

People in Care Ltd

# Church View Residential Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



### Overall summary

We carried out an unannounced inspection on 18 and 21 September 2015, which meant the provider and staff, did not know we were going to inspect.

Church View Residential Home is registered to provide care for up to 30 older people. The home was providing care for older people which included people living with a

dementia; the home does not provide nursing care. The registration requirements for the provider states that the registered provider should ensure that a registered manager is in place.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

Prior to this inspection we had carried out unannounced inspection on 5 and 20 March 2015 and found evidence of several breaches of regulations for monitoring the quality of the service, records, care and welfare, safe and suitable equipment, nutrition and diet, consent, staffing, infection control, safeguarding and medicines. The provider sent us an action plan to tell us how they would ensure people using the service were protected against the risks associated with an inadequate service. We reviewed this action plan as part of this inspection to check if the provider had met the requirements of the regulations

During this inspection we found an ongoing breach of Regulation 17 of the Health and Social Care Act (RA) Regulations 2014. This was because the provider failed to ensure records relating to people's individual care needs were completed and up to date. There was also an ongoing breach of Regulation 12 of the Health and Social Care Act (RA) 2014 Regulations. People using the service were not protected against the risks associated with the administration, use and management of medicines. People did not always receive their medicines when they needed them or in a safe way. You can see what action we told the provider to take at the back of the full version of this report.

We undertook a tour of the building and saw improvements in infection control since our last inspection. Such as areas were clean and tidy and guidance for staff, people who used the service and visitors to follow were on display in the public area of the home. The registered manager told us a deep cleaning programme had been undertaken since our last inspection and the staff we spoke with confirmed this had taken place. We saw hand washing advice was on display and staff were seen wearing gloves and aprons when caring for people to prevent cross infection.

We discussed the staffing numbers and the recruitment with the registered manager. We were told there was now a full team of staff in post with two new staff waiting for a start date following relevant checks being completed. The home had increased staffing numbers to support

effective care delivery and staff told us that the increase in staffing numbers had made a positive improvement to their ability to meet people care needs in a timely manner.

We looked at how the service monitored, reported and recorded safeguarding concerns in the home since our last inspection. We saw improvements had been made. The registered manager had introduced a safeguarding file that had details on how to report safeguarding to the appropriate agencies. There were notes relating to safeguarding investigations that had taken place and a summary sheet so that reference could be made of all the safeguarding alerts in progress. Staff we spoke with confirmed they had received safeguarding training and we were confident staff would act in an appropriate way in dealing with concerns safely. We saw evidence of safeguarding training taking place in the staff files we looked at.

Following our last inspection the provider sent us an action plan that detailed how they would ensure people received their meals in a safe and appropriate manner. We undertook an observation of the dining room during the lunchtime service and noted improvements had been made. We saw people received meals that met their individual needs such as soft diet. People using the service told us they enjoyed the meals but would like more variety and choice such as a seasonal menu.

The provider told us in their action plan following the last inspection that they had introduced the use of the serving hatch during meal times and had put a key pad on the kitchen door to prevent people who used the service or staff entering the kitchen during meal times. However during our observations we noted the door had been left open and staff were seen entering the kitchen to service the meals.

Care records indicated nutritional assessment had taken place, however Malnutritional Universal Screening Tool (MUST) assessments had not been completed in line with the guidance which stated weights should be obtained each month however these had only been recorded every two months.

During our inspection we undertook a tour of all areas of the home to check what improvements had been made by the provider in relation to equipment the environment for people who used the service since our last inspection.

# Summary of findings

We saw positive improvement. We observed equipment such as new toilet surrounds and grab rails had been purchased. The repairs to the bathroom wall had been undertaken and the shower tray had been repaired. The registered manager told us a new heating and water system had been introduced, staff we spoke with confirmed the home was much warmer now. We asked about water temperatures in peoples bedrooms as one bedroom ensuite sink took over two minutes to run warm. The registered manager checked all bedrooms and confirmed all people had access to hot water.

We saw evidence of a maintenance book in the home that detailed works that required action by the provider. The registered manager confirmed all work documented had been completed. People using the service and their relatives told us they were happy with the environment in the home and told us that the provider had invested a lot of money in the home since they took over.

People we spoke with told us they were happy with their care but could not confirm if they had been asked permission relating to their care needs. We observed staff speaking kindly with people who used the service and staff knocking on peoples doors before entering bedrooms. The care files we looked at had details relating to consent to care and treatment in them which had been signed and dated.

Staff were positive about the changes in training and delivery and commented that the face to face training for moving and handling was an improvement in training delivered to them. We saw evidence of training in the staff files we looked at and the registered manager told us training for all staff had been organised to ensure staff had the knowledge to care for people safely and effectively. Staff we spoke with confirmed supervision was now occurring regularly and we saw evidence of plans for supervision and records detailing supervision had taken place.

Since our last inspection the registered manager had introduced a Deprivation of Liberty Safeguards (DoLS) file that had guidance for staff to following and details of current emergency and standard DoLS requests to the Local Authority. We discussed DoLS and Mental Capacity Act (MCA) with staff that had a limited understanding of DoLS. The registered manager told us they had requested further training for all staff to ensure the met individual needs.

During our inspection we observed staff responding in a timely manner to people's individual needs staff were seen talking kindly to people and interacting well with them. People who used the service told us they were happy with the care they received and visiting relatives also confirmed they were happy with the care in the home.

We looked at the care records for five people who used the service. We noted there had been some improvements in them such as; care plans were detailed and individualised to ensure they reflected people's needs and records indicated risk assessments were in place and up to date. However we saw that there were still gaps in records such as; a care had no care plan for medications and a missing person profile as well as the resident profile was missing. Documents such as positional changes, diet and fluid intake, and creams application had gaps in their recording.

We saw there was a complaints, compliment and comments file in place which detailed the actions taken as a result of the complaints. However we saw two complaints that had no details relating to the action that had been taken. We discussed these with the registered manager who confirmed what actions had been taken. It is important to ensure records are kept up to date and reflected all actions that had been taken by the service. People who used the service and relatives told us they had no complaints and felt confident to raise any concerns with the home.

There was a complaints policy on display in the public areas of the home as well as in people's bedrooms.

Records relating to activities had improved since our last inspection; however we noted that these had not been completed for a number of days prior to our inspection. Staff and people using services told us activities were taking place and we saw evidence of activities on display in the public areas of the home such as, sing a long, bingo and plans to visit Blackpool illuminations. The registered manager told us they had introduced a dementia champion and there were plans to introduce rummage boxes and memorabilia into the home.

People who used the service, relatives and staff were positive about the registered manager and the changes that had been introduced since they came in to post. We were shown feedback from a recent questionnaire that

# Summary of findings

detailed some positive results as well as feedback that required further investigation. We discussed this with the registered manager who told these had only recently been returned and would be analysed promptly.

We looked at how the service monitored the quality of the service. We saw improvements had been made since

our last inspection. There was evidence of regular audit monitoring taking place such as falls, medication and infection control and these had been completed regularly and recently.

# 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 not consistently safe.

We saw improvements had been made in relation to medication administration, however there were ongoing concerns. Gaps in medication administration were seen along with incomplete fridge temperature monitoring.

We saw evidence of improvements in infection control since our last inspection. Rooms were clean and tidy and free from odour. There was infection control guidance on display and staff were seen wearing gloves and aprons when carrying out any care or activity.

Staff told us staffing numbers had improved and since our last inspection and recruitment process for new staff had been completed with relevant checks in place.

We saw a safeguarding file had been introduced into the home and there was evidence of safeguarding investigations in place. Staff told us they had completed the safeguarding training.

**Requires improvement**



### Is the service effective?

The service was effective.

We observed people who used the service received meals in a consistency required by them, people told us the meals were good however they would like more variety. Nutritional care plans were up to date, but there were gaps in malnutrition screening (MUST) screening in some records we looked at.

We undertook a tour of the premises and saw improvements had been made and people gave positive feedback about the environment.

Staff told us the training in the home was much improved since the last inspection and that they received regular supervision from the registered manager.

**Good**



### Is the service caring?

The service was caring.

During our inspection we spoke with people who used the service about the care they received in the home. We received positive feedback.

Staff were seen responding to people's individual needs in a timely manner.

We saw evidence of dementia friendly support in the home for people living with a dementia and the registered manager told us they had introduced a dementia champion in the home.

**Good**



# Summary of findings

## Is the service responsive?

The service was not consistently responsive.

There was evidence of improvements in people's care files, records indicated individualised care planning and risk assessment, however there was gaps in some of the records for people that we looked at.

We saw evidence of a complaints policy in the home and we saw evidence of complaints investigation in place, however we noted two complaints had no evidence to confirm what actions had been taken as a result of the investigation.

Details relating to activities were on display in the public areas of the home and people told us activities were taking place.

**Requires improvement**



## Is the service well-led?

The service well led.

We received positive feedback about the manager and the change that had been made since their arrival to the service.

We saw evidence of effective quality monitoring of the service which had been completed recently and regularly. The registered manager told us they had recently sent out a feedback survey and had received some responses however these had yet to be analysed.

There were copies of certificates for the registered manager as well as employer's liability insurance on display in the public areas of the home.

**Good**



# Church View Residential Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 18 and 21 September 2015 and was an unannounced inspection which meant the provider and staff did not know we were coming.

The inspection was carried out by an adult social care and a pharmacist inspector.

Prior to our inspection we reviewed information we held about the provider including notifications which the service

provider has a duty to send us, concerns, comments and safeguarding information. We also contacted the local authority commissioners to seek their views about the service.

During our inspection we spoke with seven staff members including, care staff, the chef and the registered manager. We also spoke with eight people who used the service and three visiting family members.

We spent some time observing care and staff interactions with people who used the service in the communal areas of the home including the lounges and dining room. We looked at the care records for five people who used the service including daily monitoring charts. We also checked records relating to the governance of the service which included audits and monitoring as well as training records, staff files and incident and accident reports.

# Is the service safe?

## Our findings

Many people were prescribed medicines, e.g. painkillers and laxatives that could be given at different doses i.e. one or two tablets; or that only needed to be taken or used when required. We found that there was not enough information available to enable care workers to give these medicines safely, consistently and with due regard to people's individual needs and preferences. One person told us they were supposed to have up to 12 sprays of their medication each day in order to control their condition, but staff would only give them one spray per day. Records showed that they had not been given their medication correctly.

Prior to our inspection we previously visited the service and found an ongoing breach of management of medicines as well as, Safeguarding service users from abuse and improper treatment. This was because we were made aware of safeguarding concerns that needed investigation and the process for investigating and recording safeguarding was ineffective. We observed the medication round and noted administration and documentation was ineffective. Medication was stored inappropriately and staff were seen administering medication in an unsafe manner. We asked the provider to send us an action plan on how they would ensure the regulations were being met.

We looked at medicines, Medication Administration Records (MARs) and other records for nine people living in the home and found concerns and/or discrepancies in eight of these cases. We spoke with the senior care worker responsible for administering medicines on the day of our visit and the registered manager about the systems in place for managing medicines within the home.

Medicines were not always stored safely. The medication fridge was not monitored regularly and the temperature had only been recorded twice in the previous 18 days. When we checked the fridge temperature, we found that it was too warm. Medicines can spoil and become unfit for use if they are not kept at the correct temperature. We saw that waste medicines had not been stored or disposed of safely.

We saw that detailed policies and procedures for administering and recording Controlled Drugs (strong medicines with extra storage and recording requirements)

were available. However on the day of our visit, care workers were not following these instructions. We saw care workers preparing medicines for more than one person at once. This is poor practice which increases the risk of people being given the wrong medication. We saw care workers signing the records to indicate that the administration had been witnessed by a second member of staff before the medicines had even been offered. The time of administration of Controlled Drugs was not always recorded accurately and some entries were not double signed by two members of staff. We saw one example where a person had not received strong painkillers for five days as their supply had run out and not been replaced. There were discrepancies in the running totals of medicines available and this made it impossible to determine whether or not these strong medicines had been given correctly.

Medication records that we looked at were frequently inaccurate and incomplete. The quantities of medicine received, brought forward from the previous month and disposed of had not always been accurately recorded. This made it impossible to calculate how much medication should be present and therefore whether or not medicines had been given correctly. We compared a sample of stocks and records for five people and found that more than 25 of their medicines had been signed for but not actually given or could not be accounted for. There were missing signatures on records and it was unclear if medicines had been given or omitted at those times. Where medicines were prescribed at a variable dose, the actual dose administered had not always been recorded. Records for the application and use of creams and other external preparations were incomplete and unclear meaning that we were unable to tell who had applied these products and whether or not they had been used as prescribed. One person we spoke with told us they had been prescribed a new inhaler almost two weeks ago, but care workers we spoke to did not understand how to use it correctly and had not offered or administered it as prescribed. This person was currently on a course of antibiotics for a chest infection, but these were not being administered correctly.

We looked at records for one person currently given their medicines covertly i.e. hidden in food or drinks without their knowledge or consent. Arrangements for giving medicines in this way had not been made in accordance with the Mental Capacity Act 2005 or current NICE guidance. There was no information with the care plans or



## Is the service safe?

MARs to tell care workers which medicines were to be given covertly or exactly how and in what circumstances they should be given. Records showed that the person should have all their medicines supplied in liquid form so they could be swallowed more easily, but we saw at least four were still supplied as solid tablets or capsules.

Although the manager told us that regular audits were carried out to see how well medicines were managed within the home, we were concerned that the process had not been robust enough to identify the concerns and discrepancies that we found.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with people who used the service about whether they felt safe in the home. We received mixed feedback. People using services told us they felt safe however they raised a particular concern in relation their safety in the home. We spoke with the registered manager about this who confirmed the actions that had been taken in relation to these concerns to ensure that people who used the service would be protected from the risks of abuse.

Staff we spoke with were able to discuss what actions they would take if they suspected abuse and were confident about reporting bad practice. We saw evidence of an up to date safeguarding policy in place for staff to follow and there was safeguarding guidance on display in public areas of the home. This would ensure people were protected against the risks of abuse. We were shown a safeguarding file that had recently been introduced by the registered manager. We saw evidence of a number of safeguarding's that had been referred to the Local Authority safeguarding team for investigation. There were copies of investigations that had taken place including a log sheet to monitor and record the investigation outcomes. We discussed these with the registered manager who confirmed what action had been taken as a result of the investigations. Systems to record report and monitor safeguarding's were in place and effective.

We saw evidence of safeguarding training in the staff files we looked at and staff we spoke with confirmed they had completed safeguarding training recently. This helped to ensure people who used the service were protected from the risk of abuse by a knowledgeable staff team.

We spoke with the registered manager about how the service managed risks. We were told, "We have risk

assessments in care plans and we encourage people to make choices and manage the risks." We saw evidence of risk assessments under taken in the home such as fire risk assessments and fire emergency plan. Staff completed individual risk assessment for people who used the service such as falls incidents and accidents. This helped to ensure that appropriate arrangements were put into place to manage risks in a safe and consistent manner.

At our last inspection we identified a breach of regulations relating to staffing. This was because there were inadequate staffing numbers in place to care for people safely and effectively.

We spoke with people who used the service about the number of staff on duty. One person confirmed there was enough staff to meet their needs and responded in timely manner to assist them.

We spoke with the staff team on duty during our inspection and received positive feedback. Comments included, "The staffing numbers have increased night and day, it is much better we are able to carry out care better," "The home is improving slowly. The staffing levels are a lot better, there is enough staff so it is less stressful" and, "It is getting a lot better there is now more staff it is a lot easier, there is enough staff at weekend, and there is now a twilight (evening) shift." One person told us the staffing numbers were lower at the weekends. We discussed this with the registered manager who told us the number of staff carrying out caring duties was the same during the week and weekends. During our observations we saw sufficient staffing numbers to respond in a timely manner to peoples individual needs. People were cared for in a safe environment because there was sufficient staff on duty to meet their needs.

We spoke with the registered manager about the staffing numbers. We were told they had now fully recruited to posts and were waiting for two new staff members to commence in their posts. They said, "We are stronger as a team, there are some sickness issues, but this is being addressed." We checked the duty rota and saw evidence of an appropriate number of staff in place with details of staff cover where sickness and gaps in shifts were identified.

We asked about the recruitment processes in the home. The registered manager confirmed all staff recruited to the home received an induction programme and a period of supervision on commencing work in the home. A member

## Is the service safe?

of staff who had recently commenced their post told us they had undertaken a period of induction which included mandatory training. They confirmed the provider had completed an appropriate recruitment process this included, interview, references and Disclosure Baring Service (DBS) checks. We looked at three staff files and saw evidence of the recruitment process, which included application forms, references, proof of identification and DBS details.

At our last inspection we identified concerns relating to infection control and cleanliness of the home. We asked the registered manager what changes in infection control had taken place since our last inspection. We were told a deep cleaning programme had been commenced and staff we spoke with confirmed there was a deep cleaning programme for all rooms in the home. Staff we spoke with told us the home had improved in cleanliness since our last inspection and new domestic staff had been recruited to support an effective cleaning programme.

During our inspection we undertook a tour of the building and noted improvement in cleanliness of the environment since our last visit. We saw new signage on the cleaning room which detailed guidance on storage of cleaning supplies. We observed all areas were clean and tidy and free from odour. Bathrooms were clean and tidy and repairs were noted to the shower enclosure with evidence of cleaning taking place. The registered manager told us the windows had been cleaned recently and we noted an improvement in the cleanliness of windows and sills during our inspection. We saw infection control guidance on display in the public areas of the home. Staff were seen wearing gloves and aprons when carrying out any care or activity. This would protect people from increased risk of cross infection.

We checked the soap dispensers and saw that these were now in working order and there was hand washing advice on display in all bathrooms to guide staff to ensure people using the service and visitors were protected from the risks associated with ineffective infection control.

# Is the service effective?

## Our findings

We spoke with people who used the service and their relatives about the staff in the home and received positive feedback. One person told us, “The care staff are brilliant.” We spoke with staff about the training they received in the home. All staff told us they had seen a big improvement in the training in the home over the last few months.

Comments received were, “I have done a lot of training, [Name of registered manager] is doing a lot of work”, “The training is ongoing it is more face to face, hands on,” “I have done training in first aid, medicines and moving and handling” and, “There are improvements in training there is more face to face training they have stopped the DVD training.” The registered manager told us they had introduced a new training provider who undertook face to face training. The registered manager was also delivering practical moving and handling training to the staff team. This helped to ensure people who used the service were cared for by a knowledgeable staff team.

On our last inspection to the service we found breaches of regulations for consent, meeting nutritional needs as well as premises and equipment. This was because systems to monitor record and follow guidance for nutritional needs were ineffective; people who used the service were not consulted with and gave their consent to decisions about their care. We identified some concerns in relation to the safety and suitability of the premises and the equipment. We observed equipment needed repairing and updating and remedial repairs were required in the bathroom. People did not have access to suitable bedding and pillows. Records had not been completed in full. We asked the provider to send us an action plan on how they would ensure the Regulations were being met. We visited the service on 19 and 21 September 2015 and followed up from our concerns that had been noted during our last inspection.

We looked at the training records for three staff members and noted evidence of up to date training taking place. Examples seen were, moving and handling, fire and first aid. The registered manager discussed details of planned training for staff was recorded on a training matrix and there were plans to update this with the current date for the staff.

We looked at supervision records for staff and saw evidence staff received regular supervision from the

registered manager. There was evidence of supervision dates for the staff. We discussed the support staff received from the reregistered manager, staff told us, “The supervision are more often now” and, “I have supervision every three months.”

We spoke with people who used the service about the meals on offer in the home. We received some positive feedback, one person told us, “The meals are very good,” and, “I can have more food if I want it and there are choices with meals.” People confirmed meals were varied and nutritious and they were offered more if requested. However one person commented they would like more variety than, ‘Fish and chips on Friday’s’. The registered manager told us meal choices had been discussed in a recent resident meeting and there were plans in place to introduce more variety to the menu as well as offering seasonal choices. We observed people were offered a choice of meal that was specific to their dietary needs, for example one person was seen eating a soft diet during lunchtime. The cook was observed discussing with people who used the service about the choice of meals on offer for the day and we were told there were enough supplies of food provided for the home.

We undertook an observation of the dining room during the lunchtime meal. There was a relaxed and informal environment. People were seen chatting with others, staff were observed talking intermittently with people who used the service and appeared to have knowledge of people’s individual needs. However, one person we spoke with told us they felt, ‘isolated’ where they sat in the dining room and wanted to engage in conversation with others. We discussed this with the registered manager who told us on the second day of our inspection that they took immediate action to facilitate conversation and choice for all people using services.

During our last inspection we observed one person eating a normal consistency diet, however when we checked this person’s care plan it clearly stated they required a special diet. During this inspection we noted the appropriate consistency of food was offered to this person. There were care plans that directed staff to observe this person during their meal, however we noted their sitting position in the dining room made it difficult for staff to observe them effectively. We observed this person coughing during their meal; staff were seen responding to them, however this occurred on two occasions. We identified this concern with

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the registered manager who told us they planned to rearrange the seating plan in the dining room so that staff were able to supervise this person effectively during meal times.

Following our last inspection the service provider told us they had installed a keypad on the kitchen door to prevent staff and people who used the service accessing the kitchen during meal times this was to maintain safety and to reduce the risk of cross infection. The service provider had introduced the use of the kitchen hatch to the dining room. We saw new signage advising staff about access to the kitchen, however during our observations we saw staff accessing the kitchen via the door instead of using the hatch to retrieve people's meals. The kitchen door was observed to be left open and we saw some staff were entering the kitchen without wearing gloves or aprons when dealing with the meal service. This meant the provider failed to ensure the action plan was implemented and maintained by the staff team.

We looked at the care files for five people using services and noted nutritional assessments in all of them. Records were up to date and contained reviews of care. We saw that there was a separate care file that contained malnutrition universal screening tools (MUST) assessments for people using services; however we noted that these had not been completed accurately. An example was, records indicated weights had only been documented every two months where guidance stated weights were required monthly. The registered manager told us they had plans to access training for staff in MUST screening. We also saw records on display in the staff office for people who required weekly weights however we noted gaps in their recording. This meant people who used the service did not have effective monitoring of their weights to ensure any changes in people conditions would be identified. The registered manager told us that they would introduce a more effective process to ensure people's weights were recorded in a timely and effective manner.

We looked at the care files for people using services and saw some evidence of signed consent for people such as, a personal care plan agreements, however one care plan agreement had not been signed, it is important to ensure people's decisions about care and treatment are signed and dated to ensure documentation reflects people's individual wishes.

During our inspection we undertook a tour of the building to ensure actions following our last inspection had been completed by the service provider. We observed improvements had been made such as, new toilet surrounds had been purchased and remedial repairs had been made to the bathroom wall. We noted one toilet that had been identified as leaking had been repaired and bedding and pillows had been replaced in people bedrooms. Public areas of the home were clean and tidy and nicely decorated with no odours evident. One ensuite in a bedroom we looked at was noted to have a crack in the sink we brought this to the attention of the registered manager who confirmed this would be repaired as a matter of urgency and we observed this request added to the maintenance book for the provider to action. At our last inspection the registered manager told us there were plans to install a new boiler system for the home, the registered manager confirmed this had been installed since our last inspection and staff we spoke with told us the home was much warmer, and this was evident during our inspection. We spoke with people who used the service about the environment who told us they were happy with their rooms. A visiting relative told us, "The owner has invested so much in the home."

One staff member we spoke with raised concerns about the temperature of water in people's bedrooms. We checked the water temperatures in four of the bedrooms and noted the water was within an acceptable range in all of them. However one bedroom we noted took two minutes for the water to flow warm, the registered manager checked all the bedrooms to ensure all people had access to warm water and confirmed they would continue to monitor water temperatures in people's bedrooms.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

At our last inspection we made a recommendation for the provider to access training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We discussed this with the registered manager during this

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inspection who told us staff had completed training that involved a workbook however they were looking for further training to develop and build staff knowledge. We asked staff about their understanding of the MCA and DoLS, one staff member had limited knowledge of these matters and recognised their need for further training. We discussed this with the registered manager who told us they had identified training for this staff member and would ensure this was completed.

The registered manager told us since our last inspection they had introduced a DoLS file to ensure records were filed

in an effective way for staff to access. We looked at this file and saw staff had access to the local authority advice as well as national guidance for them to follow. We saw evidence of DoLS applications for people living in the home; these included urgent as well as standard authorisations. The registered manager told us that none of the standard authorisations had been approved by the Local Authority as yet. The registered manager also had knowledge of their regulatory responsibility to inform the Commission once these had been authorised.

# Is the service caring?

## Our findings

During our inspection we spoke with people who used the service about the care they received in the home. We received positive feedback. Examples of some of the comments received were, “I am happy here, I have no concerns”, “I am looked after very well”, “The staff are lovely, they come when they are needed” and, “I am very happy with the care and staff answer the buzzer.”

A visiting relative told us, “I am with happy with the care; I would report it if anything was not right. The care and reviews are discussed with me.” Another relative told us, “The carers are really, really good, we visit at different times, and the girls (Staff) are fantastic, no one could knock the girls.” We saw positive feedback in thank you cards on display in public areas of the home. Comments such as, ‘Thank you so much, she was cared for with respect, good humour and kindness were noted.

At our last inspection we identified a breach of regulations relating to safe care and treatment. This was because people who used the service were not protected against the risks of receiving care or treatment that was inappropriate or unsafe.

We observed staff responding in a timely manner to people’s requests for assistance and staff were noted to speak with people kindly and appeared to have detailed knowledge of their individual care needs. Staff were seen responding to buzzers in the home in a timely manner ensuring peoples individual requests were acted on.

The registered manager told us they monitored the staff team and obtained feedback from people who used the service and relatives to ensure staff delivered effective care to them. They said, “Our aim is to create a friendly home environment that is safe for service users (People who used the service), we provide a good standard of care and people are well looked after and to get the care and treatment they deserve”. We saw evidence of resident

meetings where people were able to discuss their view about the home. We were told people who used the service were involved in their care planning reviews and encouraged to make decisions about their care.

We asked about how the home ensured people’s changing needs and individual care were maintained by the staff team. We were told updates on peoples care would be recorded in the daily handovers and that care plans would be updated to reflect people’s current needs. The registered manager told us the staff team discussed individual care needs with people who used the service to ensure they were met. Staff we spoke with told us, “The care plans have the care needs and they are up to date. There are daily progress reports, position charts, personal care records and diet and fluid records for care needs. I would be happy for someone in my family to live here.”

During our inspection we observed signage with pictorial advice on display in the public areas of the home that would guide people who used the service to areas such as the bathroom, toilet, lounge or dining room. This would enable orientation for people living with a dementia. The registered manager told us they had recently introduced dementia champions and were looking at introducing more dementia friendly equipment such as ‘rummage boxes and other memorabilia and photographs. This would provide support to people living with a dementia. We also saw copies of national dementia guidance on display in the home for people to read.

During our inspection we observed staff speaking kindly to people who used the service and asking permission before undertaking any activity, staff were seen knocking on people’s doors before entering their rooms. We observed people being treated with dignity and staff ensured doors to bathrooms were closed when in use. This meant people were treated with dignity and were offered the opportunity to make decisions about their care. We spoke with people who used the service about whether they were asked permission before staff undertook any activity we were told, “The carers (staff) are lovely they come when they are needed”.



# Is the service responsive?

## Our findings

During our inspection we spoke with people who used the service about whether staff involved them in their care planning. We received mixed feedback, one person told us the staff didn't talk about their care, however they had no concerns about the care they received. One person told us, "I am happy I have no concerns." A visiting relative we spoke with confirmed their family member's care was discussed with them. The registered manager told us, "We talk to service users and family in as much detail as we can about them (People who used the service). All details about people are in the care plans."

At the last inspection we noted breaches of regulations related to governance and care being delivered in a person centred way. This was because the provider failed to provide meaningful activities to people who used the service and records to record activities were inadequate. Care plans had gaps in their recording and one care file we looked at had no details relating to how staff would care for them safely. We asked the provider to send us an action plan on how they would ensure regulation was being met. We visited the service on 19 and 21 September 2015 and followed up from our concerns that had been noted during our last inspection.

There was evidence of pre admission assessments in place prior to people living in the home and these detailed their individual needs and health conditions as well as information from health professionals such as the GP. Records included admission assessments that had been completed to guide staff about people's needs in the home. This would ensure staff had access to up to date and relevant information about them.

We looked at the care records for five people who used the service. We noted that there had been improvements since our last inspection, records were detailed and indicated people's individualised needs and reviews of care were in place to guide staff on how to care for people living in the home such as moving and handling and, physical and social assessments. Risk assessments were detailed and provided staff with guidance of how to safely care for people's individual needs such as using the bath hoist, safe environment, falls and personal hygiene. We also saw evidence of national guidance for staff to follow on specific

medical conditions for people. However we saw there were still gaps evident in the care files. For example one person's care file had no details recorded in the missing person profile as well as the resident profile.

We saw there were records that related to daily checks such as positional changes, diet and fluid intake, and creams application were in place, however there were gaps evident in the records. For example records relating to, diet and fluid records had gaps in their recording which meant it was difficult to establish what people had eaten or drank. There was also only one staff signature in the key worker responsibility records and records relating to medication cream application was blank which meant there was no evidence to demonstrate that the creams had been applied.

The provider failed to ensure records relating to people's individual care needs were complete and up to date. This was a breach of Regulation 17 of the Health and Social Care Act (RA) Regulations 2014.

We asked people who used the service if they had any concerns. We received some positive feedback. One person said, "They (The provider) always act on concerns" however one person raised some concerns during our inspection about the mealtime arrangements in the home. We discussed these concerns with the registered manager who acted on these concerns immediately.

Staff we spoke with were aware of the complaints procedure and how to act on any complaints. One staff member told us they would be 'confident' to raise any concerns with the registered manager. We looked around the home and saw several copies of the complaints policy on display and there was a copy in people's bedrooms. The registered manager told us, "We have discussed complaints regularly at meetings. I am confident staff or people using services would raise any concerns."

During the inspection we were shown the complaints file and saw evidence of the complaint policy and procedure for staff to follow should they receive any complaints. There were details relating complaints received and recorded in the file, which included a log sheet to monitor the outcomes. There was evidence of complaints investigations including records relating to correspondence and outcomes. However we saw evidence of two letters relating to complaints that had no details recorded about actions that had been taken as a response to these. We discussed

## Is the service responsive?

this with the registered manager who confirmed what action had been taken and that an outcome had not been completed. It is important to ensure all complaints are recorded in a timely manner to aid monitoring and learning from them.

People using the service told us activities were taking place in the home. We saw the home had an activities folder that had details of activities undertaken by people, however we noted the last date for entry was 10 days prior to

inspection. We discussed this with the registered manager who confirmed activities had been offered to people and we saw evidence planned activities on display in the entrance hall such as a four week rota of activities, including bible reading and sing-a-longs. We also saw details relating to a visit to Blackpool illuminations. It is important to ensure records relating to activities are kept up to date to ensure monitoring of peoples activity can take place.



# Is the service well-led?

## Our findings

We spoke with people who used the service about the registered manager. We received very positive feedback. Comments received were, “Things are much better. (Name of registered manager) is nice she has done a lot, I have no concerns at all” and, “I like (Name of registered manager) I am happy”. A visiting family member told us, “I would report any concerns if anything was not right.”

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

Prior to our inspection we previously visited the service and found a breach of regulations for Good governance. This was because records relating to team meeting were dated some time before or inspection and we saw evidence of inconsistent records that related to daily the handovers, audits on personal care and medications. Records had not been completed in full. We asked the provider to send us an action plan on how they would ensure regulation was being met.

During this inspection we noted the positive changes and improvements that the registered manager had made since our last inspection. Evidence of the positive steps that she had taken to improve many of the systems and processes in the homes and plans were in place to introduce further changes. The registered manager had an understanding of what further improvements were required to improve further. We were confident any identified further concerns and actions to be taken would be completed in a timely and efficient manner.

Staff we spoke with told us, “The registered manager has made a real difference, she is approachable a good leader and knows what is going on”, “She is a good leader you can talk to her she is understanding and approachable” and “She is lovely, approachable and very nice. She is easy to talk to. It is definitely a happier workplace.”

We saw positive feedback in thank you cards on display in the public areas of the home. Comments such as, ‘Thank you for looking after (name of person),’ and there was a newspaper clipping with positive comments about the home.

There were copies of up to date certificates on display in the entrance hall such as; certificate of registration, employer’s liability insurance, food hygiene, complaints procedures and the registered managers qualifications. This would ensure people who used the service and visitors to the home were confident the home had appropriate certification and registrations in place.

We were told ‘resident and relative’ meetings were taking place regularly and we saw evidence of minutes from these meetings on display in the home. Feedback notes followed the format, ‘You said’ and ‘We did’. Staff told us meetings were happening regularly and they were able to participate in discussion. We saw evidence of minutes from team meetings including notes of topics discussed. We were told by the registered manager that the home adopted an, ‘open door policy’ for visiting and families were encouraged to attend family functions.

The registered manager told us they had recently asked people who used the service and their relatives about the home. We were shown copies of completed feedback forms from a satisfaction questionnaire and saw evidence of positive feedback on them such as; quality of care given, choice of information given and respectfulness, however there was mixed feedback about personal safety and activities in the home. We discussed this with the registered manager who told us that results of the feedback had been received recently and comments on them were yet to be actioned. It is important to ensure people views about the service are acted on in a timely manner to maintain an effective quality service.

The registered manager told us the provider was considering computer training for people who used the service to enable them to access the internet for video calling to relatives who were not local. This would aid good links to family for people.

To aid people who used the service and visitors the home had a copy of the service user guide and the home’s philosophy of care on display to provide information about the home, their registration and facilities it has to offer.

## Is the service well-led?

We asked the registered manager about how they monitored the quality of the service. We were shown an audit file which had details of audits that had been completed since our last inspection. Examples seen were infection control, medication, supervision records and bed rails. Notes relating to actions taken had been completed including, dates and signatures we in place. There was also evidence of night fire risk assessment reviews, emergency lighting checks and weekly fire alarm checks taking place and recorded. The registered manager told us the provider was planning to introduce provider audits to the service. This would ensure people who used the service were cared for in a safe environment and had been being monitored to ensure care was delivered in a safe and effective manner.

We looked at the accident reporting records and saw evidence of details relating to incidents and accidents including the date of the incident and immediate actions taken. We noted the registered manager had completed analysis of accident and falls, this would ensure themes or trends of accidents or incidents could be identified to help reduce risks. We saw evidence of advice on display in the nursing office to guide staff of actions to take when dealing with an accident. This would ensure correct procedure was followed to protect people who used the service.

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 Regulation 17 (RA) Regulations 2014 The provider failed to ensure records relating to people's individual care needs were completed and up to date. Regulation 17. – (1) (2) (c)

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment</p> <p>The provider failed to ensure people were protected from the risks of unsuitable management of medicines. Systems to ensure people who used the service were protected from the risks associated with ineffective infection control.</p> <p>Regulation 12. – (1)(2)(f)(g)(h)</p>

### **The enforcement action we took:**

We have issued the provider with a warning notice and told them to be compliant by 3 December 2015