty Safeguard (DOLS) applications had been made to the local authority. However, 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.

People were happy with the meals provided and told us they could have a choice. People had access to

meaningful activities.

The manager and staff were observed to have good relationships with people living in the home. People were relaxed in the company of staff. There were no restrictions placed on visiting times for friends and relatives.

The way complaints were managed had improved. People had access to a clear procedure and were able to raise their concerns during meetings and during day to day conversations.

There were systems in place to assess and monitor the quality of the service, which included feedback from people, their relatives and staff, however we found a number of shortfalls across the operation of the service. The provider and the manager told us they were committed to making the necessary improvements and were working to an action plan with clear timescales. This showed us there was an upward trend towards improvement of the service.

## 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 said they felt safe and staff were knowledgeable in recognising the signs of potential abuse and the action they needed to take.

There were sufficient numbers of skilled staff on duty to meet people's needs, however, we noted appropriate checks were not always carried out before new staff started working in the home.

The way people's medicines were managed had improved and further measures were in place to improve safety in this area.

### 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.

People's satisfaction with the meals had improved and they were supported to have a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health.

The provision of staff training, supervision and support had improved. There were plans in place for further training.

### Is the service caring?

**Good** ●

The service was caring.

Staff knew people well and displayed kindness and compassion when providing care.

Staff respected people's rights to privacy, dignity and independence.

People were involved in day to day decisions and given support

when needed.

### Is the service responsive?

The service was not consistently responsive.

People were supported to keep in contact with relatives and friends and to take part in meaningful activities.

People were not involved in the care planning process and the care plans were not always reflective of the care people were receiving.

The complaints process had improved. People knew how to raise a complaint and were confident they would be listened to.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well led.

There had been changes to the management team. The manager was not yet registered with CQC.

People were satisfied with the service provided at the home and the way it was managed. The manager had developed positive working relationships with the staff team and with people living in the home.

The systems to assess, monitor and improve the quality and safety of the service had improved but the changes needed to be embedded into practice at the home. However, the manager was aware of what was needed to improve the service.

There were improved systems in place to seek feedback from people living in the home, their relatives and the staff.

**Requires Improvement** ●

# Sun Hill Private Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 13 April 2017 and the first day was unannounced. The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. A notification is information about important events which the service is required to send us by law. We did not ask the provider 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 the improvements they plan to make. We contacted the local authority contract monitoring team and commissioning team for additional information about the service.

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 provider, the manager, the administrator, three care staff and the cook. We spoke with seven people living in the home. We also spoke with a visiting healthcare professional.

We looked at a sample of records including four people's care plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, nine people's medicine records, maintenance certificates, policies and procedures and quality assurance audits.

We observed care and support in the communal and dining room areas during the visit and spoke with

people in their rooms.

Following the inspection, we spoke with the local authority commissioners. The manager also provided us with an action plan that indicated clear timescales for the changes she intended to make to improve the service.



# Is the service safe?

## Our findings

All people spoken with told us they felt safe and secure in the home. One person said, "I feel safe. The staff are polite and helpful" and another person commented, "I'm well looked after and the staff are wonderful." We observed that people were relaxed and comfortable in staff presence. Staff spoke about the importance of promoting and maintaining people's safety and confirmed they had completed relevant training courses such as fire safety and first aid.

At our last comprehensive inspection on 9, 10, 17 and 26 August 2016 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to protect people against the risks associated with the unsafe use and management of medicines.

At the focused inspection of 7 December 2016, we found positive changes were being made although further work was required to ensure the overall safety of medicine management.

During this inspection we found further improvements had been made. We found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. We observed people's medicines were given at the correct time and in the correct manner with encouragement as needed. People were satisfied with the arrangements in place to manage their medicines. One person said, "I always get my tablets. I don't have to worry about them."

A monitored dosage system (MDS) of medicines was being used. This was a storage device designed to simplify the administration of medicines by placing the medicines in separate compartments according to the time of day. Care staff who were responsible for the safe management of people's medicines had received appropriate training and checks on their practice had been undertaken; further training was planned for July 2017. Policies and procedures were available for them to refer to; the manager told us the medication procedures would be reviewed as part of the planned improvement process.

We looked at nine people's medicine administration records (MARs). The MARs we looked at were accurate, clear and up to date. Medicines were clearly labelled. However, we noted that boxed and bottled medicines were being dated on receipt and not being dated on opening. The manager was aware of this following a recent audit and appropriate action was being taken. There were records to support 'carried forward' amounts from the previous month which helped to monitor whether medicines were being given properly. Where medicines or creams were to be taken when required or as needed we found care staff had been given sufficient information to administer these medicines safely, consistently and in a way that met people's individual needs and preferences.

Codes had been used for non-administration of regular medicines. We noted four people had not received their medicines as they were asleep; this meant people had not received their medicines as prescribed. We discussed this with the manager who told us she would contact the nurse practitioner for advice. People were identified by a photograph on their medication administration record (MAR) which helped to reduce the risk of error. Reviews of people's medicines were being undertaken by their GP or nurse practitioner

which would help to ensure the medicines were current and appropriate for the person.

Appropriate arrangements were in place for the management of controlled drugs which were medicines which may be at risk of misuse. Controlled drugs were administered appropriately and recorded in a separate register. We checked two people's controlled drugs and found they corresponded accurately with the register. Systems were in place to regularly check the amounts of these medicines. Action was underway to re locate the controlled drugs cabinet to a more secure position.

Audits of medicine management had been carried out which helped reduce the risk of any errors going unnoticed and enabled staff to take the necessary action. The manager told us improvements were being made to the medicine audit system following a number of recognised shortfalls in the process and following a recent incident where one person's medicines were unavailable. Staff told us they had a good relationship with the community pharmacist.

At our last comprehensive inspection on 9, 10, 17 and 26 August 2016 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure people were protected against the risks to their health, safety and wellbeing.

At the focused inspection of 7 December 2016, we found positive changes were being made although further work was required to ensure people's safety.

During this inspection we found further improvements had been made. Personal risk assessments were in place in relation to skin integrity, nutrition, falls and moving and handling although had not consistently been kept under review or updated when people's needs changed. For example, one person presented with a risk of skin breakdown but there was no guidance for staff on how to manage this. Another person was at risk of leaving the home; whilst this had been referred to in the daily notes there was no assessment of the risk or guidance for staff in place. This meant staff did not always have guidance on how to manage risks in a consistent manner.

Records were kept of any accidents and incidents that had taken place at the service, including falls. Processes were in place to monitor any accidents and incidents so the information could be analysed for any patterns or trends although the information was brief and it was not clear what action had been taken, if any, following the incident. The manager showed us a new falls, accident and incident system which would ensure appropriate monitoring and oversight to make sure that staff responses were effective, to identify any trends and to see if any changes could be made to help minimise the risk of the same occurrence in the future.

Environmental risk assessments were in place although had not consistently been reviewed. We noted a fire risk assessment was available but had not been reviewed since 2015. There were no procedures to be followed by staff in the event of an emergency or failure of utility services and equipment. Arrangements were in place if an emergency evacuation of the home was needed. People had personal emergency evacuation plans (PEEPs) which recorded information about their mobility and responsiveness in the event of a fire alarm.

Whilst positive changes were being made and were evident, further work was required to ensure overall risks to people's health safety and wellbeing were managed well. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last comprehensive inspection on 9, 10, 17 and 26 August 2016 we found a breach of Regulation 12 of

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure people were protected against the risks associated with poor infection control.

At the focused inspection of 7 December 2016, we found positive changes were being made and were evident although further work was required to ensure that infection control risks were managed.

During this inspection we did not look at all areas but found improvements had been made. The home was clean and odour free although we noted dusty extractor fans, the basement freezer and food store was dusty and the bath hoist and toilet rails were rusted. In addition the laundry area was well equipped but remained dusty with damaged plaster covering the walls making it difficult to clean and an uncovered drain. We discussed this with the manager who was aware of the shortfalls and appropriate action was being taken as part of the improvement and development plan.

Infection control policies and procedures were available although the manager told us they would be reviewed to ensure the guidance was clearer for staff. Records showed staff had received infection control training. A designated infection control lead, who would take responsibility for conducting checks on staff infection control practice and keeping staff up to date, had not yet been identified.

We noted staff hand washing facilities, such as liquid soap and paper towels were available with pedal operated waste bins. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Appropriate protective clothing, such as gloves and aprons, were seen in use around the home. There were contractual arrangements for the safe disposal of waste.

A domestic staff worked five days each week and care staff were responsible for laundry duties. Cleaning schedules had been revised since our last visit. The domestic staff told us the schedules were easier to follow and to complete. We were also told the schedules would be checked each week by the manager and sufficient cleaning products were available. One person told us, "My room is always very clean and the cleaning lady will work around me." There were audit systems in place to support good practice and to help maintain good standards of cleanliness.

At our last comprehensive inspection on 9, 10, 17 and 26 August 2016 we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to deploy sufficient numbers of suitably qualified and experienced staff to meet people's needs.

At the focused inspection of 7 December 2016, we found positive changes were being made but further work was required to ensure that sufficient numbers of suitably qualified and experienced staff were available to meet peoples' needs.

During this inspection people told us there were sufficient staff available to keep them safe and to help them when they needed assistance. One person told us, "The staff are straight there if they think I am unsteady". During the inspection, we observed staff responded promptly to people's needs and were available in the lounge and dining areas.

We looked at the staffing rotas and found a designated senior carer was in charge with two care staff throughout the day and one senior carer and a care staff at night. A cook was available every day. A cleaner and an activities person was available five days each week and a maintenance person for ten hours each week. The manager and administrator were available five days each week and provided on call for out of normal working hours. We were told agency staff were no longer used and any shortfalls due to leave or sickness were covered by existing staff which ensured people were cared for by staff who knew them.

At our last comprehensive inspection on 9, 10, 17 and 26 August 2016 we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to operate safe and robust recruitment and selection processes.

At the focused inspection of 7 December 2016, we were unable to monitor the safety and effectiveness of the recruitment process as new policies and procedures had not been introduced.

Prior to the inspection we were told a safe recruitment process had not been followed. During this inspection we looked at three staff recruitment files. We found employees had completed an application form although the form was outdated and did not request a full history of employment which meant gaps in employment history could not be examined. References had been obtained although were not always requested from the previous employer, where staff members had worked in a care setting. We noted an enhanced police check was obtained although the application form did not request the applicant to declare any previous criminal history. We also found new staff had not always been asked to provide information on any physical and mental health conditions relevant to their capability to carry out their role.

Recruitment and selection policies and procedures were available and were currently being updated to reflect the current regulations. The manager told us the policies and procedures and all recruitment records had been reviewed and would be used for all future applicants.

Whilst positive changes were being made, further work was required to ensure a safe and robust recruitment and selection process was in place. This was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found there was an appropriate safeguarding procedure in place which included the relevant contact number for the local authority. However, at the time of the inspection a safeguarding policy was not available. The staff 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 spoken with said they would report any incidents of abuse and were confident the 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. We saw from the staff training records that all staff had completed safeguarding training. This helped staff to make the correct response in the event of an alert. We noted people's safety was discussed at regular meetings and they were encouraged to discuss their concerns openly.

We found a safe system was in place to support people with managing their finances. We looked at two people's financial records. We noted clear records were maintained of any transactions and receipts were obtained where necessary. The manager was working in cooperation with the local authority with regards to people's finances. Adequate petty cash was available for any repairs and the purchase of additional items.

We looked at how the safety of the premises was managed. We found documentation was in place to demonstrate health and safety checks had been carried out on all aspects of the environment. For example, on water temperatures, emergency lighting and the fire systems. We also noted servicing certificates were available to demonstrate equipment had been serviced at regular intervals. Staff spoken with confirmed equipment was in working order.

Training had been given to staff to deal with emergencies such as first aid and fire safety. During the inspection we observed a prompt and appropriate response to a health emergency. Following the incident

we noted other people living in the home and staff were given sensitive support.

Training had been given to staff to support them with the safe movement of people. We observed appropriate moving and handling interactions when care staff were assisting people to move.

There was a key code access to leave the home and visitors were asked to sign in and out of the home. This helped keep people safe from unwanted visitors. Some people living in the home were aware of the key code and were able to move freely in and out of the home.

CCTV was in operation in the front and rear gardens and corridors. The system did not operate in communal areas or in people's rooms. The system helped staff to monitor people's safety. The manager told us the service user guide was under review and would include this information.

The environmental health officer had recently awarded the service a four star rating for food safety and hygiene. We noted any recommendations made during the visit had been actioned.

## Is the service effective?

### Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People were happy with the care they received and told us that it met their needs. One person said, "The staff do their job well" and another person commented, "They [the staff] look after me well."

At our last comprehensive inspection on 9, 10, 17 and 26 August 2016 we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to provide staff with appropriate support, training, professional development and supervision.

At the focused inspection of 7 December 2016, we found that whilst positive changes were being made further work was required to ensure that staff were provided with appropriate support, training, professional development and supervision.

During this inspection staff confirmed they had received a wide range of training since our last inspection to help them undertake their role. We saw a number of certificates had not yet been placed on file and the training matrix did not accurately reflect the training that had been undertaken. The training matrix was currently being updated by the manager following a review of available records and discussions with staff. Training had been provided in areas such as moving and handling, fire safety, basic life support, medicines management, safeguarding vulnerable adults and the mental capacity act, infection control, dementia awareness, health and safety and food hygiene. The manager told us a new system of learning had recently been introduced which would help them to provide staff with the training they needed. We were told all staff had achieved a recognised qualification in care and other staff were working towards this.

New staff completed a basic induction training when they commenced work in the home. This included an initial orientation induction on the policies and procedures and the general operation of home. We saw evidence to support a new member of staff had completed the induction but no records to support they had undertaken a period of shadowing more experienced staff to become familiar with people and their needs. We also noted new staff had not started the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. We discussed this with the manager who was aware this needed to be introduced.

Staff spoken with told us they were provided with supervision and they were well supported by the manager. One staff member said, "I enjoyed my supervision, I was able to talk through everything." The supervision sessions enabled staff to discuss their experience of working in the home and provided an opportunity to plan their training and development needs. We saw records of supervision during the inspection and noted a range of topics had been discussed. Staff told us they had received an annual appraisal of their work performance and were invited to attend meetings. Staff confirmed they could add to the agenda items for the meetings and were able discuss any issues relating to people's care and the operation of the home.

At our last comprehensive inspection on 9, 10, 17 and 26 August 2016 we found a breach of Regulation 15 of

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to provide a safe and properly maintained environment for people to live in.

At the focused inspection of 7 December 2016, we found that whilst positive changes were being made, further work was required to ensure that a safe and properly maintained environment was available for people to live in.

Sun Hill Residential Care Home is an extended detached older property which has retained a number of original features. Accommodation was provided on two floors. On the ground floor there were two lounges and a dining area. We found the home was warm and aids and adaptations had been provided to help maintain people's safety, independence and comfort. The corridors were equipped with hand rails and some people's bedroom doors had pictures or photographs on them. 18 bedrooms were single occupancy and two were shared rooms with privacy screens available. People told us they were happy with their bedrooms and had arranged their rooms as they wished with personal possessions that they had brought with them. Some people had their own kettles and fridges in their rooms to maintain their independence. Bathrooms and toilets were located within easy access of bedrooms and commodes were provided where necessary.

People told us they were happy with the home and with their bedrooms. They said, "I find it to be much nicer. I'm very comfortable here" and "I love my room, I have everything I need at hand. I can make a cup of tea when I feel like it. I have my budgies here, what more can I ask."

During this inspection we found improvements to the environment had been made since the last inspection although progress was slow. We noted there were still areas that needed attention such as worn furniture and furnishings, damaged window panes on the stairway, scuffed walls and woodwork and poorly maintained laundry and storage areas. A maintenance person had been employed for ten hours each week and a new system of reporting repairs was in place with evidence any requests were promptly responded to. We noted the manager and maintenance person had commenced a room by room check and improvements were planned. As yet there was no formal development plan to improve the environment which meant it was difficult to determine what improvements would be made, the resources available and the expected timescales for completion. However, the manager was aware of the areas in the home that needed attention and assured us that a home repair and refurbishment plan would be in place by June 2017. We noted adequate petty cash was available to provide funds for repairs and improvements.

Whilst positive changes had been made, further work was required to ensure that a safe and properly maintained environment was available for people to live in. This was a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At our last comprehensive inspection on 9, 10, 17 and 26 August 2016 we found a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure people's nutritional and hydration needs were met at all times.

At the focused inspection of 7 December 2016, we found that whilst positive changes were being made, further work was required to ensure people's nutritional and hydration needs were met at all times.

During this inspection we looked at how people living in the home were supported with eating and drinking. People told us they enjoyed the food and were given a choice of meals and drinks. One person told us, "The food is very good. We get two choices and there is always plenty to eat" and another person commented, "The cook is marvellous. She knows exactly how I like my food presented."



We spoke with the cook, who told us she had consulted all the people living in the home to ascertain their preferences and had devised a menu in line with the information gathered. We observed the lunchtime period and observed staff supported people appropriately to eat their meals. The meals looked appetising and hot and the portions were ample and we overheard staff offering people extra portions. Following the main meal a range of desserts or fresh fruit were served from a trolley. Staff interacted with people throughout the meal and we saw them supporting people sensitively. The overall atmosphere was cheerful and good humoured.

Care records included information about people's dietary preferences although the manager told us this was being improved. Any risks associated with their nutritional needs had been assessed and the information had been shared with the cook. Records had been made of people's dietary and fluid intake where needed. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed. Records of people's weights were monitored for any fluctuations. However the manager told us she would be monitoring this on a weekly basis to ensure appropriate action was being taken.

At our last comprehensive inspection on 9, 10, 17 and 26 August 2016 we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to act in accordance with the Deprivation of Liberty Safeguards (DoLS).

At the focused inspection of 7 December 2016, we found that whilst positive changes were being made, further work was required to ensure the principles of the Mental Capacity Act (MCA) 2005 and DoLS were embedded into practice at the home.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found staff had knowledge of the MCA and were aware how the principles of the Act applied in their everyday practice. 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.

The manager was aware of when to make an application for a DoLS and informed us one application had been made and two people had an authorised DoLS in place. This helped to ensure people were safe and their best interests were considered. However, we noted there was only brief information about the DoLS application in the people's care plans and limited guidance about how to support people using the least restrictive options.

Our findings showed the provider had failed to act in accordance with the MCA 2005. This was a continued



breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

People told us they had access to a range of health care services when necessary. One person said, "The staff got the doctor immediately when I was unwell." People were registered with a GP and the staff had developed good links with health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. The service had regular visits from the nurse practitioner and district nursing team. A new system was being introduced where staff could access remote clinical consultations; this meant prompt professional advice could be accessed at any time and in some cases hospital visits and admissions could be avoided.

## 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, "I'm happy with the care I get" and another person commented, "I'm happy living here. We all get on well together." Throughout our inspection, there was a relaxed and friendly atmosphere within the home. Staff spoke affectionately about people. They valued and respected them as individuals and praised their accomplishments. One member of staff told us, "I love the residents so much. It's the best part of the job" and another member of staff said, "I love caring for the residents. I see them as part of my extended family and don't see it as work."

At our last comprehensive inspection on 9, 10, 17 and 26 August 2016 we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to maintain people's dignity.

At the focused inspection of 7 December 2016, we found further work was required to ensure that the positive changes to maintain people's dignity were embedded into practice at the home.

During this inspection we saw people were treated with respect and dignity. For example, staff addressed people with their preferred name and spoke in a kind and respectful way. In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. We noted staff holding people's hands and offering hugs. People had developed positive relationships with the staff. One person told us, "I get lots of hugs, which is nice."

Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, people had been asked about their personal aspirations and wishes. One person had expressed a wish to visit a local football club. Following this the staff member contacted the club and accompanied the person on a personal tour of the grounds with staff at the club. The member of staff told us, "He absolutely loved it and was thrilled to bits to see the changing rooms."

People's privacy and dignity was respected. People had keys to their rooms and were treated with respect, when staff needed to speak with people about sensitive issues this was done in a way that protected their dignity and confidentiality. We saw people were dressed appropriately in suitable clothing of their choice. One person told us, "If the cleaner needs to go into my room, she asks for my key and always brings it back."

We saw instances of people's independence being valued and upheld. Staff spoken with gave examples of how they promoted people's independence and choices, for example supporting and encouraging people to build their daily life skills. One member of staff told us, "If the residents can do things for themselves we let them. It's part of their self-esteem and we don't want people to give up." This approach was reflected in people's comments, for instance one person told us, "The staff are very caring. They offered to put my cream on, but I told them I could manage so they left me to it" and another person said, "The staff never take over and let me do things for myself."

Whilst the manager recognised many areas of the home were in need of redecoration, people told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity. One person said, "I really like my bedroom. I have it exactly how I want it."

People were able to express their views by means of daily conversations and regular residents' meetings. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed. People spoken with confirmed they could discuss any issues of their choice. One person told us, "I like the meetings; we can easily discuss anything and say what we want."

## Is the service responsive?

### Our findings

People told us they received the care and support they needed and that staff responded well to any requests made for assistance. One person told us, "Staff take me out in a wheelchair whenever I ask them" and another person commented, "The staff are there if I need them."

At our last comprehensive inspection on 9, 10, 17 and 26 August 2016 we found a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to establish and operate an effective system for responding to people's concerns and complaints.

At the focused inspection of 7 December 2016, we found that whilst positive changes were being made, further work was required to ensure that an effective system was in place for responding to people's concerns and complaints.

During this inspection we found a new complaints policy and procedure was in place for staff to refer to and was displayed in the entrance to inform people and their visitors how to make a complaint and how it would be responded to. Systems to record and respond to people's minor concerns were in place. We were told there had been no complaints or concerns raised since our last inspection. We noted recent meetings had been held with people living in the home and they had been given the opportunity to raise any minor concerns at that time. People had been asked if they had any concerns they wished to discuss with the provider. One person had been referred to Lancashire Wellbeing Service and consideration was being given to using this service for other people in the home. Lancashire Wellbeing Service is a free service offering short-term, practical support for people who may be struggling with issues affecting their happiness and health.

None of the people we spoke with had made a complaint about their care. People said they felt confident talking to a member of staff or the manager if they had a concern or wished to raise a complaint. One person told us, "I have no concerns at the moment. But I have a good relationship with staff so I can talk to them and the new manager seems very nice."

At our last comprehensive inspection on 9, 10, 17 and 26 August 2016 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to have suitable arrangements in place for planning people's care and support, in a way that met their individual needs and preferences.

At the focused inspection of 7 December 2016, we found the detail in people's records had improved but further work was required to ensure that suitable arrangements were in place for planning people's care and support.

During this inspection we looked at four people's care plans and found the detail in people's records had improved. Clearer information about people's preferences and routines was recorded and included information about 'What people like about me' and 'What I like to do'. This provided staff with guidance and

direction on how best to support people and to be mindful of what was important in their lives. The plans were supported by a series of risk assessments.

However, whilst people were happy with the care they were receiving we found there were gaps between the reviews in both the care plans and risk assessments and the care and support being provided was not always reflected in the records or transferred to specific sections of people's care plans. This meant there was a risk people could receive inappropriate care. For example, one person's care plan showed they had been referred to the mental health team and they were on medicines to reduce agitation although there was no reference to this in the mental health care plan. Two people's care plans indicated they were self-caring although the recent reviews indicated they needed to be prompted by staff. An appropriate referral had been made following one person's weight loss although the recommendations made by the dietician were not included in the nutritional care plan.

From looking at records and from our discussions we noted people had not been formally involved in reviews of their care. Some people we spoke with felt they were involved in decisions and discussions about their care and others were not familiar with their care plan. This meant people had limited opportunities to have control and influence over their care.

The manager was aware of the shortfalls in the care plans and showed us a new format which would be introduced for each person. We found the new format to be organised and easy to read. The manager gave assurances that all plans would be up to date by June 2017.

The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Daily records were maintained and were written in a respectful way. Staff told us communication had improved. From our discussions we found staff had a good understanding of people's needs. They told us they were kept informed about the care of people living in the home and of any incidents that had occurred. They said effective systems were in place to ensure they could respond quickly to people's changing needs. This included a handover meeting at the start and end of each shift, daily handover records and communication diaries. A senior person attended the handover to ensure appropriate care and support had been provided. However, we noted two examples where it was not clear whether the information on the handover sheet had been followed up. The manager had already recognised this shortfall and revised handover records had been developed.

When people were admitted to hospital they were accompanied by a record containing a summary of their essential details and information about their medicines. A member of staff or a family member would accompany them whenever possible. In this way people's needs were known and taken into account when moving between services.

There had been no recent admissions to the home so we were unable to review the process of pre-admission assessment. However we were told that before a person moved into the home an experienced member of staff would conduct a detailed assessment of their needs. Information would be gathered from various sources about all aspects of the person's needs. We were told people were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed them to experience the service and make a choice about whether they wished to live in the home.

A person who was responsible for the planning and provision of activities had been employed. Activities

were provided in small groups or tailored to the individual. People told us they were happy with the activities and entertainments provided. Records were maintained of the activities people had participated in. They included gardening, family visits, visits to the library, armchair activities, dancing, art and crafts and reminiscence. One person told us about a recent holiday and other people told us they preferred not to take part in activities and that this choice was respected by the staff.

## Is the service well-led?

### Our findings

People told us they were satisfied with the service provided at the home and the way it was managed. One person told us, "I'd give the home 100%. I have no concerns at all" and another person commented, "I think the home is well managed. I like the new manager." One healthcare professional commented on the current management team, "They are a good efficient team. I have confidence in them."

The registered manager left the service in November 2016 following the last comprehensive inspection in August 2016 and following enforcement action taken by the Commission. From September 2016 regular quality improvement meetings had been held with the provider and local agencies and a voluntary suspension on any further admissions was in place. At the time of our focused inspection in December 2016 an acting manager was in place and the local authority management team were working with the service in an advisory capacity helping them to develop effective systems. We noted improvements were slowly being made to all systems and an action plan was in place to support this. At the last quality improvement meeting (March 2017) concerns had been raised with the provider about the slow progress being made to improve the service.

Prior to this inspection we were informed there had been further changes to the management team. An experienced manager had started 3 April 2017 and she was supported by a care administrator from 7 April 2017. We noted the new management team worked effectively and efficiently together. The manager was not registered with the CQC but we were told an application had been started.

The manager had responsibility for the day to day operation of the service and was visible and active within the service. She was regularly seen around the home, and was observed to interact warmly and professionally with people and staff. People were relaxed in the company of the manager and it was clear she had built a good rapport with them.

All staff spoken with made positive comments about the manager and the way she managed the home. One member of staff told us, "[The manager] is sorting things out. I have real faith in her as she knows what she is doing. I'm confident things are going to get better" and another member of staff said, "I think the new manager is fantastic, she's approachable and is really brightening the place up."

At our last comprehensive inspection on 9, 10, 17 and 26 August 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to have suitable systems or processes in place, to ensure the service was operated effectively. The provider sent us an action plan which set out the actions they intended to take to improve the service.

At the focused inspection of 7 December 2016, we found positive changes were being made but further work was required to ensure that effective quality monitoring systems and processes were in place.

During this inspection we found systems to monitor the quality of the service were in place. They included

audits of medicine management, health and safety, accidents and incidents, environment, infection prevention and control, commodes, mattresses, care charts and records. Our findings showed the auditing tools had supported the management team to recognise a number of shortfalls and to make improvements.

We found improvements had been made to medicines management, infection prevention and control, staffing, training, supervision and support, nutrition and complaints processes. However, in some areas we found that where action was needed it was not always clear who would be responsible, within what timescales or whether the action had been followed up. In addition, there were aspects of the service which required improvement and there were six continuing breaches of the Regulations. We found shortfalls with regards to assessment of risk, quality assurance, DoLS processes, the environment, record keeping and recruitment processes. This meant the current quality monitoring systems were not yet fully effective. We discussed this with the provider, the manager and the care administrator. The manager told us the shortfalls in the quality monitoring systems had been recognised and new audit systems were being introduced. We saw evidence of this in relation to medicine management, record keeping, recruitment, care planning, accidents and incidents and the environment. An action plan had been developed by the manager to support the planned improvements. However, these changes needed to be embedded into practice at the home.

The provider had failed to operate effective systems to monitor and improve the quality and safety of the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From looking at records and from our discussions we found the provider visited the home regularly and spoke with staff, people living in the home and with any visitors. Management meetings had been held and areas for improvement had been discussed; we noted many of the issues discussed at the recent meeting had been addressed and a further date had been planned. The manager was able to describe some of the improvements needed although there was no business and development plan available as yet to support this.

The manager told us she was supported by the provider and the necessary resources were available to achieve and maintain appropriate standards of care and safety at the home. We noted a positive and respectful relationship between the provider and the manager. The manager told us a weekly report would be forwarded to the provider to keep them up to date with any changes in the service. The provider assured us that regular monitoring visits would continue to the service.

Regular residents' meetings had been introduced. The minutes of the meetings were provided in a 'You said' – 'We did' format; we noted people were kept up to date with any changes in the home, their views had been sought and they had been listened to. For example, people had previously expressed dissatisfaction with the meals, a new cook was recruited and the mealtime experience had improved. People's wishes and dreams had been discussed and progress had been made to meet people's expectations. People were also asked if they felt safe.

At our last comprehensive inspection on 9, 10, 17 and 26 August 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to maintain accurate, complete records in respect of each person and of records in relation to the management of the service.

At the focused inspection of 7 December 2016, we found positive changes were being made but further work



was required to ensure that records in relation to the management of the service were accurate and complete.

Prior to the inspection visit we were told the care plans and risk assessments contained limited information. During this inspection we found improvements had been made to the record keeping since our last visit. However, we found gaps in both the care plans and risk assessments and the care and support being provided was not always reflected in the records or transferred to specific sections of people's care plans. We also found the records had not been consistently reviewed in line with people's changing needs. This meant that staff did not have up to date and accurate information about people's needs.

The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had access to a range of policies and procedures although the manager told us they were due to be reviewed to make them clearer for staff. Staff had not yet been provided with job descriptions or contracts of employment to support them with their work. This meant they may not understand their roles and responsibilities within the organisation. They told us they were kept up to date and able to share their views and opinions with the provider and the manager and at regular staff meetings. We looked at the minutes from the meetings and found regular meetings were held and a range of topics were discussed such as people's care and support needs, clothing, cleanliness, policies and record keeping.

Staff told us communication had improved and they felt they could raise their concerns with the provider or manager and were confident appropriate action would be taken. A new electronic system had been set up for managers and staff to access a range of work related information such as policies, meeting minutes, rota requests and general updates; this would further improve communication for all staff. Staff spoken with told us they were happy working at the home. Staff were aware of who to contact in the event of any emergency or concerns and there was always a senior member of staff on duty with designated responsibilities and the management team could be contacted in an emergency.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had submitted notifications to CQC about incidents that affected people who used services.

We noted the service's CQC rating and a copy of the previous inspection report was on display in the entranceway. This was to inform people of the outcome of the last inspection.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure people were protected against the risks to their health, safety and wellbeing. Regulation 12 (2) (a) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider had failed to act in accordance with the Deprivation of Liberty Safeguards. Regulation 13 (5)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider had failed to provide a safe and properly maintained environment for people to live in. Regulation 15 (1) (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to have suitable systems or processes in place, to ensure the service was operated effectively. Regulation 17 (1) (2) (a) (b)  The provider failed to maintain accurate,

complete records in respect of each person and of records in relation to the management of the service.

Regulation 17 (2) (c) (d)

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider had failed to operate safe and robust recruitment and selection processes. Regulation 19 (2) (a) (b)