Little Trefewha Limited

# Little Trefewha Care Home

## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

We inspected Little Trefewha on 15 October 2018.The inspection was unannounced. The service is for elderly people, some of whom may have physical disabilities or mild dementia. At the last inspection, in December 2017, the service was rated as 'Requires Improvement.' This was because we judged the service did not have a satisfactory system to monitor and improve some aspects of the quality of the service. As a result we issued a statutory requirement about the need to improve the assessment and monitoring of the quality and safety of the care the service provided. After that inspection the registered persons sent us an action plan detailing how they were going to make improvements so they complied with the regulations.

At this inspection we found that, on the whole, satisfactory action had been taken, although we still had concerns about staff recruitment checks. As a consequence, we have issued the service with a statutory requirement to improve recruitment checks and this has had an overall impact on the rating of the service, although other aspects of the service are seen as good, and people were happy with the care they received.

Little Trefewha is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Little Trefewha accommodated up to 21 people, and there were no vacancies at the time of the inspection.

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

The service was viewed by people we spoke with as very caring. We received positive comments about the service. For example, we were told, "Nothing is too much trouble for the staff," and "They are always doing something to make you more comfortable. " A relative told us said, "I find this home wonderful, and a staff member said, "Residents always come first," and "Care is very good. Everyone works to the best of their ability. When we raise concerns they are dealt with." Everyone we saw looked well cared for. People were clean and well dressed. The service provided some activities.

People told us they felt safe. For example, one person told us, "I feel safe because the staff are very friendly to me." The service had a suitable safeguarding policy, and staff had been appropriately trained to recognise and respond to signs of abuse.

People had suitable risk assessments to ensure any risks of them coming to harm were minimised, and these were regularly reviewed. Health and safety checks on the premises and equipment were carried out appropriately.

There were enough staff on duty to meet people's needs. Although we had no concerns about the conduct

of any staff member we were concerned about recruitment procedures for staff members. For example, an employment history was not always given on staff application forms, and references were not always taken up from the candidates most recent employer and when they have not recently worked in a caring capacity.

Staff members received an induction. However, there was no record that some staff, who had not worked in health or social care, had commenced or completed the Care Certificate. This is a set of national standards for staff coming into the health and social care sector. Although there was a record all staff had received an induction, we have made recommendation that staff without recent care experience complete the Care Certificate. Overall staff had received suitable training. However, some staff members did have gaps in the receipt of training, for example about adult safeguarding, first aid and dementia.

The medicines' system was well managed, medicines were stored securely, and comprehensive records were kept regarding receipt, administration, and disposal of medicines. Staff who administered medicines received suitable training. Some people self-administered their medicines.

The service was clean and hygienic. The building was suitable to meet the needs of the people who lived there. The building was well laid out, pleasantly decorated and homely.

There were suitable assessment processes in place before someone moved into the service. These assisted in helping staff to develop care plans. We were told staff consulted with people, and their relatives, about their care plans, although this was not always recorded as taken place. Care plans were regularly reviewed.

People enjoyed the food and were provided with regular drinks throughout the day. Support people received at meal times was to a good standard. Comments about food included: "I thoroughly enjoyed lunch it was beautiful," and, "I'm quite pleased with the food, there are some good options."

The service had well established links with external professionals such as GP's, Community Psychiatric Nurses, District Nurses, and social workers.

Some people lacked mental capacity. Where necessary suitable measures had been taken to minimise restrictions. Where people needed to be restricted, to protect themselves, and/or others, suitable legal measures had been taken. No physical restraint techniques were used at the service. Staff had received suitable training about mental capacity.

The service had a satisfactory complaints procedure. People we spoke with felt they could raise a concern or complaint, and these would be responded to appropriately.

The registered manager was respected and liked by people, relatives and staff we spoke with. The registered manager had a hands on approach. Staff also said team working at the service was good, and team members were supportive and communicated well with each other.

Overall the quality assurance system were generally adequate. However, we have made a statutory requirement regarding employment checks, and the issues we have raised should have been picked up by management if systems are totally effective.

## 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 completely safe. There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Recruitment processes were not robust, and insufficient checks had been completed to ensure some staff were suitable to work with vulnerable people.

Risks in relation to people's care and support were identified and appropriately managed.

People were supported with their medicines in a safe way by staff who had been appropriately trained.People were supported with their medicines in a safe way by staff who had been appropriately trained.

### Is the service effective?

**Good**

The service was effective. On the whole, staff received appropriate training so they had the skills and knowledge to provide effective care to people. However, there were some gaps in the receipt of training which needed to be addressed.

The service had developed good working relationships with healthcare professionals to help ensure people had timely access to services to meet their health care needs.

Management understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

### Is the service caring?

**Good**

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

## Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs. Care plans gave clear direction and guidance for staff to follow to meet people's needs and wishes.

Staff supported people to take part in a range of social activities.

People and their families told us if they had a complaint they would be happy to speak with the management and were confident they would be listened to.

## Is the service well-led?

Requires Improvement

The service was generally well-led. There was a positive culture within the staff team and they felt supported by management.

People and their families told us the management were approachable and they were included in decisions about the running of the service.

Quality assurance systems were satisfactory, although systems still failed to ensure recruitment processes were robust.

# Little Trefewha Care Home

**Detailed findings**

## Background to this inspection

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

This inspection took place on 15 October 2018 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience used had experience of caring for an elderly relative. Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the inspection we used a range of methods to help us make our judgements. This included talking to people using the service, their relatives and friends or other visitors, interviewing staff, pathway tracking (reading people's care plans, and other records kept about them), and reviewed other records about how the service was managed.

We looked at a range of records including three care plans, records about the operation of the medicines system, four personnel files, and other records about the management of the service.

Before, during and after the inspection we spoke with three staff. We spoke with seven people about their experiences of living at the care home, and one relative. We spoke with the nominated individual, and the registered manager of the service.

Requires Improvement

# Is the service safe?

## Our findings

People told us they felt safe living at the service, for example one person told us; "I feel safe because the staff are very friendly to me." The service had a satisfactory safeguarding adult's policy. Staff had received training in safeguarding adults. Staff were provided with information about who they should contact, and what action they should take if they had concerns about somebody being subject to abuse. For example, information about who to contact was displayed on the notice board in the hallway. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they had not witnessed or heard about any poor practice. Staff we spoke with thought any allegations they reported would be fully investigated and action taken to ensure people were safe. Where necessary the registered persons had submitted safeguarding referrals to the local authority where they felt there was a risk of abuse.

Risk assessments were in place for each person. For example, to prevent poor nutrition and hydration, falls, pressure sores and to maintain skin integrity. We were told these were initially completed when a person came to live at the service. Risk assessments were reviewed monthly and updated as necessary. Health and safety risk assessments were completed for all areas of the building, as well as tasks which may present a risk.

The registered manager said all of people who lived at the service had capacity and the service minimised restrictions where possible. For example, if people were physically and mentally able, they could walk around the building, spend time in their bedrooms and were encouraged to make a range of choices such as what to wear, what to eat and how to spend their time. The front and internal doors were unlocked so people could move around the building, and come and go as they pleased. The registered manager said where people had limited capacity, staff supported them to maximise choice and independence.

Care records were stored securely in the staff office. Records we inspected were up to date, accurate and complete. All care staff had access to care records so they could be aware of people's needs. The registered manager said there were formal handovers between each shift. These enabled staff to share information and concerns about the care of people.

The service had a whistleblowing policy so if staff had concerns they could report these without feeling they would be subject to subsequent unreasonable action for making valid criticisms of the service. Where concerns have been expressed about the service; for example if complaints have been made, or there have been safeguarding investigations; the registered persons had carried out, or co-operated fully with these. The registered manager outlined instances where staff had reported concerns, and taken suitable action to make sure these matters were appropriately resolved.

Equipment owned or used by the registered provider was suitably maintained. The registered manager said the service owned two hoists and had other manual handling equipment to assist people with mobility difficulties. Systems were in place to ensure equipment was regularly serviced, and repaired as necessary. Cooking appliances had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. The electrical circuit had been tested and the circuit was rated as

'unsatisfactory.' The nominated individual subsequently informed us the registered provider had arranged to have the circuit retested at the end of October 2018, and if any additional work was required this would be completed. Records showed manual handling equipment had been serviced. There was a risk assessment to minimise the risk of Legionnaires' disease, and systems were in place to take action to minimise the risks identified. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms, emergency lighting and fire extinguishers were checked by staff, the fire authority and external contractors, to ensure they worked. The service had a fire risk assessment.

None of the people who used the service demonstrated any behaviours which the service found challenging. Any incidents that occurred were reviewed by senior staff. There were enough staff on duty to meet people's needs.

On the day of the inspection there were three care assistants on duty in the morning, and two care assistants on duty until 10.15 at night. Overnight there were two staff on duty. In addition the service had cleaning, kitchen and administrative staff to help ensure the service ran effectively. The registered manager and the deputy manager were available during the day. Staff members we spoke with said staffing levels generally satisfactory, although we were told, "Sometimes I think we are understaffed. For example if someone requires palliative care things can be pressurised."

We checked recruitment records. All staff files contained a record that some pre employment checks, such as of references and Disclosure and Barring Service (DBS) checks had been completed. However, in the case of one recently appointed member of staff we found necessary checks had not been fully completed. Details of their full employment history were not available and no reference had been sought from a care home in which they had previously worked. It was not clear why the person had left that service, and there was no confirmation whether or not the former employer had any concerns about the person's conduct. The person had also previously worked professionally in another caring capacity and again a reference had not been sought.

We were also concerned that the provider's application form only required applicants to declare any criminal convictions which occurred in the last five years. We are concerned that as staff are working with vulnerable people it is appropriate for job applicants to declare all criminal convictions so the registered provider can make a judgement whether the applicant is fit to work with vulnerable people before a job offer is made.

The nominated individual stated current recruitment procedures would be reviewed. We were however, concerned that after the previous inspection, we issued a requirement notice in response to failings identified with quality assurance systems. As part of the action plan, the service subsequently provided us, the registered persons had stated its staff recruitment policy had been reviewed, and managers had been reminded to ensure appropriate documentation was always obtained. This action had not been satisfactorily completed.

This is a continued breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

The registered provider has a suitable policy regarding the operation of the medicines system. Relevant care staff had received suitable training about the operation of the medicines' system. Medicines were given to people at the correct times. Suitable administration records were kept and there were no gaps on medicine administration records.

Suitable procedures were in place for people to self-administer their medicines if they were able to do this. The registered manager said, at the time of the inspection, three people self administered their medicines. There were written agreements and guidance in place in respect of these arrangements. All medicines were stored appropriately, for example there were systems in place for medicines which required additional security. The service had suitable systems in place to order medicines. Items which required refrigeration were kept appropriately, and the temperature of the refrigerator was monitored. Stock levels were satisfactory. None of the people who lived at the service required medicines to be administered covertly [administered in a hidden way]. People's behaviour was not controlled by excessive or inappropriate medicines. When medicines were prescribed to be given 'as required', rather than at specific times, guidance was in place detailing when this should be given. People's creams and lotions were stored and administered correctly.

People had links with their GP's, and other medical professionals who were involved in prescribing and reviewing people's medicines. Where necessary staff appropriately consulted with medical professionals to ensure types of medicines prescribed, and dosages were helping people with their health needs.

The service had suitable arrangements in place to ensure the home was kept clean and hygienic. The home appeared tidy, and nice and clean. The service had a suitable policy about infection control. The registered persons understood who they needed to contact if they need advice or assistance with infection control issues. Cleaning staff were employed and had clear routines to follow. Staff understood the need to wear protective clothing such as aprons and gloves, where this was necessary.

Suitable procedures were in place to ensure food preparation and storage met national guidance. The local authority environmental health department had judged standards to a satisfactory standard. On the day of the inspection the kitchen was clean.

The registered persons understand their responsibilities to raise concerns, record safety incidents, and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. The managers said if they had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when appropriate.

Where there were safeguarding concerns or complaints managers said the service learned from these. Key learning points had been shared with staff within the service. An example of this was an incident which resulted in there being a possible delay when someone had to receive medical attention at a hospital. The registered manager discussed the incident with staff concerned, and procedures were reviewed to minimise a similar incident occurring again. The registered persons participated and cooperated when there had been external investigations for example about safeguarding matters.

The service kept some monies, and at times valuables, on behalf of people who needed to purchase items such as for toiletries and hairdressing items. Monies were stored securely and records were kept of expenditure. We checked a sample of monies stored, and cash held matched records kept. The registered manager said a record was kept of all valuables, and where necessary these were kept in the safe. We discussed with the registered manager that recording and storage of valuables could be more robust. For example, one person's ring, although was kept in the safe, was within an envelope which could easily be mislaid or thrown away.

Good

# Is the service effective?

## Our findings

The service had suitable processes to holistically assess people's needs and choices. Before starting to use the service, the registered manager told us senior staff went out to assess people to check the service could meet the person's needs. People, and/or their relatives, were also able to visit the care home before admission, or stay at the home on a trial or respite basis. Copies of pre admission assessments on people's files were comprehensive. Assessments assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance.

Nobody we spoke with (for example people who used the service and staff) said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age. The registered persons' had an anti-discrimination policy which covered staff and people who used the service.

The use of technology and equipment to assist with the delivery of effective care, and promote people's independence was limited. There was a call bell system which people could use to alert staff in emergency. We observed staff responding to call bells promptly. The people we spoke with, and their relatives, said they did not have any concerns about staff responsiveness to call bells. We observed people's call bells were at hand when they were in their bedrooms. Call bell points were also situated in communal areas, toilets and bathrooms. One person told us: "I always have my call bell to use if I get in any difficulty."

When staff started to work at the service the registered manager said they received an induction. We were told this included spending time with senior staff where they were provided with essential information about the running of the service, and shadowing more experienced staff to learn their roles. There was a completed check list on each member of staff's file, that we inspected, of issues covered during the induction.

Managers had an understanding of the Care Certificate, which is an identified set of national standards that health and social care workers should follow when starting work in care. However, one member of staff appointed in august 2018 with no previous care experience had not been supported to complete the Care Certificate or equivalent training. Records stated this new staff member had completed eight training shifts, although there was no record detailing what the staff member had learned during these shifts. These staff member had subsequently received some formal training in first aid, fire training, and moving and handling. However, this staff member had not yet completed other training the service considered necessary.

We recommend the provider seeks advice and guidance from a reputable source to ensure all new staff, where the need is identified, receive a comprehensive induction aligned to recognised national standards and current good practice guidelines.

Records showed staff had mostly received relevant training which enabled them to carry out their roles. By law all care staff are required to receive training about first aid, fire safety, infection control, moving and handling, first aid and safeguarding. Where necessary staff should receive training about dementia

awareness. Records showed there were some gaps in staff receiving some required training. For example, not all current staff had received training about the needs of people with dementia. There were also some gaps, for the people for whom we assessed their files, in the receipt of training for safeguarding and first aid. However, records showed this training was planned for these specific individuals and staff told us they believed they received a lot of training. One staff member told us, "We are always having a lot of training. I have received training about safeguarding, moving and handling and first aid."

Staff told us they felt supported in their roles by colleagues and senior staff. There were records which demonstrated staff had received formal supervision with a manager. Supervision is a process where members of staff sit down with a supervisor to discuss their performance, any goals for the future, and training and development needs. A member of staff said "I have not long had supervision with the deputy." Staff told us they could approach senior staff for help and support if they had a problem.

The service had a suitable menu. Meals on offer, on the four week menu, included lasagne, curry, scampi and fish pie. At breakfast time people could have a cooked breakfast, cereal or toast. People had a choice of lunch time meal. The registered manager said the cook would speak to each person, during the morning, to check what choice of meal they wanted for lunch. People were consulted with about the menu. Staff had a good understanding of people's likes and dislikes. Managers said if people did not like what was on the menu people were always offered an additional choice of meal. In the evening people were offered soup, egg on toast, salad or mini quiches. People were asked, during the afternoon, what they would like for their tea. People could have their lunch or evening tea in the dining room, or their bedroom.

Teas, coffees and cold drinks were provided to people throughout the day. People were offered a hot drink and a snack in the evening, and drinks and snacks were also provided throughout the night if this was required. We observed people had drinks at hand and people told us: "The staff always make sure I have something to drink on hand."

Currently there were no people who used the service who had specific cultural or religious preferences about the food they eat, or had a vegetarian or vegan diet. Special ingredients were purchased for people who were diabetic. Where necessary people could be provided with a 'soft' or pureed diet f if they were at risk of choking. The registered manager said this was not necessary at the moment, but when this was necessary the components of the meal (for example meat, vegetables and potatoes), were pureed separately so the meal was presented appealingly.

All people had eating and drinking assessments in their files. Where a person was at risk of for example malnutrition, dehydration or choking suitable approaches were in place to minimize risks. Where necessary, detailed records were kept of what people ate or drank. Where appropriate people were provided with one to one support to eat their meals. Advice was sought from external professionals, such as speech and language therapists, if people had eating difficulties, for example difficulty in swallowing.

We observed a lunch time at the service. Tables were pleasantly decorated with small vases of flowers, and laid with serviettes and condiments. People could have sausages or ham, with chips and baked beans for lunch. Meals were delivered with a plate cover to prevent cross contamination and keep food hot. People were offered cold drinks before their meal and a hot drink after their meal. Alcoholic drinks were also available for people to have with their meal.

People were positive about the meals. Comments included: "I thoroughly enjoyed lunch, it was beautiful." and, "I'm quite pleased with the food, there are some good options." A relative said, "My relative has really eaten well since coming to live here." Staff spent time talking with people and encouraging them to eat.

Where people needed assistance with their food nobody was rushed to eat, and people were supported at their own pace.

The managers said the service had good links with external professionals to ensure their health care needs were met. The service worked closely with a wide range of professionals such as social workers, community nurses and general practitioners to ensure people lived comfortably at the service. People said they could see a GP when they needed to, and records of when people saw a GP were satisfactory. Chiropody and dental services were also available and these professionals regularly visited the service. However, records of treatment by dentists, chiropodists, optician were limited, or non-existent in the files we inspected. This matter was discussed with the registered manager.

The managers said where appropriate referrals were made for additional support from professionals such as occupational therapists, and speech and language therapists. Where staff had concerns about somebody's welfare the service had good links with professionals to ensure any changing needs were reassessed, and where necessary, hospital admissions were arranged for people where their needs could be better met.

The building was clean, well maintained and satisfactorily decorated. The building appeared and felt comfortable and homely. Part of the accommodation was over two floors, and was connected by a staircase and a stair lift. The building had been extended, and in this part of the building all accommodation was situated on the ground floor. There were a satisfactory number of shared toilets and bathrooms throughout the service. Bathrooms were accessible for people with physical disabilities. For example, there was a walk in shower for people who were wheel chair users. Some en suite bedrooms were available. There was a large lounge, and a separate dining room where people could spend their time. There was also a small area where people could sit if they did not want to sit in their bedrooms or the lounge.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Some people had limited capacity, so if a significant decision needed to be made about people's health care needs they were made through the best interest process, in liaison with the person's power of attorney and family where possible.

The registered manager said the majority of people living at the service had capacity, but if this changed applications to deprive people of their liberty would be submitted, for assessment, by the local authority. A DoLS request had been submitted to the local authority for one person. The registered manager said they had a system for monitoring DoLS conditions to ensure they were implemented, and reviewed before any authorisations expired. No physical restraint was used at the service. Records showed staff had received training about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Good

# Is the service caring?

## Our findings

We received many positive comments about the attitudes of staff. All people we spoke with told us of the friendliness, kindness and understanding of the staff. People said they were treated with respect and compassion. We were told, "Nothing is too much trouble for the staff," "There is always somebody coming in to check how I am," and "They are always doing something to make you more comfortable. " Relatives were very positive about their experiences of the service and said, "I find this home wonderful," and "I'm always talked to in a respectful manner." Staff members we spoke with were all positive about care at the service. For example we were told, "Care is very good. Residents always come first," and, "Care is very good. Everyone works to the best of their ability. When we realise concerns they are dealt with." People and their relatives said staff responded to people quickly if they needed help for example if people called or pressed the call bell.

We observed staff sitting with people, and they were chatting with people and there seemed a friendly and pleasant atmosphere. Staff were patient and took time to listen to people. We witnessed staff relating to people's needs, such as one staff explaining to a person, who had poor sight, what was on their plate at lunchtime. There was lots of discussion between staff and people who lived in the home. We did not witness staff talking about people in front of others.

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Where possible staff involved people in care planning and reviews. The registered manager said finished care plans were discussed with people and they were asked to sign them to state they understood them. However, we discussed with the registered manager, that when we checked whether care consent forms were signed, this was not always the case. None of the people we spoke with however, expressed any concerns about how their care was given. Where people had limited capacity to be involved in their care plans the service had consulted with relative and representative to ensure the planned care was in the person's best interests. People and their relatives were provided with information about external bodies (such as the local authority) community organisations and advocacy services.

We observed people looked well cared for. People were clean, well dressed and their hair combed nicely. People told us they received assistance to have a bath or a shower once a week, although some people told us they would like to have a bath or a shower more often. Relatives were positive about people's personal care. Staff we spoke with said they felt they had enough time to sit and spend time with people. We did not see staff rushing or ignoring people. Staff took time to listen to people, and give people time to respond to questions. Staff were friendly.

We observed staff making sure people's privacy and dignity needs were understood and always respected. Where people needed physical and intimate care, for example if somebody needed to change their clothes, help was provided in a discreet and dignified manner. When people were provided with help in their bedrooms or the bathroom this assistance was always provided behind closed doors. Staff worked with people to encourage and / or respect people's right to be as independent as possible.

People said they could get up and go to bed when they wished. We observed routines at the service and these seemed very relaxed. People told us: "I can go to bed and get up whenever I want, " and "I can come and go when I want, there's never a rush."

The relatives we spoke with said they could visit the service at any time. Relatives said staff always answered any questions they had. Visitors said they felt staff were helpful if they had any queries or concerns.

Good

# Is the service responsive?

## Our findings

Everyone who used the service had a care plan. Where possible, we were told people, and their representatives, were consulted about their care plans and their reviews. Care plans were detailed and included information about people's physical and mental health care needs and information about their lives before living at the service. Care plans also included risk assessments for example in relation to people's mobility, and any risks in relation to eating and drinking. Care plans outlined people's preferences and interests. Reports about the person's needs were also obtained from external professionals such as the local authority. Daily record sheets were completed for each person and these contained a suitable amount of detail. The registered manager said there was a plan to introduce an electronic care planning system in 2019. All staff were able to access people's records. All care records were stored appropriately. For example they were locked away in the filing cabinet.

The registered manager said some activities were provided. There was no activities co-ordinator employed. Staff however organised some activities and external entertainers were employed. People received a copy of the activities plan for each month. For the month of October 2018 activities planned included: a film club, 'pat a pet', various singers and musicians, and a Halloween Tea party. On the day of the inspection there was a 'pat the pet' activity where a visitor brought a snake, a lizard, a guinea pig and a rabbit to the service for people to meet. A relative said, "My relative enjoyed stroking the snake and lizard today, she's fond of animals." People we spoke with said they enjoyed the activity. We were also told, "I enjoy the entertainment and like to sing along." A photograph display featured a recent visit to a local farm.

The lounge area provided a television, music system, DVD's, a well stocked book shelf, magazines, jigsaws and board games for people's use. Some people we spoke with did not want to socialise, but preferred their own company and either watched television, read ,knitted or listened to the radio. A pleasant garden area with tables and chairs, raised planters and an ornamental (safety covered) pond was provided for use in pleasant weather. A 'Sweet shop and toiletries' cupboard was provided for people to purchase person items. One person said; "The sweet shop is very convenient, I like to be topped up with my favourite chocolate bar." A lay preacher held communion on a monthly basis. A hairdresser visited the home on a regular basis. One person told us; "I really appreciate the church visit, it's very important to me." The registered manager said the library service currently did not visit the home. Some books were available in the lounge and People could order newspapers and periodicals, if they wished for delivery to the service.

All of the people at the service had limited skills understanding correspondence due to their dementia. When people received correspondence staff would read this to people.

The service had a complaints procedure. People and their relatives, who we spoke with, said if they had any concerns or complaints, they felt they could discuss these with staff and managers. They felt any concerns and complaints would be responded to appropriately. The service had a system to record complaints made although the registered manager said there had been no formal complaints made.

The registered manager said people were supported at the end of their lives to have a comfortable, dignified

and pain free death. The registered manager said the service consulted with, where appropriate, the person and their representatives about the development and review of an end of life care plan where this was appropriate. The registered manager said there were good links with GP's, and Macmillan nurses to ensure people received suitable medical care during this period of their lives.

Requires Improvement

# Is the service well-led?

## Our findings

The manager worked full time at the service. We received positive remarks about the registered manager. One person told us, "I have no worries, the managers door is always open." Staff members told us, "(The manager) is very good, very fair," and, "She is as good as gold…managers are very approachable."

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

The registered manager said the philosophy of the service was always "To put the residents' first." We found a high level of satisfaction from the people we spoke with. The registered manager said she checked, by being actively involved in the day to day running of the service, that people were happy and being well looked after. From discussion, the registered manager seemed to be fully aware of people's individual needs. The registered manager said she also thought it was important that staff were looked after, had an opportunity to voice their opinions, and to be listened to.

The registered manager said she met regularly with staff informally and formally to discuss any problems and issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

The service had a clear management structure. The manager was supported by a deputy manager. There was also a senior care assistant who worked alongside the deputy manager. The nominated individual of the service was based at the registered provider's office which was next door to the care home. There was an out of hours on call service to support staff in emergency situations.

Staff members we spoke with said their colleagues were supportive and communication within the team was good. For example, we were told, "Staff are very good. I have no concerns whatsoever. There is good team work. Everyone is helpful." All the staff we spoke with said they were happy with their work and that morale was good at the service. Members of staff told us, "I love my job, I really do. We all seem happy," and, "I thoroughly enjoy my job. I very much enjoy working here." Staff turnover was satisfactory.

The service had staff meetings every two months. For example, we saw records of six staff meetings which had occurred in 2018. The last two meetings had occurred in July 2018 and May 2018. There were minutes of the five resident meetings which had occurred in 2018. The last meetings had occurred in July and August 2018. There were minutes of two meetings with kitchen staff in 2018, which had occurred in January and March 2018. Minutes of a managers meeting, which had occurred in October 2018, were also on file.

The registered persons had ensured registration, safety and public health related obligations, and the submission of notifications had been complied with. The previous rating issued by CQC was displayed. The registered manager said she thought staff had a clear understanding of their roles and responsibilities, and

from our observations this seemed the case. There were policies in relation to grievance and disciplinary processes.

The registered manager said both paper and electronic data was stored securely, and there were systems in place to ensure data security breaches were minimised.

At the last inspection a statutory requirement was issued as systems were considered insufficient to satisfactorily assess, monitor and improve the quality and safety of the service. After the inspection we received an action plan to state audit systems had been improved. At this inspection we checked systems in place. A survey to check how people and their relatives felt about the service had been completed and the results were positive. The registered manager said this was used as a basis to bring about improvements where this was necessary. There was also a system of audits to ensure standards were checked, maintained, and where necessary improved. Recent audits we saw included monitoring accidents and incidents, care planning, the medicines' system and staff training.

Audit systems however were still not totally effective. It was disappointing to find systems to ensure appropriate recruitment checks were not satisfactory, and a continued statutory requirement has been issued about this matter which has impacted the overall rating of this service.

The registered manager said relationships with other agencies were positive. Where appropriate the registered manager said they ensured suitable information, for example about safeguarding matters, was shared with relevant agencies.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>Recruitment checks were not satisfactory to demonstrate staff employed were always fit to work with vulnerable people |